Compendium of Measures and Indicators of Home-Based Child Care Quality

Acknowledgements

Compendium of Measures and Indicators of Home-Based Child Care Quality

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Elizabeth Doran, Ann Li, Sally Atkins-Burnett, Jasmine Forde, Jaimie Orland, Marina Ragonese-Barnes*, Nathan Mix, Natalie Reid, Ashley Kopack Klein

* From Erikson Institute. All other authors are from Mathematica.

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I. Introduction and Purpose

Many children receive care in home-based child care (HBCC) settings, yet the research literature and policy discussions about improving the quality of child care and early education (CCEE) focus primarily on care provided in center-based settings. Moreover, widely used measures of HBCC quality—such as the Family Child Care Environment Rating Scale (Harms et al., 2007)—are rooted in quality measures developed for centers and might not capture the features of care that researchers, families, and HBCC providers associate with quality in HBCC settings (Goodson & Layzer, 2010; Porter et al., 2010; Tonyan et al., 2017). Research also suggests that existing Quality Rating and Improvement System (QRIS) standards and the indicators used to assess HBCC settings might not capture beneficial features that are implemented differently or are more likely to occur in HBCC than in other CCEE settings (Forry et al., 2013; Lipscomb et al., 2016; Susman-Stillman & Banghart, 2011; Tonyan et al., 2017). QRIS standards and indicators often focus on regulated (licensed, certified, or registered) family child care, and might not be relevant or meaningful for family, friend, and neighbor (FFN) care that is legally exempt from regulation (also known as license-exempt care).

However, there is a small but growing body of research about HBCC, including research on measures and indicators of quality (Bromer et al., 2013; Tonyan et al., 2017). Building on the draft literature review and conceptual framework for the Home-Based Child Care Supply and Quality (HBCCSQ) project, we reviewed the existing measures and indicators important for understanding quality in HBCC. This review was designed to answer two key sets of research questions:

1. How well do existing quality measures and sets of indicators measure the features of HBCC quality? What is the validity and reliability of current measures and sets of indicators? What procedures are used to engage, assess, and support HBCC providers?

2. What measures, indicators, or tools are needed to assess the features of HBCC quality in ways that provide reliable and valid data, and are affordable and feasible for the end users (including researchers, professional development providers, and accountability systems)?

This compendium gives the CCEE field an overview of existing measures and indicators for assessing HBCC quality. It includes detailed profiles of measures and indicators that could be used for various purposes, such as conducting process and implementation evaluations, informing professional development, and pursuing other initiatives to improve quality in HBCC settings. Although the profiles are not exhaustive, they offer important information about the measures or indicators, including the features of quality they address and how they have been used to assess quality in HBCC settings. The compendium includes measures and indicators that reflect features included in the four quality components of the project's draft conceptual framework: (1) home setting and learning environments, (2) provider–child relationships, (3) provider–family relationships, and (4) conditions for operations and sustainability. It also includes measures and indicators that address characteristics listed in the draft conceptual framework as potentially associated with the quality components: (1) provider characteristics and (2) neighborhood characteristics. These characteristics could be the focus of any work designed to improve quality.

A separate summary report (Doran et al., 2022) describes the process used to identify and review the measures and indicators in this compendium, including a discussion of the project's draft conceptual framework. The summary report also summarizes the review's findings, including key features across measures and indicators, gaps in quality measurement for HBCC, and the strengths and limitations of existing measures and indicators. It recommends how to fill gaps in the measures and indicators of quality in HBCC settings, an important step toward understanding and enhancing quality. That summary report and this compendium are available on the HBCCSQ project home page.

A. Limitations of the measures and indicators

Users should select measures or indicators from this compendium that adequately represent the features of interest for their research or practice. The summary report (Doran et al., 2022) describes gaps in measurement with important implications for assessing quality and making decisions about needed supports in HBCC settings. Current efforts to assess and improve quality in HBCC should prioritize supporting providers as they work to develop and sustain high quality practices, instead of spending resources on assessment alone. We recommend basing measurement on a toolkit approach that identifies the supports needed in various HBCC settings and in various contexts and communities, including those with children from diverse backgrounds. This approach would focus on HBCC-tailored supports and services instead of relying on center-based supports and services as a model.

Readers can refer to the recommendations chapter in Doran et al. (2022) to understand the gaps and limitations of the measures and indicators in this compendium. Although almost all measures and indicators in this compendium were developed for use in HBCC, most were based on or designed to parallel measures of center-based care. Few were developed to account for the features more likely to occur or to be implemented differently in HBCC settings, especially settings that are legally exempt from regulation (license-exempt), such as FFN care. Center-based measures adapted for HBCC might under-represent or misrepresent how quality is attained in home-based settings. Importantly, some features that are missing from the existing measures and indicators we reviewed might be features that better meet the child care needs of families who use HBCC. HBCC providers serve a wide range of children and families and HBCC has been the most common form of nonparental child care for infants and toddlers in families with both low and high incomes (National Survey of Early Care and Education [NSECE] Project Team, 2016). In particular, research shows families of color, those from immigrant backgrounds, those with low incomes and members working nontraditional-hour jobs, and those living in rural areas are more likely to use HBCC than they are to use center-based care (Laughlin, 2013; Liu, 2015; Liu & Anderson, 2012; NSECE Project Team, 2015b; Porter et al., 2010). Given these gaps, current measures and indicators might not align with features of quality that are especially important to these families. Examples of features more likely to occur or to be implemented differently in HBCC settings and that might benefit all children and families include how the provider forms and maintains positive, trusting relationships with families of the children in care; the involvement and role of the provider's family members; the role of ethnic-racial socialization in children's positive identity building; and the flexibility and reciprocity that contribute to sustainability of FFN care. When selecting measures or indicators, users should pay special attention to how quality of care might be implemented for the children and families cared for by HBCC providers.

B. How to read and access the profiles

The compendium presents 31 profiles of quality measures (organized alphabetically), followed by 46 profiles of QRIS indicators (organized alphabetically) of HBCC.

The profile for each measure and indicator includes key information about its focus and how it has been or can be used, as of the publication date for each measure or indicator source. The profiles describe the following:

- Alignment with features of HBCC quality in this project's draft conceptual framework[1]

- Use in HBCC settings

- Reliability and validity evidence in HBCC settings

- Strengths and limitations of its use in supporting the quality of HBCC

- Any gaps that need to be filled in measurement of HBCC quality that would inform quality improvement

Exhibit I.1 is a sample profile of a measure. It describes the content in each area of the profile. Each profile begins with a summary table including (a) purpose and context; (b) alignment with the HBCCSQ conceptual framework; (c) administration and availability; and (d) technical information. The summary table is followed by a measure profile narrative, which has more detailed information. Exhibit I.2 summarizes the components of quality aligned with each measure, with links to the full profile. Exhibit I.3 is a sample indicator profile that describes the content in each area of the profile, including the narrative portion. Similar to the measures profiles, each indicator profile begins with a summary table including (a) characteristics of the indicators, (b) alignment to the HBCCSQ conceptual framework; (c) ratings; and (d) performance. Following the summary table is an indicator profile narrative with more detailed information. Exhibit I.4 summarizes the components of quality aligned with each indicator, with links to the full profile. For all profiles, information listed as "not available" indicates that the information is not found in the cited documentation or might not apply to the measure or set of indicators.

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[1] We will continue to update the project's conceptual framework to align with findings from later project tasks and feedback from experts, stakeholders, and the Office of Planning, Research, and Evaluation. This review aligns with an early draft of the conceptual framework.

Exhibit I.1. Navigating measures profiles: Definitions and options explained

Measure Name (Acronym)

Purpose and context

Purpose: *Research, monitoring, quality improvement*

Supports associated with measure: *Training, coaching, manual, written guides, other*

Fields:

Development: *Child care and early education, HBCC (FCC, FFN, relative providers), center-based CCEE; other care and education, other*

Used in: *Child care and early education, HBCC (FCC, FFN, relative providers), center-based CCEE; other care and education, other*

HBCC settings: *FCC, FFN, relative providers*

Adaptations needed for HBCC: *Yes or No*

Measure version: *Name and year of measure*

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: *Number of related features*

Provider–child relationships: *Number of related features*

Provider–family relationships: *Number of related features*

Conditions for operations and sustainability: *Number of related features*

Provider characteristics: *Number of related features*

Neighborhood characteristics: *Number of related features*

Administration and availability

Administration characteristics:

Respondent: *Provider (director or teacher), parent, trained observer, other*

Level of measure: *Site (home for HBCC, center for other CCEE, school for K–12), classroom (if CCEE or K–12), individual (HBCC provider, center-based teacher)*

Data collection methods: *Self-report (self-administered survey, interview, computer-assisted survey); report from others (parents, network PD provider); direct observation; document review; checklist; rating or rubric; other*

Usability: *Technology or app, scoring software, training, administrator qualifications, other support or limitations*

Time/length: *Number of minutes and items or rubrics*

Languages available: *English, Spanish, others*

Availability:

Level of permission required: *Public domain, published (contact authors), permission required (no $), permission required ($), or unpublished (used with author permission)*

Cost: *Cost of materials, training, and/or scoring*

Publisher: *Publisher name*

Measure website: *Website link*

Technical information

Development sample:

Settings: *HBCC (FCC, FFN, relative providers), center-based CCEE, other*

Sample size: *Number of HBCC and/or other settings or providers*

Sample characteristics: *Demographic information of sample*

Locale: *Nation, region or state, urbanicity*

Year of development: *Year(s) of data collection to establish properties and assess measure performance of current measure*

Measure performance:

Reliability: *1 (none described), 2 (all or mostly under minimum acceptability ratings—0.70), or 3 (meets minimum acceptability ratings—0.70)*

Validity:

Content: *1 (none described), 2 (expert reviewed or research based), or 3 (expert reviewed and research evidence-based)*

Construct: *Information is available or not available in profile*

Concurrent: *Information is available or not available in profile*

Predictive: *Information is available or not available in profile*

CCEE = child care and early education; FFN = family, friend, and neighbor; FCC = family child care; HBCC = home-based child care; PD = professional development.

Measure profile narrative

Description

An overview of the measure, including its purpose, details of the quality domains it covers, fields of development and intended use, how data are collected, requirements for use, and length of administration.

Alignment with HBCCSQ conceptual framework

How the measure aligns with each quality feature or characteristic in the HBCCSQ conceptual framework, including the number of aligned features or characteristics and the scale name or item number from the measure.

1. Home setting and learning environments: *Number of features, including the physical environment, learning opportunities, and routines*

2. Provider–child relationships: *Number of features, including how the provider supports children's development and develops positive family-like relationships with them*

3. Provider–family relationships: *Number of features, including relational and logistical supports for families*

4. Conditions for operations and sustainability: *Number of characteristics, including working conditions, business practices, and professional resources*

5. Provider characteristics: *Number of characteristics, including education, training, experience, motivation, professional identity, caregiving beliefs, and health and well-being*

6. Neighborhood characteristics: *Number of characteristics, including community spaces and activities, health and safety, and neighborhood social processes*

Methods of scoring and interpretability

A description of how the measure is scored and interpreted, including ratings or levels of proficiency.

Development sample

A description of the sample used to assess reliability and validity, including setting type, geographic locale, characteristics of providers and families, and psychometric information, if available.

Reliability

- Internal consistency reliability: *Estimate of internal consistency reliability (Cronbach's alpha and other relevant statistics)*

- Alternate form reliability: *Estimate of alternate form of reliability*

- Test-retest reliability: *Estimate of test-retest reliability (stability with length of time)*

- Generalizability: *Estimate of generalizability (G-coefficient)*

- Inter-rater reliability: *Estimate of inter-rater reliability*

Validity

- Content validity: *Description of steps taken that demonstrate content validity, including reviews by experts and use of existing research to develop measure*

- Construct validity: *Evidence (exploratory factor analysis [EFA], confirmatory factor analysis [CFA], including model fit statistics); item response theory (IRT) or Rasch model reliability and item fit*

- Convergent/discriminant validity:

    – Concurrent validity: *Evidence of relationships to other measures*

    – Predictive validity: *Evidence of relationships to provider, child, or family outcomes*

Strengths

Strengths of the measure when considering appropriateness for HBCC settings. Criteria include the following: (1) has more than five quality features from the draft HBCCSQ conceptual framework; (2) assesses quality features identified by the literature review as implemented differently or more likely to occur in HBCC than in other CCEE settings; (3) assesses quality features that are weakly assessed or not included in other measures; (4) was designed for HBCC settings; (5) has been used in HBCC settings; (6) has adequate reliability in HBCC settings; (7) has evidence of validity in HBCC settings; (8) is linked to a quality improvement program, such as coaching; (9) is inexpensive to implement; (10) has another strength.

Limitations

Limitations of the measure when considering appropriateness for HBCC settings. Criteria include the following: (1) assesses only a few features in a burdensome way; (2) excludes quality features that might be implemented differently or are more likely to occur in HBCC than in other CCEE settings; (3) has not been used in HBCC settings; (4) does not have evidence of reliability; (5) does not have evidence of validity; (6) has inadequate documentation for training and administration; (7) is expensive to implement; (8) has another limitation.

Key considerations for HBCC

A description of the appropriateness of the measure for an HBCC setting. If the measure is not intended for HBCC, a description of the level of adaptation needed for use in HBCC setting, any revisions needed, and how extensive they might be. Details specific concerns or issues with use for HBCC, such as poor alignment with HBCC constructs, limited psychometric evidence, missing key HBCC constructs, scales organized for other settings, and others. In addition, a description of any need for research on psychometric properties in HBCC settings.

Supports for quality improvement that are associated with measure

A description of any professional development programs associated with the measure—for example, if the measure is used for coaching in QRISs.

References

References used to develop this measure profile, including the measure itself.

How to search for and access the measure profiles. Exhibit I.2 includes each measure, with a link to its profile. Readers can click on the measure's name to access its profile. Checkmarks indicate whether the measure includes at least one feature of each component of quality in the project's conceptual framework.

Exhibit I.2. Measures in the compendium by alignment with HBCCSQ conceptual framework elements

Measures (n = 31)	HBCCSQ conceptual framework element					
	Home setting and learning environments	Provider–child relationships	Provider–family relationships	Conditions for operations and sustainability	Provider characteristics	Neighborhood characteristics
Business Administration Scale for Family Child Care, 2nd Edition (BAS)			✓	✓	✓	
Caregiver Experience of Ethnic-Racial Socialization (CERS)		✓			✓	
Child Care Assessment Tool for Relatives (CCAT-R)	✓	✓	✓	✓	✓	
Child Care Ecology Inventory (CCEI)	✓	✓				
Child Care HOME Inventories (CC-HOME)	✓	✓				
Child Development Program Evaluation Scale (CDPES)	✓	✓	✓		✓	
Child/Home Early Language & Literacy Observation (CHELLO)	✓	✓	✓			
Child-Caregiver Interaction Scale, Revised Edition (CCIS)	✓	✓	✓			
Collective Efficacy Scale						✓
Early Childhood Quality Improvement Pathway System (EQuIPS)	✓	✓	✓	✓		
Environment and Policy Assessment and Observation for Family Child Care Homes (EPAO-FCCH)	✓	✓	✓		✓	
Family and Provider/Teacher Relationship Quality Measures (FPTRQ)	✓		✓		✓	
Family Child Care Environment Rating Scale®, Third Edition (FCCERS-3)	✓	✓				
Family Child Care Observations (FCCO)	✓	✓				
Family Child Care Program Quality Assessment (FCC PQA)	✓	✓				

Measures (n = 31)	HBCCSQ conceptual framework element					
	Home setting and learning environments	Provider–child relationships	Provider–family relationships	Conditions for operations and sustainability	Provider characteristics	Neighborhood characteristics
Global Guidelines Assessment for Early Childhood Education and Care, Third Edition (ACEI GGA)	✓	✓	✓		✓	
Measure of Early Learning Environments (MELE)	✓	✓		✓	✓	
Midwest Child Care Assets Index (MCCAI)	✓			✓	✓	
National Survey of Early Care and Education Home-Based Provider (NSECE HBCC) Questionnaire	✓	✓	✓	✓	✓	
Parent–Caregiver Relationship Scale (PCRS)		✓	✓			
Perceived Neighborhood Disorder Scale						✓
Program for Infant/Toddler Care Program Assessment Rating Scale (PITC PARS)	✓	✓	✓	✓	✓	
Quality of Care for Infants and Toddlers (QCIT; formerly Quality of Caregiver–Child Interactions for Infants and Toddlers (Q-CCIIT))	✓	✓				
Quality of Early Childhood Care Settings (QUEST)	✓	✓				
Quality Seal	✓	✓	✓	✓		
School-Age and Youth Program Quality Assessments® (School-Age PQA and Youth PQA)	✓	✓	✓	✓	✓	
Self-Efficacy on Business Management Knowledge and Skills					✓	
Self-Efficacy on Professional Entrepreneurship					✓	
Strengths-Based Practices Inventory (SBPI)	✓		✓			
Strengthening Families Self-Assessment for Family Child Care Providers	✓	✓	✓	✓	✓	
Work-Child Care Fit—Provider Telephone Questionnaire	✓	✓	✓	✓	✓	

Exhibit I.3. Navigating indicator profiles: Definitions and options explained

Name of QRIS or Standards; State, if Applicable

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: *Completed, in progress, no pilot* **HBCC introduction date:** *Year introduced* **Differentiated by provider type:** *Same, most overlap, some overlap, different, not applicable* **HBCC provider types included:** *FCC, FFN (those receiving subsidies, only relatives, etc.), providers with nontraditional hours* **Participation requirements:** *Voluntary, mandatory (and for what types of providers), automatic enrollment in first level* **Setting:** *Designed for use in HBCC only versus multiple care settings* **Alternative pathways for providers:** *Describes alternate pathways, if any, such as accreditation*	**Home setting and learning environments:** *Number of related features; measures used* **Provider–child relationships:** *Number of related features; measures used* **Provider–family relationships:** *Number of related features; measures used* **Conditions for operations and sustainability:** *Number of related features; measures used* **Provider characteristics:** *Number of related features; measures used* **Neighborhood characteristics:** *Number of related features; measures used*
Rating	**Performance**
Structure: *Block, points, hybrid* **Number of levels:** *Number* **Supports to prepare for rating process:** *Fees paid, materials provided, training (including self-assessment training), consultation, coaching, financial supports, other* **Assessors:** *Qualification and training of assessors* **Methods for assessing ratings on indicators:** *Self-report, report from others, direct observation, document review, checklist, rating or rubric, training, other*	**Validation study completed:** *Yes, no, in progress* *If yes or in progress:* **Type of validation study:** *Content, construct, convergent (concurrent and/or predictive)* **Size of validation study:** *Number of child care settings or providers by type (center-based, FCC)*

FFN = family, friend, and neighbor; FCC = family child care; HBCC = home-based child care.

QRIS or standards profile narrative

Description

An overview of the set of indicators, including the purpose of the QRIS or standards, history of development, overlap between center-based and FCC provider indicators, measures used, and participation requirements for HBCC settings.

Rating process and supports

An overview of the rating process and support provided, including how ratings are structured (from lowest to highest), alternate pathways for providers to meet standards, and supports provided to participate.

All QRISs produce a rating for each participating child care provider based on levels of quality (sometimes called stars, star levels, or steps). For the QRIS indicator profiles, we followed the rating definitions in the glossary of BUILD's QRIS Compendium (BUILD Initiative and Child Trends, 2019). As defined in the glossary:

Three different methods are typically used in a QRIS for combining information from the quality indicators: a building block approach in which a set of quality indicators must be met in full before a program can receive the rating for that level, a points system in which points are awarded for meeting each quality indicator and then a summary score is created by adding the points from each indicator and then assigning the program to a quality level based on the number of points earned, or a combination of the building block and points approach.

Validity

Description of any validation studies that have been completed, including whether studies included HBCC settings, sample sizes by type of child care setting, and statistically significant validity findings.

Alignment with HBCCSQ conceptual framework

How the indicators align with each quality feature or characteristic in the HBCCSQ conceptual framework, including number of aligned features or characteristics and the indicator name and measures used.

1. Home setting and learning environments: *Includes physical environment, learning opportunities, and routines*

   – *Measure used*

   – *Indicator topic: Indicator number/name*

2. Provider–child relationships: *Includes how the provider supports children's development and develops positive family-like relationships with them*

3. Provider–family relationships: *Includes relational and logistical supports for families*

4. Conditions for operations and sustainability: *Includes working conditions, business practices, and professional resources*

5. Provider characteristics: *Includes education, training, experience, motivation, professional identity, caregiving beliefs, and health and well-being*

6. Neighborhood characteristics: *Includes community spaces and activities, health and safety, and neighborhood social processes*

References

References used to develop this indicator profile, including the QRIS or set of standards itself.

How to search for and access the indicator profiles. Exhibit I.4 lists each set of indicators, with a link to its profile. Readers can click on the name to access the profile for that set of indicators. State indicators are followed by national indicators, such as National Association for Family Child Care (NAFCC) Accreditation Quality Standards. Checkmarks indicate whether the set of indicators includes at least one feature of each component in the project's conceptual framework.

Exhibit I.4. Sets of indicators in the compendium by alignment with HBCCSQ conceptual framework elements

Set of indicators (n = 46)	HBCCSQ conceptual framework element					
	Home setting and learning environments	Provider–child relationships	Provider–family relationships	Conditions for operations and sustainability	Provider characteristics	Neighborhood characteristics
State and local QRIS						
Alabama (Quality STARS)	✓	✓	✓	✓	✓	
Alaska (Learn & Grow)	✓	✓			✓	
Arizona (Quality First)	✓	✓	✓	✓	✓	
Arkansas (Better Beginnings)	✓	✓	✓	✓	✓	
California (Quality Counts California)	✓	✓			✓	
Colorado (Colorado Shines)	✓	✓	✓	✓	✓	
Delaware (Stars for Early Success)	✓	✓	✓	✓	✓	✓
District of Columbia (Capital Quality)	✓	✓				
Florida–Duval County (Guiding Stars of Duval)	✓	✓		✓	✓	
Florida–Palm Beach County (Strong Minds)		✓				
Georgia (Quality Rated)	✓	✓	✓	✓	✓	
Idaho (Steps to Quality)	✓	✓	✓	✓	✓	
Illinois (ExceleRate Illinois)	✓	✓	✓	✓	✓	
Indiana (Paths to QUALITY)	✓	✓	✓	✓	✓	
Iowa (Iowa's Quality Rating System)	✓	✓	✓	✓	✓	

Set of indicators (n = 46)	HBCCSQ conceptual framework element					
	Home setting and learning environments	Provider–child relationships	Provider–family relationships	Conditions for operations and sustainability	Provider characteristics	Neighborhood characteristics
Kentucky (Kentucky All STARS)	✓	✓	✓	✓	✓	✓
Maine (Quality for ME)	✓	✓	✓	✓	✓	
Maryland (Maryland EXCELS)	✓	✓	✓	✓	✓	✓
Massachusetts (MA QRIS)	✓	✓	✓	✓	✓	
Michigan (Great Start to Quality)	✓	✓	✓	✓	✓	
Minnesota (Parent Aware)	✓		✓		✓	
Montana (Best Beginnings STARS to Quality)	✓	✓	✓	✓	✓	✓
Nebraska (Step Up to Quality)	✓	✓	✓	✓	✓	
Nevada (Nevada Silver State Stars QRIS)	✓	✓	✓	✓		
New Hampshire (Licensed Plus)	✓		✓	✓	✓	
New Jersey (Grow NJ Kids)	✓	✓	✓		✓	
New Mexico (FOCUS on Young Children's Learning)	✓	✓	✓		✓	
New York (QUALITYstarsNY)	✓	✓	✓	✓	✓	
North Carolina (Star Rated License System)	✓	✓			✓	
North Dakota (Bright & Early ND)	✓	✓				
Ohio (Step Up To Quality)	✓	✓	✓	✓	✓	
Oklahoma (Reaching for the Stars)	✓	✓	✓	✓	✓	
Oregon (Spark)	✓	✓	✓	✓	✓	
Pennsylvania (Keystone STARS)	✓	✓	✓	✓	✓	
Rhode Island (BrightStars)	✓	✓	✓		✓	
Texas (Texas Rising Star)	✓		✓	✓	✓	

Set of indicators (n = 46)	HBCCSQ conceptual framework element					
	Home setting and learning environments	Provider–child relationships	Provider–family relationships	Conditions for operations and sustainability	Provider characteristics	Neighborhood characteristics
Vermont (STARS)	✓		✓	✓	✓	
Virginia (Virginia Quality)	✓	✓			✓	
Washington (Early Achievers)	✓	✓	✓	✓	✓	
Wisconsin (YoungStar)	✓	✓	✓	✓	✓	
National standards						
Head Start Program Performance Standards	✓	✓	✓	✓	✓	✓
National Accreditation Commission (NAC) for Early Care and Education Programs Accreditation Standards	✓	✓	✓	✓	✓	
National AfterSchool Association (NAA) Standards	✓	✓	✓	✓	✓	
National Association for the Education of Young Children (NAEYC) Early Learning Standards and Accreditation Criteria	✓	✓	✓	✓	✓	✓
National Association for Family Child Care (NAFCC) Accreditation Quality Standards	✓	✓	✓	✓		✓
National Early Childhood Program Accreditation (NECPA) Standards	✓	✓	✓	✓	✓	

References

Bromer, J., McCabe, L., & Porter, T. (Eds.). (2013). Understanding and improving quality in family child care. *Early Childhood Research Quarterly*, special section, *28*(4), 875–983.

BUILD Initiative and Child Trends. (2019). *Quality compendium.* Retrieved July–October 2020 from https://qualitycompendium.org/.

Doran, E., Li, A., Atkins-Burnett, S., Forde, J., Orland, J., Ragonese-Barnes, M., Mix, N., Reid, N., & Kopack Klein, A. (2022). *Quality in home-based child care: Summary of existing measures and indicators.* OPRE Report #2022-27. Washington, DC: U. S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

Forry, N., Iruka, I., Tout, K., Torquati, J., Susman-Stillman, A., Bryant, D., & Daneri, M.P. (2013). Predictors of quality and child outcomes in family child care settings. *Early Childhood Research Quarterly*, *28*(4), 893–904. doi:10.1016/j.ecresq.2013.05.006.

Goodson, B.D., & Layzer, J.I. (2010). *Defining and measuring quality in home-based care settings, OPRE research-to-policy, research-to-practice brief.* OPRE Report #2011-10d. Washington, DC: U. S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

Harms, T., Cryer, D., & Clifford, R.M. (2007). *Family Child Care Environment Rating Scale–revised edition.* Teachers College Press.

Laughlin, L. (2013). *Who's minding the kids? Child care arrangements: Spring 2011.* [Current Population Reports, P70-135]. U.S. Census Bureau.

Lipscomb, S.T., Weber, R.B., Green, B.L., & Patterson, L.B. (2016). Quality Rating Improvement System (QRIS). *Early Childhood*, *9*. https://pdxscholar.library.pdx.edu/childfamily_earlychild/9/.

Liu, M., & Anderson, S.G. Neighborhood effects on working mothers' child care arrangements. (2012). *Children and Youth Services Review*, *34*(4), 740–747.

National Survey of Early Care and Education (NSECE) Project Team. (2016). *Characteristics of home-based early care and education providers: Initial findings from the National Survey of Early Care and Education.* OPRE Report #2016-13. Washington, DC: U. S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

NSECE Project Team. (2015). *Fact sheet: Provision of early care and education during non-standard hours.* OPRE Report #2015-44. Washington, DC: U. S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

Porter, T., Paulsell, D., Del Grosso, P., Avellar, S., Hass, R., & Vuong, L. (2010). *A review of the literature on home-based child care: Implications for future directions.* Mathematica Policy Research.

Susman-Stillman, A.R., & Banghart, P. (2011, May). *Quality in family, friend, and neighbor child care settings.* Child Care & Early Education Research Connections. https://www.researchconnections.org/sites/default/files/pdf/rc14340.pdf.

Tonyan, H.A., Paulsell, D., & Shivers E.M. (Eds.). (2017). Understanding and incorporating home-based child care into early education and development systems. *Early Education & Development*, *28*(6), 633–639.

A. Measures of Home-Based Child Care Quality

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Contents

Business Administration Scale for Family Child Care, 2nd Edition (BAS)

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Manual, training, professional learning

Fields:

Development: FCC

Used in: FCC

HBCC settings: FCC

Adaptations needed for HBCC: No

Measure version: 2018 (2nd Edition)

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 0 features

Provider–child relationships: 0 features

Provider–family relationships: 3 features

Conditions for operations and sustainability: 4 features

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent**:** Trained observer, provider

Level of measure: Site

Data collection methods**:** Self-report, direct observation, document review

Usability**:** Training required for independent assessors

Time/length**:** 120 minutes/10 items

Languages available: English, Spanish

Availability:

Level of permission required: Permission required ($)

Cost: $26 technical manual; $50 to $100 registration fee to participate in optional online "getting ready for the BAS" depending on the number of modules purchased

Publisher**:** Teachers College Press

Measure website**:**
https://mccormickcenter.nl.edu/services/program-evaluation/

Technical information

Development sample:

Settings: FCC

Sample size: 83 FCCs

Sample characteristics: Variation in urbanicity

Locale: 4 states (California, Florida, Illinois, Tennessee)

Year of development: 2009

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 2 (expert reviewed)

Construct: Available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The Business Administration Scale for Family Child Care, 2nd Edition (BAS) is designed to measure the "overall quality of business and professional practices in family child care settings" across various age groups in areas including record keeping, marketing, and communication with families (Talan and Bloom, 2018, p. 1).

The BAS complements the Family Child Care Environment Rating Scale–Revised (FCCERS-R). According to the authors, "When used together, they provide a comprehensive picture of the quality of the family child care learning environment and the business practices that undergird the program" (Talan and Bloom, 2018, p. 1).

The instrument can be administered by family child care providers as a self-assessment for quality improvement or by independent assessors for accountability, monitoring, quality improvement, and research purposes. No training is required for self-assessment purposes. To use the instrument for other purposes, assessors are required to participate in a two-day training session and achieve reliability. The BAS provider interview takes about an hour, and a document review takes another hour. Ratings are based on the provider's self-report, documentation review, and direct observation.

The second edition of the BAS incorporates changes from the first edition. First, the notes for the BAS items are expanded to increase understanding and facilitate greater consistency in both interpretation and scoring. Second, there is greater emphasis on practices that promote family and community engagement. Third, new national norms for the BAS are reported based on data collected between 2009 and 2017 from 439 home-based programs in 22 states.

Alignment with HBCCSQ conceptual framework

The BAS has 37 indicators within 10 items: (1) Qualifications and Professional Development; (2) Income and Benefits; (3) Work Environment; (4) Fiscal Management; (5) Record Keeping; (6) Risk Management; (7) Provider–Family Communication; (8) Family Support and Engagement; (9) Marketing and Community Relations; and (10) Provider as Employer. Observations of the space are needed to complete three subscales: (3) Work Environment; (6) Risk Management; and (9) Marketing and Community Relations. The BAS is scored similarly to the FCCERS-R. Each item is rated based on different behavioral descriptions of three to five indicators (referred to as indicator strands). These strands may have behavioral descriptions at multiple levels. The information about these indicators is obtained during an interview with the provider. If the provider is not an employer as defined in the BAS, then item 10 (Provider as Employer) is considered nonapplicable (N/A).

1. Home setting and learning environments: 0 features

2. Provider–child relationships: 0 features

3. Provider–family relationships: 3 features

   – Reciprocal communication: 1 item–(7) Provider-Parent Communication

   – Providing parent education: 1 item–(8) Family Support and Engagement

   – Cultural and linguistic match with families: 1 item

4. Conditions for operations and sustainability: 4 features

   – Working alone, isolation: (10) Provider as Employer may be marked as N/A; not included in the scoring

   – Managing multiple roles in the home: 1 item–(3) Work Environment

   – Business practices: 6 items–(2) Income and Benefits, (4) Fiscal Management, (5) Record Keeping, (6) Risk Management, (9) Marketing and Community Relations, (10) Provider as Employer (optional, may be marked as N/A)

   – Access to professional resources: 1 item–(1) Qualifications and Professional Development: one indicator strand 1.5–7.5

5. Provider characteristics: 2 features

   – Education level: 1 item–(1) Qualifications and Professional Development: two indicator strands

   – Prior training: 1 item–(1) Qualifications and Professional Development: two indicator strands

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The 10 items on the BAS are rated on a 7-point scale from inadequate to excellent. Ratings depend on the scoring of indicators as "Yes" or "No" at each level. Similar to the FCCERS-R, all behavioral descriptions at a level need to be rated as "yes" in order to move to the next level. The first 9 items are relevant for all FCCs and the last item is scored only for the FCC provider as an employer. The BAS also provides one overall total score, which is the sum of item scores for the entire scale, and one overall average score, which is the total score divided by the number of items scored. Higher average BAS item scores indicate higher quality of business administration practices on a 7- point scale from inadequate to excellent. The BAS manual provides a "BAS Profile" to plot individual item scores on a graph along with the total BAS score, number of items scored, and average BAS item score.

Development sample

Psychometric information for the BAS is based on data collected in 2009 for a reliability and validity study. The sample included 83 FCC providers in states selected for variation in state licensing regulations of FCCs, provider diversity, and urbanicity. They recruited participants with previously established relationships to local quality improvement technical assistance agencies. The authors note that because of this, even though the sample does not reflect the overall population of FCC providers nationally, it represents providers "who would be most likely to use

the BAS for quality improvement purposes" (Talan and Bloom, 2018, p. 37). For the 2018 BAS 2nd Edition, the authors use a second sample to generate updated norms based on 439 FCCs in 22 states that received a BAS assessment from a certified assessor between 2009 and 2017.

Reliability

- Internal consistency reliability: Overall Cronbach's alpha is 0.77 for the total 10-item scale and 0.73 for the 9-item scale. The second sample demonstrates similar internal consistency among items (0.81 for the 10-item scale and 0.78 for the 9-item scale; Talan and Bloom, 2018).

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Analysis of variance (ANOVA) indicates that average BAS scores do not vary ($p = 0.091$) for FCC programs with 11 or more children (categorized as "large" by authors) and FCC programs with 1-5 children (categorized as "small" by authors). Large programs' scores are similar (M = 4.00, SD = 1.09) to those of small programs (M = 3.61, SD = 0.97). Item 10 (Provider as Employer) demonstrates slightly higher scores ($p = 0.04$) for large programs (M = 2.85, SD=1.88) compared to small programs (M = 2.06, SD = 1.03).

  According to the authors, average BAS scores were not found to vary significantly based on the FCC's state/geographic region. Two items have significant differences in BAS item scores based on post hoc tests: California scored higher than Florida in Item 2 (Income and Benefits), and California and Tennessee scored higher than Florida and Illinois in item 7 (Provider–Family Communication; Talan and Bloom, 2018).

- Inter-rater reliability: Twenty-one assessors were rated on how often they matched the BAS anchors' scores within 1 point of each item. Individual scores ranged from 90 to 100 percent agreement of scores within 1 point. Overall average inter-rater reliability for the 21 assessors was 94 percent. Individual item reliability scores ranged from 67 to 100 percent, with the median item reliability score calculated at 100 percent agreement (Talan and Bloom, 2018).

Validity

- Content validity: BAS indicators and items were reviewed by a panel of seven early childhood experts.

- Construct validity: Coefficients for Pearson's r correlational analysis between items range from 0.01 to 0.44, indicating individual BAS items measure distinct characteristics of business practices among FCC providers. The Work Environment item had the lowest correlations with other items (ranging from 0.01 to 0.22). The authors suggest that these characteristics are related. However, more information is needed to confirm that a single construct is measured by the items. In presenting reliability information, the reliability was lower for the 9-item scale than for the 10 items.

- Convergent/discriminant validity:

  - Concurrent validity: Moderate relationships (average BAS score $r \geq 0.49$) are reported with the subscale of the FCCERS-R that measures organizational effectiveness. In addition, programs with higher overall FCCERS-R scores, had higher BAS scores.

  - Predictive validity: Information not available.

Strengths

- Provides some evidence of reliability and validity in FCCs from a national sample.

- Assesses business practices.

- Accounts for diversity of family child care providers' participation in variety of community-based organizations. To reach a 7, providers "play a leadership role in at least one organization in the community" (9. Marketing and Community Relations; Talan and Bloom, 2018, p. 25).

- Addresses linguistic diversity among families in FCCs. To reach a 3, providers must "speak the family's primary language or utilize resources to communicate" (3. Provider–Family Community; Talan and Bloom, 2018, p. 21).

- Training, manual, instructions for use, and support are available.

Limitations

- More information is needed about the construct validity of the BAS.

- The BAS focuses on business practices and therefore does not measure other factors related to HBCC quality. According to the publisher, the BAS is designed to be used with the FCCERS-R, an environment rating scale. In general, the BAS should be paired with another measure in order to assess global and/or instructional quality in HBCC.

- Limited information is available on FCC provider demographic, classroom, and program characteristics for the development sample. Therefore, readers should use caution drawing conclusions about the appropriateness of the BAS for different HBCC settings, taking into account characteristics of the setting (such as, ages of children served or care during nontraditional hours) and providers' personal characteristics (such as, racial, ethnic, linguistic backgrounds).

Key considerations for HBCC

No key considerations.

Supports for quality improvement that are associated with measure

At least five states have embedded the use of the BAS within their QRIS as a self-assessment tool, professional development resource, rating tool, or measure of standards.

Reference

Talan, T.T., & Bloom, P.J. (2018) *Business administration scale for family child care (2nd ed.).* New York: Teachers College Press.

Caregiver Experience of Ethnic-Racial Socialization (CERS)

Purpose and context

Purpose: Research

Supports associated with measure: Information not available

Fields:

Development: FFN

Used in: FFN

HBCC settings: FFN, relative providers

Adaptations needed for HBCC: No

Measure version: 2016

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 0 features

Provider–child relationships: 1 feature

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 1 feature

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider

Level of measure: Individual

Data collection methods: Self-report (interview)

Usability: No requirements

Time/length: No estimated time/40 items

Languages available: English

Availability:

Level of permission required: Unpublished measure (used with author permission)

Cost: Information not available

Publisher: No publisher (contact authors)

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: FFN, relative providers

Sample size: 45 providers

Sample characteristics: 93% Black, 81% related to children; 100% culturally congruent; 51% high school education or less: 61% at or below poverty

Locale: Pittsburgh, PA

Year of development: Information not available

Measure performance:

Reliability: 2 (all or mostly under minimum acceptability ratings—0.70)

Validity:

Content: 1 (none described)

Construct: Available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The Caregiver Experience of Ethnic-Racial Socialization (CERS; Shivers & Farago, 2016) is a 40-item questionnaire developed for a study of 45 Black FFN caregivers in low-income communities. The measure was originally developed as a measure of racial socialization of adolescents (Stevenson, 1999) and adapted for use with parents of preschoolers (the Parent's Experience of Racial Socialization [PERS] scale; Caughy et al., 2002). The CERS authors then adapted the PERS for use in HBCC. CERS items ask caregivers to rate how often they communicate different messages about racial and ethnic beliefs to the children in their care (never, a few times, or lots of times). Respondents may also select "don't know" or "refused."

Alignment with HBCCSQ conceptual framework[2]

1. Home setting and learning environments: 0 features

2. Provider–child relationships: 1 feature

    – Support for positive racial and self-identity

3. Provider–family relationships: 0 features

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 1 feature

    – Racial, ethnic, and linguistic identity

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The authors conducted a principal components analysis and identified three patterns of racial socialization: (1) "Black pride/preparation for bias"; (2) "strength in spirituality"; and (3) "mainstream deficit racial socialization." They used a factor score for each of the three scales in analysis and did not calculate a total or mean score. Less than 25 percent of responses in each scale were missing ("don't know" or "refused").

Development sample

The sample consisted of 45 FFN caregivers, who were ethnically and linguistically matched to the children in their care. Four out of every five caregivers (81 percent) were grandmothers or aunts of the children in their care. Each caregiver cared for an average of 1.6 children age 5 or younger. The majority of the sample (61 percent) was at or below poverty. Approximately half of the sample (51 percent) had a high school education or less, and half (49 percent) had some college or vocational training experience.

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[2] The features listed here were added to the conceptual framework after the draft version otherwise used throughout the review. We list them only for this profile because we reviewed the CERS as an additional measure to address a gap identified by experts involving these features.

CERS was created for this study and has been used by the study authors in one other study with 50 FFN caregivers in Los Angeles, California; no other published studies have used the scale as of this publication date.

Reliability

- Internal consistency reliability: Cronbach's alpha is 0.86 for the "Black pride/preparation for bias" scale; 0.56 for the "strength in spirituality" scale; and 0.65 for the "mainstream deficit racial socialization" scale.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Information not available.

Validity

- Content validity: CERS is an adaptation of a prior measure (PERS; Caughy et al., 2002) used with parents.

- Construct validity: The authors used a principal components analysis with the sample of 45 caregivers but could not replicate the factor structure found by Caughy et al. (2002). They report only the eight items in the factor they named "mainstream deficit racial socialization" (Shivers & Farago, 2016). The items with the strongest loadings on this factor included "Black children will learn more if they go to a White school," "Black children will have improved self-esteem if they go to a school with White children," and "You have to work twice as hard as Whites to get ahead" (Shivers & Farago, 2016). The items with more moderate loadings were "Too much talk about racism will prevent you from reaching your goals," "Religion is an important part of life," "Black children don't have to know about Africa to survive," "American society is fair toward Black people," and "Racism isn't as bad as it was before the 1960s."

- Convergent/discriminant validity:

  – Concurrent validity: The authors reported bivariate correlations between each of the three factors—"Black pride/preparation for bias," "strength in spirituality," and "mainstream deficit racial socialization"—and provider emotional availability (subscales from the Emotional Availability Scales [EAS]), self-reported child rearing beliefs and practices, mental well-being (subscale from the Center for Epidemiologic Studies Depression Scale [CES-D]), and perceived material resources. The "mainstream deficit racial socialization" factor was the only factor with significant correlations. This factor includes the items described in "construct validity" above; it reflects the conflict of lived realities of racial discrimination with messages children receive that race/racism are not detrimental and hard work will lead to success. All significant correlations were similar in magnitude and negative (-0.45 to -0.37): EAS child responsiveness subscale, EAS child involvement subscale, provider-reported well-being (CES-D), provider-perceived material resources, and self-reported "no-nonsense interactions" in child rearing beliefs and practices.

  – Predictive validity: Information not available.

Strengths

- Assesses children's racial socialization, an area that has not been previously examined in HBCC.

- Has been used in FFN settings including with relative providers.

Limitations

- Has been used in only a small sample of HBCC settings.

- The construct validity is based upon a very limited sample size. The current sample of 45 respondents and 40 items yielded a factor that was not clearly interpretable, and no fit statistics or internal consistency information was provided.

- The analyses did not control for level of poverty or other variables when examining associations with parenting behaviors, so interpretations of the correlations with parenting practices and the EAS may be confounded by caregivers' mental health and poverty.

Key considerations for HBCC

More research should examine racial socialization in HBCC with measures such as the PERS. Given potential attachment relationships in FFN care with a large percentage of grandmothers and aunts, it is surprising that the results are not more similar to those found with parent reports using the PERS (Caughy et al., 2002). The PERS had five factors when administered to 200 Black parents from an economically diverse sample and found some interesting associations. Differences might arise due to method of administration (self-report versus interview), sample size, or other factors.

Parents' reports of the Racial Pride scale in the original PERS and the Africentric Home Environment Inventory (Caughy et al., 2002) had associations with child outcomes controlling for children's prior development and family income. Fewer behavior problems were reported by parents who had communicated messages of racial pride, and racial pride was positively associated with parent involvement ($r = 0.31$, $p < 0.01$). The models were similar both with and without adjusting for family income. The role of income on both achievement and higher-order problem solving were mediated by high levels of parent involvement and a highly Africentric home environment. These two factors (parent involvement and Africentric home environment) were also positively correlated in both models (for both models, $r < 0.17$; $p < 0.05$). Other studies have also found that socioeconomic factors (income and education) are predictors of variation in racial socialization messages (Hughes et al., 2006; White-Johnson et al., 2010).

More research is needed on how HBCC can support positive ethnic and racial socialization for children.

Supports for quality improvement that are associated with measure

None.

References

Caughy, M.O., O'Campo, P.J., Randolph, S.M., & Nickerson, K. (2002). The influence of racial socialization practices on the cognitive and behavioral competence of African American preschoolers. *Child Development, 73*(5), 1611–1625.

Hughes, D., Rodriguez, J., Smith, E.P., Johnson, D.J., Stevenson, H.C., & Spicer, P. (2006). Parents' ethnic-racial socialization practices: A review of research and directions for future study. *Developmental Psychology, 42*(5), 747–770.

Shivers, E.M., & Farago, F. (2016). Where the children are: Exploring quality, community, and support for family, friend and neighbor child care. In K. Sanders & A. Wishard (Eds.), *The culture of child care: Attachment, peers, and child care in the 21st century: Where we have been and where are we headed.* Oxford University Press.

Stevenson, H. (1999). *Parent's experience of racial socialization.* [Unpublished measure]. University of Pennsylvania, Graduate School of Education.

White-Johnson, R.L., Ford, K.R., & Sellers, R.M. (2011). Parental racial socialization profiles: Association with demographic factors, racial discrimination, childhood socialization, and racial identity. *Cultural Diversity and Ethnic Minority Psychology, 16*(2), 237–247.

Child Care Assessment Tool for Relatives (CCAT-R)

Purpose and context

Purpose: Research

Supports associated with measure: Training, written guides, scoring software

Fields:

Development: Relative providers

Used in: Relative providers

HBCC settings: FFN, relative providers

Adaptations needed for HBCC: No

Measure version: 2006

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 6 features

Provider–child relationships: 4 features

Provider–family relationships: 5 features

Conditions for operations and sustainability: 1 feature

Provider characteristics: 4 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider, trained observer

Level of measure: Classroom, individual

Data collection methods: Self-report, direct observation, checklist

Usability: Training required, software needed

Time/length: 150-minute observation, 30-minute interview/112 to 121 observation items (depending on child age), 55 interview items

Languages available: English

Availability:

Level of permission required: Permission required ($)

Cost: $1,075 per participant; additional $250 for scoring software

Publisher: Institute for a Child Care Continuum, Bank Street College of Education and Mathematica Policy Research, Inc.

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: Relative providers

Sample size: 92 providers

Sample characteristics: 40% high school or equivalent; 45% some college, 2- or 4-year degree; 15% not completed high school; 52% Latino, 26% White, 21% African American, remaining identified as other

Locale: Four cities across the U.S.

Year of development: 2004

Measure performance:

Reliability: 1 (none described)

Validity:

Content: 3 (expert reviewed and research evidence-based)

Construct: Available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The Child Care Assessment Tool for Relatives (CCAT-R) is an observation instrument specifically designed for measuring quality of care for children under age 6 in care provided by relatives. The CCAT-R uses time sampling in two components to assess the frequency of caregiver-child interactions. It includes checklists for health, safety, and materials and a caregiver interview. The CCAT-R may be used by programs that seek to assess the needs of relative caregivers as well as to evaluate the effects of interventions. It consists of a three-hour assessment that includes an observation and an interview. The observation can be completed in 2 to 2.5 hours; the interview in half an hour. The CCAT-R assesses five constructs related to the caregiver's support for different developmental domains, including support for physical development; support for cognitive development; support for language development; support for social-emotional development; and relationships with parents. The CCAT-R consists of five data collection components: the Action/Communication Snapshot (focusing on one focal child); the Summary Behavior Checklist (focusing on one focal child); the Health and Safety checklist; the Materials Checklist; and the Caregiver Interview (focusing on one focal child). The Health and Safety checklist has two versions: for children in care who are under age 3 or for children in care who are age 3 and older. Permission and training are required to conduct the CCAT-R measure.

Findings from the analysis of the sample of relatives in the field test (Porter and Rice, 2006) indicate that quality was associated with several structural aspects of care, including caregivers' educational background and experience and the number of children in care. The CCAT-R is also positively associated with the variety of materials and the number of health and safety features in the home. In addition, quality on the CCAT-R is positively associated with parents who express an interest in caregivers' lives, and with caregivers who are paid for providing child care.

The CCAT-R has been used in several assessments of child care quality, including the Early Head Start Enhanced Home Visiting Pilot Evaluation (Paulsell, Mekos, Del Grosso, Rowand, and Banghart, 2006); an evaluation of an initiative for FFN caregivers (Shivers et al., 2015); and two small evaluations of state-funded CCDF initiatives for family, friend, and neighbor caregivers in Alabama and New Mexico (Porter, 2005). It was also used in a pre-/post-evaluation of a family interaction program in Hawai'i with a sample of 58 caregivers, many of whom are Native Hawaiian (Porter and Vuong, 2008). In addition, the CCAT-R was used in a study of FCC providers who participated in a program linking preschools and HBCC (Forry et al., 2011) and will be used in a forthcoming implementation evaluation of two FCC networks that include FCC providers (Bromer et al., forthcoming).

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 6 features

   – Indoor spaces: Materials Checklist (furnishings and materials, all items); Health and Safety checklist items involving safety of environment (Materials Checklist: A1–6; B1–11; Health and Safety checklist: B1–22)

   – Outdoor spaces: Health and Safety Checklist D items on safety of outdoor play materials (items D1–5)

   – Health and nutrition: Health and Safety Checklist items on food preparation and healthy routines (items A1–2; C1–9; C7)

   – Safety: Health and Safety Checklist, all items pertain to safety of children (topics are food preparation, environment, routines, and outdoor play) (items A1–6; B1–22; C1–9; D1–5)

   – Routines: Routine items on Health and Safety Checklist (items C1–9)

   – Cultural and linguistic congruence: Caregiver interview items on languages used by provider/child/family (items B13A–C)

2. Provider–child relationships: 4 features

   – Support for emotional development: Summary Behavior Checklist includes items related to nurturing, sensitivity, and responsiveness (holding, patting, kissing and hugging, and responding to children's distress and comforting them); Snapshot item on directing the child's activity without regard for her or his interests (Summary Behavior Checklist F items 1–4; Snapshot item B3)

   – Support for cognitive development: Action/Communication Snapshot items on caregiver actions with focal child (Action/Communication Snapshot items A1–5; B1); Summary Behavior Checklist D items on child activity type and caregiver activity with Focus Child (Summary Behavior Checklist items D1–9)

   – Support for physical health and development: Action/Communication Snapshot includes items on how child interacts with materials (item D2); Summary Behavior Checklist on gross and fine motor activity type (items C1–2); Health and Safety Checklist and Materials Checklist items that promote healthy physical development; Health and Safety Checklist items (items B4–7,11)

   – Support for language and literacy: Summary Behavior Checklist includes items based on caregiver singing, storytelling, and reading that relate to this construct (Summary Behavior Checklist items D7–9); Action/Communication Snapshot includes items related to different types of caregiver talk such as questioning, naming or labeling objects, and repeating and building on child language (Action/Communication Snapshot items A1–6)

3. Provider–family relationships: 5 features

    – Close relationships, co-parenting, and boundary setting: Caregiver Interview measures these aspects of quality. Questions focus on aspects of the relationship such as the agreement about child-rearing practices, shared understanding of the role that child care plays in each other's lives; and mutual interest in each other's well-being; in addition, it measures the extent of the caregiver's involvement in the life of the child and the parent outside of child care (items B1–2; Section D items).

    – Reciprocal communication: Caregiver Interview items on frequency and quality of talk with focal child's parent (items D3–4)

    – Cultural and linguistic match with families: Caregiver Interview items on languages used by provider/child/family (items B13A–C)

    – Flexibility: Caregiver Interview item on willingness to be flexible with parent schedule (item D2D)

    – Helping parents with non-child-care tasks: Caregiver Interview items on what caregiver talks about to parent and what caregiver does with parent, including non-child care tasks (about focal child) (items D4–6a; E1–2)

4. Conditions for operations and sustainability: 1 feature

    – Access to professional resources: Caregiver Interview items on participation in programs for caregivers (items F3–5A)

5. Provider characteristics: 4 features

    – Education level: Caregiver Interview item on highest education level (item F2)

    – Prior training: Caregiver Interview items on caregiver program participation and training (items F3–5A)

    – Years of experience: Caregiver Interview item on years taking care of other people's children in own home (item F1)

    – Motivation for providing care: Caregiver Interview item on why caregiver provides child care (item C2)

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The CCAT-R does not provide an overall total score for quality. Caregivers are rated on four factors: caregiver nurturing; caregiver engagement in activity with child; caregiver/child bidirectional communication; and caregiver unidirectional use of language. Each is related to different constructs. Scoring software is available at an additional cost. Authors caution that the use of CCAT-R medians as floors may provide an accurate measure of quality; however, they note that for some factors, CCAT-R floors may need to be re-normed with additional cases.

Development sample

The development process took place in three phases over a four-year period from 2001 to 2005. The first phase consisted of focus groups with caregivers to understand their perceptions of quality as well as meetings with child care experts and discussions with practitioners who worked with FFN caregivers. The next phase involved the creation of the instrument, and the final phase consisted of a field test to establish the CCAT-R's psychometric properties (Porter and Rice, 2006). The field test was conducted with 92 low-income relative caregivers in four cities across the United States. The majority of caregivers in the field test had either a high school diploma or attended some college. The caregivers identified as 52 percent Latino, 26 percent White, and 21 percent African American, and the remaining identified as Other. The participants in the sample were from low-income neighborhoods.

CCAT-R content validity is based on the participation of researchers and practitioners during the development of the measures and the individual items. The criterion for inter-rater reliability is 0.80 exact agreement on individual items. Confirmatory factor analysis produced four factors— caregiver nurturing, caregiver engagement in activity with focus child, caregiver/child bidirectional communication, and caregiver unidirectional use of language—that are related to the caregiver's support for child development domains. The floor for quality is based on individual factor scores, below which quality is rated as poor.

Reliability

- Internal consistency reliability: Information not available.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: The criterion for inter-rater reliability is 0.80 exact agreement on individual items.

Validity

- Content validity: CCAT-R was reviewed by researchers and practitioners and was grounded in child development theory and research.

- Construct validity: Confirmatory factor analysis produced four factors—caregiver nurturing, caregiver engagement in activity with focus child, caregiver/child bidirectional communication, and caregiver unidirectional use of language— that are related to the caregiver's support for the child development domains. The CCAT-R includes factors with minimal item loading on multiple factors and minimal items without appreciable loading on any factor. Constructs are grounded in child development theory and research and were reviewed by researchers and discussed with practitioners at a national conference.

- Convergent/discriminant validity:

  – Concurrent validity: Quality is associated with several structural aspects of care, including caregivers' educational background and experience and the number of children in care. The CCAT-R is positively associated with the variety of materials as well as with the number of health and safety features in the home. In addition, quality on the CCAT-R is positively associated with parental expressions of interest in caregivers' lives and when caregivers are paid for providing child care.

  – Predictive validity: Results are unpublished but available by request from the author.

Strengths

- Measure designed specifically for relative care, an underrepresented type of HBCC setting, but it has been used with FCC providers.

- Evidence of adequate inter-rater reliability and validity in HBCC setting.

- Items on a specific HBCC feature of quality: Provider–family relationships is a quality construct that is missing or weak in other measures.

Limitations

- Field test results are based on a small convenience, low-income sample of relative caregivers. More research on validity with diverse samples is recommended. In addition, it would be helpful to collect evidence of validity with other HBCC, particularly friends and neighbors, to extend use in HBCC. Readers should use caution drawing conclusions about the appropriateness of the measure for caregivers not represented in this sample, taking into account characteristics of the setting (such as, ages of children served or care during nontraditional hours) and providers' personal characteristics (such as, other racial, ethnic, linguistic backgrounds).

- A cost is associated with training and software.

Key considerations for HBCC

The focus of the measure is on relative providers, and it has been tested with FCC providers. There are two versions of each checklist within this measure, one for children under age 3 years and one for children older than 3 years.

Authors suggest testing with other cultural groups to be sure that constructs and measures correspond to the views and expectations of quality held by parents of all cultures.

Supports for quality improvement that are associated with measure

Information not available.

References

Forry, N., Anderson, R., Banghart, P., Zaslow, M., Kreader, J.L., & Chrisler, A. (2011). *Linking home-based child care and state-funded preschool: The Community Connections Preschool Program (Illinois Action for Children).* Evaluation Phase 1– Implementation Study. Chicago: Illinois Action for Children.

Paulsell, D., Mekos, D., Del Grosso, P., Rowand, C., & Banghart, P. (2006). *Strategies for supporting quality in kith and kin child care: Findings from the Early Head Start enhanced home visiting pilot evaluation: Final report.* Princeton, NJ: Mathematica Policy Research.

Porter, T., Rice, R., & Rivera, E. (April 2006). *Assessing quality in family, friend and neighbor care: The child care assessment tool for relatives.* New York: Institute for a Child Care Continuum Division of Continuing Education, Bank Street College of Education.

Shivers, E.M., Farago, F., & Goubeaux, P. (2015). *The Arizona Kith and Kin Evaluation, Brief #1: Improving quality in family, friend, and neighbor (FFN) child care settings.* Phoenix, AZ: Indigo Cultural Center, for the Association for Supportive Child Care, with support from First Things First and Valley of the Sun United Way.

Child Care Ecology Inventory (CCEI)

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Manual, training, coaching

Fields:

Development: HBCC

Used in: HBCC

HBCC settings: Information not available

Adaptations needed for HBCC: No

Measure version: 2013

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 4 features

Provider–child relationships: 3 features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Trained observer

Level of measure: Classroom

Data collection methods: Direct observation

Usability: Training required for observers

Time/length: No estimated time/38 items

Languages available: English

Availability:

Level of permission required: Published (contact authors)

Cost: Varies (contact authors)

Publisher: Information not available (contact authors)

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: FCC (registered and certified providers)

Sample size: 198 FCC providers, combined from 2 previous evaluation studies

Sample characteristics: 61% Caucasian, 98% female; 96% had at least a high school diploma or GED

Locale: Oregon

Year of development: Information not available

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 2 (research based)

Construct: Not available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The Child Care Ecology Inventory (CCEI) is an evidence-based observational measure. It focuses on promoting social competency for preschool-age children in order to foster school readiness. The measure is composed of seven subscales that address the domains of quality that build social competency. The CCEI was developed for HBCC settings and tested in FCC homes. The CCEI can be used to identify what HBCC providers can change in order to improve the social interactions, relationships, and social skills of preschool-age children in their care.

Trained observers rate each of the 38 items on a 4-point scale, from not at all in place (0) to consistently in place (3). The ratings are then averaged to create scores for each of the seven subscales: Enriched Environment (6 items), Organized Environment (6 items), Planned Activities/Routines (8 items), Monitoring (4 items), Positive Attention (5 items), Promoting Social Skills (4 items), and Teaching Rules (5 items).

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 4 features

   – Indoor spaces: Enriched Environment subscale (6 items), Organized Environment subscale (6 items)

   – Safety: Monitoring subscale (4 items)

   – Organized environment: Organized Environment subscale (6 items)

   – Routines: Planned Activities/Routines subscale (8 items)

2. Provider–child relationships: 3 features

   – Support for emotional development: Positive Attention subscale (5 items); Promoting Social Skills subscale (1 item)–"Caregiver promotes self-regulation. . ."

   – Support for cognitive development: Enriched Environment subscale (1 item): "Materials match developmental level of child"

   – Support for social development and peer interactions: Promoting Social Skills subscale (4 items)

3. Provider–family relationships: 0 features

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

Each item is rated on a 4-point scale, from not at all in place (0) to consistently in place (3), and then averaged to create seven a priori scales, or subscales. For each subscale, higher scores indicate higher quality, and lower scores indicate lower quality.

Development sample

The CCEI development sample included 198 registered and licensed FCC providers from two evaluation studies conducted across seven counties in Oregon. The majority of caregivers identified as Caucasian (61 percent) and female (98 percent), and 96 percent had at least a high school diploma or GED. On average, the caregivers had 10 years of child care experience, with a total of 10 children enrolled in their care, including children enrolled part-time. Each HBCC provided care to an average of 5 preschool-age children.

Reliability

- Internal consistency reliability: Cronbach's alphas ranged from 0.72 to 0.88 for the subscales.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Across two studies, inter-rater reliability is moderate to substantial as measured by intraclass correlations (ICC): 0.48 to 0.65 for all subscales except for Teaching Rules, 0.30.

Validity

- Content validity: The CCEI is based on effective practices in early childhood educational settings literature.

- Construct validity: Information not available

- Convergent/discriminant validity:

  – Concurrent validity: When controlling for the child-caregiver ratio, the Planned Activities/Routines and Positive Attention scales are associated with child outcomes ($B = 0.40$ and 0.44, respectively), accounting for 34 percent of variance in children's positive behavior. Similarly, after controlling for the child-caregiver ratio and Teaching Rules, the Organized Environment is negatively associated with the rate of children's negative behaviors but explains only 8 percent of the variance.

    Pearson product-moment correlation coefficients measure the strength of the relationship with the caregiver's education and years of experience. Years of experience in providing center-based care, but not HBCC, are significantly related to all of the CCEI scales ($r = 0.17$ to 0.25). Caregiver education is related to all scales except Monitoring and Teaching Rules ($r = 0.17$ to 0.22).

    Observer ratings of behavior management are significantly positive with all CCEI scales ($r = 0.43$ to 0.47).

    All associations between CCEI and CC-HOME (Bradley et al., 2003) are significant, ranging between 0.21 and 0.60. All associations between CCEI and CIS (Arnett, 1989) are significant. The CCEI subscales have low to moderate correlations with the Family Child Care Observations (FCCO) in expected directions. Stronger associations are found among the scales measuring similar constructs.

    –   Predictive validity: Information not available.

Strengths

- Designed for and used in HBCC settings.

- Assesses social competency in the context of school readiness.

- Strong evidence of reliability and validity in HBCC settings.

- May provide individualized coaching for quality improvement.

Limitations

- The CCEI needs to be validated with a more diverse sample of providers (demographic, setting, and program characteristics). Therefore, readers should use caution drawing conclusions about the appropriateness of the measure for different HBCC settings, taking into account characteristics of the setting (such as, ages of children served or care during nontraditional hours) and providers' personal characteristics (such as, racial, ethnic, linguistic backgrounds).

- No cost information is available, but most observation measures are expensive to implement.

Key considerations for HBCC

No key considerations.

Supports for quality improvement that are associated with measure

No supports available.

References

Arnett, J. (1989). Caregivers in day-care centers: Does training matter? *Journal of Applied Developmental Psycholog*y*, 10,* 541–552.

Bradley, R H., Caldwell, B.M., & Corwyn, R. F. (2003). The Child Care HOME Inventories: Assessing the quality of family child care homes. *Early Childhood Research Quarterly*, *18,* 294–309.

Rusby, J. C, Jones, L. B., Crowley, R., & Smolkowski, K. (2013). The Child Care Ecology Inventory: A domain-specific measure of home-based child care quality to promote social competence for school readiness. [Special issue on family child care] *Early Childhood Research Quarterly*, *28*(4), 947–959.

Child Care HOME Inventories (CC-HOME)

Purpose and context

Purpose: Research, quality improvement

Supports associated with measure: Manual, training

Fields:

Development: HBCC

Used in: HBCC

HBCC settings: Information not available

Adaptations needed for HBCC: No

Measure version: 2003

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 6 features

Provider–child relationships: 7 features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Trained observer

Level of measure: Site, classroom

Data collection methods: Direct observation

Usability: Training required for observers

Time/length: 60 minutes/101 items

Languages available: English

Availability:

Level of permission required: Permission required ($)

Cost: $40 for manual; $15-25 for 50 scoring forms

Publisher: Information not available (contact authors)

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: FCC (licensed and unlicensed family child care homes)

Sample size: 651 caregivers across both IT-CC-HOME (n = 377) and EC-CC-HOME (n = 274)

Sample characteristics: 70% unrelated adults; 19% grandparents; 85% European American

Locale: United States

Year of development: 2003

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 3 (expert reviewed and research evidence-based)

Construct: Not available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

CC-HOME encompasses two measures: the Infant-Toddler Child Care HOME (IT-CC-HOME) for children under age 3 years and the Early Childhood-Child Care HOME (EC-CC-HOME) for children ages 3 to 6. Minor modifications made to the HOME inventories make them appropriate for evaluating HBCC environments. Specifically, IT-CC-HOME contains 43 items rather than the original 45 in the Infant/Toddler HOME, and the EC-CC-HOME contains 58 items rather than the original 55 in the Early Childhood HOME.

The combined CC-HOME measure totals 101 items that take one hour to score. IT-CC-HOME includes six subscales with a total of 43 items: Caregiver Responsivity (11 items), Acceptance (7 items), Organization (6 items), Learning Materials (9 items), Caregiver Involvement (6 items), and Variety of Stimulation (4 items). EC-CC-HOME includes eight subscales with a total of 58 items: Learning Materials (11 items), Language Stimulation (7 items), Physical Environment (7 items), Caregiver Responsibility (8 items), Academic Stimulation (5 items), Modeling of Social Maturity (7 items), Variety in Experience (9 items), and Acceptance of Child (4 items).

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 6 features

   – Indoor spaces: IT-CC-HOME Distinct subscale–Physical Environment; EC-CC-HOME Organization subscale (1 item)–"Child has a special place…"

   – Outdoor spaces: EC-CC-HOME Physical Environment subscale (1 item)–"Outside play environment…"

   – Health and nutrition: IT-CC-HOME and EC-CC-HOME Variety subscale (1 item)–"Child eats at least one meal…"

   – Safety: EC-CC-HOME Physical Environment subscale; EC-CC-HOME Acceptance subscale; EC-CC-HOME Modeling subscale (1 item) –"Caregiver has an emergency…"; IT-CC-HOME Acceptance subscale (2 items)–"No more than one instance of…", Caregiver neither slaps…"; IT-CC-HOME Organization subscale (1 item)–"Caregiver has an emergency…"; IT-CC-HOME Involvement subscale (1item)–"Caregiver keeps child in visual range…"

   – Organized environment: IT-CC-HOME Distinct subscale Organization

   – Structured activities: IT-CC-HOME Involvement subscale (1 item)–"Caregiver structures child's…"; IT-CC-HOME Organization subscale (1 item)–"Child is taken on an outing…"; EC-CC-HOME Variety subscale (2 items)–"Child is taken on a field trip…", "Caregiver arranges for child to have…"

2. Provider–child relationships: 7 features

   – Support for emotional development: EC-CC-HOME Responsivity subscale; EC-CC-HOME Modeling subscale (1 item)–"Child can hit caregiver…"; IT-CC-HOME Responsivity subscale (3 items)–"Caregiver spontaneously praises…", "Caregiver's voice conveys positive feelings…", "Caregiver caresses…"

   – Support for cognitive development: IT-CC-HOME and EC-CC-HOME Distinct subscale Learning Materials; EC-CC-HOME Distinct subscale Academic Stimulation

   – Support for social development and peer interactions; IT-CC-HOME Responsivity subscale (5 items)–"Caregiver spontaneously vocalizes…", "Caregiver responds verbally…", "Caregiver tells child name…", "Caregiver's speech…", "Caregiver converses…"; EC-CC-HOME Responsivity subscale (2 items)–"Caregiver converses with child…", "Caregiver answers child's…"

   – Support for physical health and development: IT-CC-HOME Learning Materials subscale (4 items)–"Muscle activity toys…", "Push or pull toy…", "Simple eye-hand coordination…", "Complex eye-hand coordination…"

   – Support for language and literacy: EC-CC-HOME Distinct subscale Language Stimulation; EC-CC-HOME Variety subscale (1 item)–"Caregiver uses complex sentence structure and vocabulary…"; IT-CC-HOME Variety subscale (2 items)–"Caregiver reads stories…", "Child has three or more books…"; IT-CC-HOME Learning Materials subscale (1 item)–"Toys for literature and music…"

   – Close provider–child relationships: IT-CC-HOME and EC-CC-HOME Responsivity subscale

   – Continuity of care: IT-CC-HOME Organization subscale (1 item)–"Caregiver is one of no more…"

3. Provider–family relationships: 0 features

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

Each of the 101 items is scored as a 1, "plus," or a 0, "minus". Further information about whether the CC-HOME is a composite score, or individual subscale scores is not provided.

Development sample

The CC-HOME development sample came from the NICHD Study of Early Child Care (NICHD Early Child Care Research Network, 1996), which was a multisite longitudinal study across the United States. Participants in the study were routinely asked about child care and if care was provided by someone other than the child's mother for 10+ hours per week. Participants were also asked for permission to observe the child in his or her alternate care setting. Data for children under 24-months-old (n = 377) were collected by using the Infant/Toddler version of CC-HOME, and data for children 3-years- old and older (n = 274) were collected by using the Early Childhood version of CC-HOME. There was variability in the demographic characteristics

of the children observed, but the majority of the population (88 percent) identified as European American.

Data about the characteristics of caregivers was also collected. The majority of the caregivers were unrelated adults (70 percent), but about 19 percent were grandparents, and 12 percent were other relatives. Most caregivers, 85 percent, identified as European Americans.

Reliability

- Internal consistency reliability: The 45 items on the IT-CC-HOME have a Cronbach's alpha of 0.81 (NICHD Early Child Care Research Network, 1996).

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: At the 24-month data collection, 53 pairs of scores were examined, with Pearson's correlation (r = 0.94) and Winer correlation (r = 0.97); at the 54-month data collection, 23 pairs of observations were examined, with Pearson's correlation (r = 0.98) and Winer correlation (r = 0.99).

Validity

- Content validity: Practices based on evidence in the research literature. Review of items and measures by experts.

- Construct validity: Information not available.

- Convergent/discriminant validity:

  – Concurrent validity: CC-HOME scores are correlated with scores on the ORCE (NICHD Early Child Care Research Network, 1996) and PROFILE (Abbott-Shim and Sibley, 1993). Subscale scores from the IT-CC-HOME are significantly correlated with composite variables from the ORCE (correlations ranged from r = 0.15 to r = 0.61). Subscale scores from the EC-CC-HOME have significant correlations with ORCE composite variables (correlations ranged from r = 0.18 to r = 0.55). CC-HOME is also significantly correlated with the PROFILE (correlations ranged from r = 0.21 to r = 0.69). Many of the subscales demonstrate stronger correlations among similar scales on the other measures and generally weaker correlations with unrelated scales (e.g., on the Infant CC-HOME, Learning Materials have a correlation of 0.15 with the ORCE Sensitivity scale and of 0.51 with the PROFILE, while Caregiver Responsivity have a correlation of 0.61 with the ORCE Sensitivity scale and of 0.36 with the PROFILE), providing some evidence of both convergent and discriminant validity.

    Moderate relations for the CC-HOME Total score with the sensitivity and stimulation composites from the Observation Record of the Caregiving Environment (ORCE) (0.46 to 0.58) and PROFILE (0.57 to 0.69).

  – Predictive validity: Information not available.

Strengths

- Aligned with many early learning outcomes frameworks.
    - Designed for and used in HBCC settings.
    - Adequate reliability and validity evidence.

Limitations

- Limited information about administration and training.
- Separate versions for infant/toddler and early childhood.
- Information on costs and how to access the measure not readily available.
- The CC-HOME needs to be validated with a more diverse sample by provider demographics, settings, and program characteristics. Therefore, readers should use caution drawing conclusions about the appropriateness of the measure for different HBCC settings, taking into account characteristics of the setting (such as, ages of children served or care during nontraditional hours), and providers' personal characteristics (such as, racial, ethnic, linguistic backgrounds).

Key considerations for HBCC

Adapted for use as a telephone interview (Maxwell, 2005).

Supports for quality improvement that are associated with measure

No supports available.

References

Abbott-Shim, M., & Sibley, A. (1993). *Assessment profile for homes with young children— Research version.* Atlanta, GA: Quality Assist.

Bradley, R. H., Caldwell, B. M., & Corwyn, R. F. (2003). The Child Care HOME Inventories: Assessing the quality of family child care homes. *Early Childhood Research Quarterly*, *18,* 294–309.

NICHD Early Child Care Research Network. (1996). Characteristics of infant care: Factors contributing to positive caregiving. *Early Childhood Research Quarterly*, *11,* 269–306.

Maxwell, K. (2005). *Adaptation of the CC-HOME (Bradley, Caldwell, & Corwyn, 2003) for use in the Longitudinal Study of Legal, Unregulated Family Child Care Providers.* Presentation Handout for the March 10, 2005, CCPRC Meeting.

Child Development Program Evaluation Scale (CDPES)

Purpose and context

Purpose: Monitoring

Supports associated with measure: Written guides

Fields:

Development: Center-based CCEE

Used in: Center-based CCEE

HBCC settings: Information not available

Adaptations needed for HBCC: Yes

Measure version: 1984

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 7 features

Provider–child relationships: 5 features

Provider–family relationships: 3 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 4 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Trained observer

Level of measure: Site, classroom

Data collection methods: Direct observation, checklist

Usability: Information not available

Time/length: No estimated time/37 items

Languages available: English

Availability:

Level of permission required: Public domain

Cost: None

Publisher: Richard Fiene (author)

Measure website: ERIC Document ED 251194

https://eric.ed.gov/?id=ED251194

Technical information

Development sample:

Settings: Information not available

Sample size: Information not available

Sample characteristics: Information not available

Locale: Pennsylvania, West Virginia, New York City, and California

Year of development: Information not available

Measure performance:

Reliability: 1 (none described)

Validity:

Content: 1 (none described)

Construct: Not available

Concurrent: Not available

Predictive: Not available

Measure profile narrative

Description

The Child Development Program Evaluation Scale (CDPES) is a generic scale that incorporates data results before 1984 from Pennsylvania's Child Development Evaluation Instruments, West Virginia's and New York City's Child Development Compliance Instruments, California Child Development Quality Assessment Instrument, NAEYC and Child Welfare League of America National Standards, and the results of the National Day Care Study. The CDPES was constructed using statistical methodology—Fiene and Nixon's Indicator Checklist Statistical Model—to select items with the strongest association with regulatory compliance and program quality.

The CDPES is divided into the following two scales:

- The Licensing Scale, containing 13 items (1 through 13), lists a series of predictor items at the 1984 minimal compliance level. These licensing predictor items demonstrate the strongest association with overall compliance of child day care centers with state regulations. The authors note that the items appear to have high face validity when compared with national child care standards.

- The Quality Scale, containing 24 items (14 through 37), lists a series of items that predict the overall quality of child day care centers. The authors note these items also appear to have high face validity when compared with national child care standards. Some quality items are related to observations during a 30-minute period on the Caregiver Observation Form and Scale (COFAS). Each area of child development includes several items that are rated 10 times in two-minute segments. Other information about quality is gathered from record reviews and teacher interviews.

The purpose in constructing the CDPES was the perceived need in the area of child development programs for a comprehensive scale that states or local agencies could use to determine the compliance of child development programs with basic minimal requirements ensuring that a child is in a safe and healthy environment. At the same time, the scale measures the quality of the program for child development purposes. The goal is to be comprehensive but efficient so that a program monitor/evaluator can administer the measure in one day or less.

The CDPES measures the following areas of a child development program: administration, environmental safety, curriculum, health, nutrition, social services, and parent involvement.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 7 features

    – Group size and ratios: (8) Adult child ratio/group size

    – Indoor spaces: (9) Sufficient space, (13) Equipment, (24) Art, (25) Music, and (26) Dramatic play

    – Health and nutrition: (1) Health appraisal, (27) Nutrition, (33) Child's health record

    – Safety: (4) Hazard free, (6) Supervision of children, (12) Safety carrier, (13) Equipment

    – Supportive program policies: (14) Child development program

    – Support for diversity and individualizing: (19) Identification of child's needs, (30) Ethnic and cultural recognition, (31) Special needs of the child

    – Cultural and linguistic congruence: (30) Ethnic and cultural recognition

2. Provider–child relationships: 5 features

    – Support for emotional development: (20) Social-emotional development (COFAS items 10–20); (29) Self-concept

    – Support for cognitive development: (22) Cognitive development (COFAS items 22–25)

    – Support for social development and peer interactions: (20) Social-emotional development; (28) Personal interaction

    – Support for physical health and development: (21) Physical development (COFAS item 21); (33) Child's health record; (27) Nutrition

    – Support for language and literacy: (23) Language development (COFAS items 1–9)

3. Provider–family relationships: 3 features

    – Reciprocal communication: (32) Staff-parent communication

    – Providing parent education: (37) Parent education, (36) Parent involvement

    – Promoting a sense of community and connection: (35) Parent activities

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 4 features

    – Education level: (7) Staff qualifications

    – Prior training: (7) Staff qualifications

    – Years of experience: (7) Staff qualifications

    – Professional identity: (17) Staff development

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The author stresses the need to read each item carefully before rating. When rating items in or out of compliance on the licensing scale, the monitor/evaluator chooses either (0) for out of compliance or (3) for in compliance. When rating items for the program quality scale, the monitor/evaluator determines which level (1 through 5) the program passes for each item and uses a scores sheet to circle a level for each item. The program quality scale builds up by level;

therefore, for a program to pass at level 3, it must be doing everything at levels 1 and 2. For items 20 through 26, Social-emotional development to Dramatic play, observations should be conducted in the classroom. If there is more than one classroom, the monitor/evaluator randomly selects one classroom and completes all observations for items 20 through 26 in that classroom.

Results are compiled by each subscale, after completion of the 37 items. The subscales are Administration, Environmental Safety, Child Development Curriculum, Health Services, Nutritional Services, Social Services, and Transportation. The author recommends retaining the score sheets for comparison when re-administering the scale. The author further notes that practitioners should not use the indicator checklist methodology until they have collected data on the comprehensive compliance instrument for a full year.

The Caregiver Observation Form and Scale (COFAS) items include both positive and negative behaviors rated 10 times. The sum of ratings is multiplied by a positive or negative weight provided in the score sheet, and then the total weighted scores are summed. A table provides a quality level (good, fair, poor, nonoptimal) based on the total score.

Development sample

Data for development is drawn from four states: Pennsylvania, West Virginia, New York (New York City only), and California. The 37 items in the scale come from nearly 900 items in these states' Compliance Instruments, NAEYC standards, and a National Day Care Study (not described). The 37 items were selected for their ability to statistically predict overall compliance. The author notes that these compliance instruments have undergone extensive field testing and implementation in each of the respective states over several years before construction of the CDPES. The scale also includes an Indicator Checklist Methodology, recommended for use only after use of a comprehensive compliance instrument for collecting a full year of data.

Reliability

- Internal consistency reliability: Information not available.
- Alternate form reliability: Information not available.
- Test-retest reliability: Information not available.
- Generalizability: Information not available.
- Inter-rater reliability: Information not available.

Validity

- Content validity: Information not available.
- Construct validity: Information not available.
- Convergent/discriminant validity:
    - Concurrent validity: Information not available.
    - Predictive validity: Information not available.

Strengths

- The author notes that the scale is comprehensive and efficient, permitting a monitor/evaluator to administer it in one day or less.

- The development of the CDPES is based on large scale data from multiple states.

Limitations

- Not designed or used in HBCC settings.

- No reliability evidence and evidence of validity discussed as part of development but not presented.

- Inadequate administration or training information.

Key considerations for HBCC

The scale seems to require adaptation for HBCC settings. Many programmatic, policy questions seem center-related and in part reflect the instrument's development based on NAEYC center standards and state licensing standards for centers.

Supports for quality improvement that are associated with measure

Information not available.

Reference

Fiene, Richard. (1984). *Child Development Program Evaluation Scale.* US Department of Education, National Institute of Education, Educational Resources Information Center.

Child/Home Early Language & Literacy Observation (CHELLO)

Purpose and context

Purpose: Research, quality improvement

Supports associated with measure: Training, written guides

Fields:

Development: HBCC

Used in: HBCC

HBCC settings: FCC

Adaptations needed for HBCC: No

Measure version: 2007

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 4 features

Provider–child relationships: 3 features

Provider–family relationships: 1 feature

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider, trained observer

Level of measure: Classroom, individual

Data collection methods: Self-report, direct observation, rating or rubric, checklist

Usability: No training required

Time/length: 90–120 minutes/68 items

Languages available: English

Availability:

Level of permission required: Permission required ($)

Cost: $50 per user's guide and observation tool

Publisher: Paul H. Brookes Publishing Co. (Susan B. Neuman, Julie Dwyer, and Serene Koh)

Measure website:
https://brookespublishing.com/product/chello/

Technical information

Development sample:

Settings: FCC

Sample size: 128 providers

Sample characteristics: 58% White, 37% Black, 4% Latinx, and 1% Asian; 46% with high school diploma or less, 17% with a Child Development Associate degree, 6% with noncredit coursework, 31% with some early childhood classes, and 7% with a bachelor's degree in an area outside early childhood or education; all with more than 5 years of experience

Locale: Urban areas in Michigan

Year of development: 2004–2006

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70) (select items and overall)

Validity:

Content: 3 (expert reviewed and research evidence-based)

Construct: Not available

Concurrent: Available

Predictive: Available

Measure profile narrative

Description

The CHELLO Tool is an observational assessment that measures the quality of the language and literacy environment in home-based settings. Specifically, it is designed to measure the print and language richness in family and group child care settings for children from birth through age 5. It targets the environmental features and interactions associated with positive early literacy outcomes, examining the physical environmental factors associated with literacy learning (e.g., books in the environment) as well as the more interactional (e.g., responsive language) and affective supports (e.g., adult affect, enjoyment of literacy) that are related to children's language and literacy development.

The CHELLO consists of three tools: the Literacy Environment Checklist (22 items across three subscales: Books, Writing Materials, and Resources [Toys and Technology]); the Group/Family Observation (43 items across three subscales: Physical Environment for Learning, Support for Learning, Adult Teaching Strategies); and the Provider Interview (6 items asking for additional information on the Group/Family Observation section). The CHELLO uses a rubric ranging from 1 (deficient) to 5 (exemplary).

The Literacy Environment Checklist measures the presence or absence of 22 items in the environment, including the accessibility of books, writing materials, and displays of children's work. The items rate settings for the presence or absence of literacy-related materials, using a yes/no response format (e.g., "Is an area set aside for books?"). Similarly, the Writing Materials subscale is the summed score of items that describe the use and accessibility of writing tools. The overall checklist is the sum of all subscales. Scores are reported on the CHELLO Tool Score Form.

The Observation and the Provider Interview tools focus on the psychological supports in the educational environment, including teacher-child interactions in storybook reading, vocabulary development, and play. Their dimensions are conceptually clustered into three subscales: Physical Environment for Learning, Support for Learning, and Teaching Strategies.

Total administration time is approximately 1.5 to 2 hours. The CHELLO Tool may be used in research, professional development, and home visiting and for making general comparisons with center-based care. It is based on a structure developed by the original research version of the Early Language and Literacy Classroom Observation Scale (ELLCO) (Smith, M., & Dickinson, D. 2002).

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 4 features

    – Indoor spaces: Literacy Environment Checklist (physical space: book area, writing area, toys and technology); Group/Family Observation (items in subscales on Physical Environment for Learning that include Organization of the Environment and Materials in the Environment)

    – Organized environment: Group/Family Observation (items in physical environment for learning subscale that focus on Daily Schedule; teaching strategies items: Adult-Child Language Interaction, Management Strategies, Responsive Strategies, and Writing Activities)

    – Structured activities: Group/Family Observation (Teaching strategies items on Use of Print, Storybook/Storytelling Activities)

    – Unstructured activities: Group/Family Observation (items in physical environment for learning subscale that focus on Daily Schedule)

2. Provider–child relationships: 3 features

    – Support for emotional development: Group/Family Observation (all items in support of learning subscale focused on Adult Affect, Responsive Strategies, Monitoring Children's Progress, Adult-Child Language Interaction, and Management Strategies)

    – Support for language and literacy: Entire measure (all items in Literacy Environment Checklist and Group/Family Observation along with supplemental interview)

    – Close provider–child relationships: Group/Family Observation (Adult Affect: Responsive Strategies)

3. Provider–family relationships: 1 feature

    – Close relationships, co-parenting, and boundary setting: Group/Family Observation and Interview: Family Support and Interaction

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

Items on the Literacy Environment Checklist have varying response formats (yes/no, excellent/good/poor, etc.). The checklist measures five components of the environment: Book Area (four items), Book Use (six items), Writing Materials (six items), Educational Toys (three items), and Technology (three items). Designed to take less than 10 minutes to complete, the checklist records the presence or absence of 22 items in the environment. Observers score items on a dichotomous (yes = 1; no = 0) scale (with the exception of three 3-point scale items). Items are summed to derive a total score ranging from 0 to 26. The Literacy Environment Checklist total score ranges from 1 (poor) to 26 (excellent). The Group/Family Observation total score ranges from 13 to 21 (deficient) and from 55 to 65 (exemplary). A table on the CHELLO Tool Score Form and in the user's guide helps determine the levels of quality of the language and literacy supports in the home environment.

The Group/Family Observation section of the CHELLO is organized across a set of 13 observational components in three subscales for a total of 43 items. Observational components examine (a) Physical Environment for Learning (three ratings), (b) Support for Learning (three ratings), and (c) Teaching Strategies (seven ratings). Within each observational rating, three to four items are scored to provide more detailed descriptions of each component. These observational ratings are rated on a scale of 1 (deficient) to 5 (exemplary), with rubric descriptions anchored at odd numbers (1, 3, and 5). An average score is derived by adding the item scores and dividing the sum by the number of items for each of the 13 observational ratings. Scores are calculated for each section: Physical Environment, Support for Learning, and Adult Teaching Strategies. An overall CHELLO score is derived by adding together the Literacy Environment Checklist score and the Group/Family Observation score for a total possible score of 91.

Development sample

The CHELLO was administered in 128 home-based settings in four low-income urban areas in Michigan in 2004 to 2006. Initial evidence of its psychometric properties provided support for internal consistency. Child care providers were all female. A little more than half of providers (58 percent) were White, 37 percent were Black, 4 percent were Latinx, and 1 percent were Asian. Nearly half (46 percent) had a high school diploma or less, 17 percent had earned a Child Development Associate degree, 31 percent had taken some early childhood classes, 6 percent had taken noncredit coursework, and 7 percent held a bachelor's degree but in an area outside education. None of the providers had a state-earned specialization in early childhood education. Providers' average age was 39. All providers had provided child care for more than 5 years, and approximately half of the sample had worked in child care for 11 or more years.

Reliability

- Internal consistency reliability: The total score has good internal consistency (0.78). Cronbach's alpha for the Literacy Environment Checklist is 0.82 and ranges from 0.69 (Writing subtotal) to 0.78 (Books) for composite variables. Cronbach's alpha for the Group/Family Observation is 0.97 and ranges from 0.90 (Support for Learning) to 0.94 (Adult Teaching Strategies) for composite variables. Interfactor correlations among the Literacy Environment Checklist, Group/Family Observation, and subscale scores range from 0.33 to 0.97, with most above 0.4.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Pairs of observers observed 20 home-based centers and rated each item independently. Inter-rater reliability for the Literacy Environment Checklist was 91 percent. For the Group/Family Observation, raters achieved exact agreement 49 percent of the time and an additional 42 percent of the time, and pairs were within 1 rating point (on a scale of 1 to 5), yielding adjacent agreement of 91 percent, that is, rater agreement with raters matched or fell within 1 point of each other 91 percent of the time. Kappa was strong (0.84) for the Literacy Environment Checklist and moderate (0.54) for the Group/Family Observation.

Validity

- Content validity: The CHELLO Tool was developed for the Project Great Start Professional Development Initiative for use to complement the Early Language and Literacy Classroom Observation (ELLCO) Toolkit. The ELLCO is a reliable measure (Cronbach's alphas range from 0.73 to 0.90 across subscales), with many similar items across the two measures. Developers reported that, in item development, they used a review of the research and existing measures. They also observed 10 high quality HBCC providers selected on the basis of recommendations of local resource and referral centers. They pre-tested the tool with HBCC providers who reviewed items for clarity, accuracy, and inclusiveness. Specialists also reviewed the measure before it was piloted. After piloting and pre-testing, the measure underwent refinement and then field testing in 128 settings.

- Construct validity: Information not available.

- Convergent/discriminant validity:

  - Concurrent validity: The CHELLO Tool was correlated with the PPVT–III ($r = 0.33$), the W-J Applied Problems ($r = 0.28$), the PALS Nursery Rhyme ($r = 0.25$), and the W-J Letter Identification ($r = 0.14$).

  - Predictive validity: Fall and spring mean scores for the treatment group were 15.36 (fall: SD = 4.51) and 18.83 (spring: SD = 4.38) for the Literacy Environment Checklist; 35.66 (fall: SD = 8.49) and 44.06 (spring: SD = 9.08) for the Group/Family Observation; and 51.02 (fall: SD = 11.74) and 62.90 (spring: SD = 12.43) overall. The spring CHELLO scores were related to child outcomes in the spring (see concurrent validity).

Strengths

- The CHELLO is the first tool to examine language and literacy practice in HBCC. Other tools used in home-based settings measure the overall quality of the setting, focusing on the physical environment, structural characteristics, and process characteristics such as caregiver-child interactions. The CHELLO is unique among extant techniques in its focus on language and literacy experiences in HBCC settings.

- Provides setting-specific, research-based feedback to providers and directors.

Limitations

- Given the small sample size, the authors were unable to carry out a factor analysis, which would have provided evidence of the measure's construct validity.

- The measure's potential relationship with well-established measures in the field needs to be examined in order to understand more fully how the quality of supports in language and literacy relates to overall quality of home-based care.

- The CHELLO development sample was limited to a single state with few Hispanic, Asian, and AIAN providers. The settings were paid, licensed care with many providers with limited educational background. Readers should use caution drawing conclusions about the appropriateness of the measure for different HBCC settings, taking into account characteristics of the setting (such as, ages of children served or care during nontraditional hours) and providers' personal characteristics (such as, racial, ethnic, linguistic backgrounds).

Key considerations for HBCC

The measure looks at limited aspects of home-based care.

The measure's psychometric evidence focuses on home-based child care only in high-poverty neighborhoods and only in paid, licensed family child care, not in FFN care.

Supports for quality improvement that are associated with measure

The Project Great Start Professional Development Initiative study used the CHELLO Tool to examine the effects of a professional development program in early literacy on quality language and literacy practices and subsequent child outcomes. Chapter 4 of the user's guide to the CHELLO describes strategies for improving children's language and literacy.

References

Koh, Serene, & Neuman, Susan B. (2009). The impact of professional development in family child care: A practice-based approach. *Early Education & Development, 20*(3), 537–562. http://dx.doi.org/10.1080/10409280902908841.

Neuman S. B., & Cunningham L. (2009). The impact of professional development and coaching on early language and literacy instructional practices. *American Educational Research Journal, 46*(2), 532–566. doi:10.3102/0002831208328088.

Neuman, Susan B., Dwyer, Julie, Koh, Serene. (2008). CHELLO: Child/Home Environmental Language and Literacy Observation. *Early Childhood Research Quarterly, 23,* 159–172.

Neuman, Susan B., Dwyer, Julie, & Koh, Serene. (2007). *User's Guide to the Child/Home Early Language and Literacy Observation Tool*. Baltimore, MD: Paul H. Brookes Publishing Co.

Smith, M., & Dickinson, D. (2002). *Early Language and Literacy Classroom Observation (ELLCO)*. Baltimore, MD: Paul H. Brookes Publishing Co.

Child-Caregiver Interaction Scale, Revised Edition (CCIS)

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Training

Fields:

Development: HBCC, center-based CCEE, elementary schools

Used in: HBCC, center-based CCEE, elementary schools

HBCC settings: FCC

Adaptations needed for HBCC: No

Measure version: 2016 (Revised Edition)

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 9 features

Provider–child relationships: 7 features

Provider–family relationships: 3 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Trained observer

Level of measure: Classroom

Data collection methods: Direct observation, rating or rubric, teacher interview (if not observed)

Usability: Training required

Time/length: 180 minutes/17 items

Languages available: English

Availability:

Level of permission required: Permission required (no $)

Cost: None

Publisher: Barbara Carl, Indiana University of Pennsylvania

Measure website: Information not available (contact author)

Technical information

Development sample:

Settings: FCC

Sample size: 223 providers

Sample characteristics: Not specified

Locale: Pennsylvania

Year of development: 2005–2007

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 3 (expert reviewed and research evidence-based)

Construct: Not available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The CCIS measure assesses interactions between caregivers and children in several age groupings, ranging from infancy through school age. The assessment takes place in both home- and center-based child care settings. The measure provides a scale that may be used for research purposes to compare child care quality, but it may also function as a tool for training and technical assistance. The measure aims to help caregivers understand their strengths and the areas most in need of improvement.

The CCIS consists of 17 items, covering three domains: Emotional (6 items), Cognitive/Physical (7 items), and Social (4 items). Each item is assessed on a 7-point scale ranging from 1 (inadequate) to 7 (excellent). Several indicators are available at anchor points 1, 3, 5, and 7. The Emotional domain includes tone of voice, acceptance/respect for children, greeting, enjoys and appreciates children, expectations for children, and health and safety. The Cognitive/Physical domain contains 7 items, including, routines/time spent, physical attention, discipline, language development, learning opportunities, involvement with children's activities, and symbolic and literacy materials. The Social domain includes promotion of prosocial behavior/social-emotional learning, engaging children with special needs, relationships with families, and cultural competence.

The 2010 revision of the CCIS has 17 items, covering three domains: Emotional (items 1 through 4), Cognitive/Physical (items 5 through 11), and Social (with Connections with A Wider World) (items 12 through 14). Each item is assessed on a 7-point scale ranging from 1 (inadequate) to 7 (excellent). Several indicators are available at anchor points 1, 3, 5, and 7. The Emotional domain includes tone of voice, acceptance/respect for children, enjoys and appreciates children, and expectations for children. The Cognitive/Physical domain contains seven items, including health and safety, routines/time spent, physical attention, discipline, language development, learning opportunities, and involvement with children's activities. The Connections with A Wider World (Social) domain contains four items, including arrival, promotion of prosocial behavior/social-emotional learning, and relationships with families.

Training consists of a one-day review of the scale, focusing on each item and indicator. A minimum two follow-up reliability observations are recommended to ensure accurate interpretation of the measure.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 9 features

   – Group size and ratios (indicators within 1 item): (5) Health and safety

   – Health and nutrition (1 item): (5) Health and safety

   – Safety (indicators within 1 item): (5) Health and safety

   – Supportive program policies (indicators within 1 item): (14) Relationship with families

   – Structured activities (indicators within 3 items): (4) Expectations for children, (6) Routines/time spent, (10) Learning opportunities

   – Unstructured activities (indicators within 3 items): (6) Routines/time spent, (10) Learning opportunities, (11) Involvement with children's activities

   – Curriculum (indicators within 3 items): (6) Routines/time spent, (10) Learning opportunities, (14) Relationship with families

   – Support for diversity and individualizing (indicators within 6 items): (2) Acceptance/respect for children, (4) Expectations for children, (8) Discipline, (10) Learning opportunities, (12) Arrival, (14) Relationship with families

   – Cultural and linguistic congruence (indicators within 1 item for cultural responsiveness): (14) Relationship with families

2. Provider–child relationships: 7 features

   – Support for emotional development (6 items): (1) Tone of voice, (2) Acceptance/respect for children, (3) Enjoys and appreciates children, (4) Expectations for children, (12) Arrival, (13) Promotion of social-emotional Learning

   – Support for cognitive development (2 items): (10) Learning opportunities, (11) Involvement with children's activities

   – Support for social development and peer interactions (3 items): (8) Discipline, (13) Promotion of social-emotional learning, (14) Relationship with families

   – Support for physical health and development (indicators within 2 items): (5) Health and safety, (7) Physical attention

   – Support for language and literacy (2 items): (9) Language development, (11) Involvement with children's activities

   – Close provider–child relationships (4 items): (2) Acceptance/respect for children, (3) Enjoys and appreciates children, (7) Physical attention, (13) Promotion of social-emotional learning

   – Close child–child relationships (1 item): (13) Promotion of social-emotional learning

3. Provider–family relationships: 3 features

   – Reciprocal communication (indicators within 2 items): (12) Arrival, (14) Relationship with families

   – Providing parent education (indicators within 1 item): (14) Relationship with families

   – Cultural and linguistic match with families (indicators within 1 item): (14) Relationship with families

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The author cautions not to offer feedback to providers on results of individual items as each item was created in conjunction with others to create subscales for the Cognitive, Emotional, and Social domains. The author recommends that feedback should relate to each domain level. In addition, given that domains are interconnected, practitioners should take care in how each subscale is combined to create an overall caregiver interaction score. Research indicates that caregivers who scored high on one subscale also tended to score high on the others.

Development sample

The development sample encompassed 223 providers in Pennsylvania, including FCC providers, CCEE centers, and schools. However, the information here is based on the adjusted sample of 181 providers and is limited to 15 of the 17 items; incomplete data necessitated the omission of items 3 "Greeting" and 15 "Engaging with special needs children." Children in the development sample were age infant through school age. Other demographic information is not available.

Reliability

- Internal consistency reliability: Cronbach's alpha for the CCIS measure, across all age groups and settings, is 0.94. Cronbach's alpha for caregivers of pre-school-age children is 0.95, 0.91 for infant/toddler caregivers, 0.93 for home-based caregivers, and 0.95 for caregivers of school-age children. Analyses of the theoretically derived subscales of the Emotional, Cognitive, and Social domains each revealed a moderately high Cronbach's alpha with relatively high corrected item-total correlations. The Emotional subscale comprised five items (Cronbach's alpha = 0.87), the Cognitive subscale consisted of 7 items (Cronbach's alpha = 0.88), and the Social subscale consisted of only three items (Cronbach's alpha = 0.72).

- Alternate form reliability: N/A

- Test-retest reliability: N/A

- Generalizability: N/A

- Inter-rater reliability: Inter-rater reliability was established between the author and two other observers before the start of data collection. Each observer on each item achieved a high percentage (95 percent) of agreement during initial reliability, within 1 point on the 7-point scale. No items were off by more than 1 point. Throughout the course of the study, two observers independently assessed reliability. Each observer maintained a high level of inter-rater reliability, demonstrating an intraclass correlation (ICC) ranging from 0.88 to 0.93, with each item within 1 point on the 7-point scale.

Validity

- Content validity: Reviewed by ten early-childhood professionals. Developed based on the National Association for the Education of Young Children's Developmentally Appropriate Practice.

- Construct validity: Information not available

- Convergent/discriminant validity:

    – Concurrent validity: Concurrent validity was measured by exploring the correlation between the CCIS average and the Interactions subscale of the age-/setting-appropriate Environment Rating Scale (ERS). This subscale was chosen for comparison because of the theoretical association with the CCIS in terms of caregiver interaction versus a purer measure of the physical environment. The correlation between the CCIS and the Interactions subscale of the ERS scale was a significant (0.75, p < 0.001). The author assessed discriminant validity by looking at the correlation between the CCIS average and the Space and Furnishings subscale of the age-/setting-appropriate ERS. The Space and Furnishings subscale provides a stronger focus on the classroom environment versus that of the caregiver interaction. The correlation between the CCIS and the Space and Furnishings subscale of the ERS was significant and lower (0.67, p < 0.001) than the CCIS correlations with the Interactions subscale (0.75) and with the overall ERS (0.74).

    Using multiple linear regression, the author also looked at the relationships between the CCIS and provider/teacher education, STAR level (QRIS rating), specifically years of experience in child care. After controlling for other variables, the results indicated statistically significant relationships between the education of the provider and the CCIS score and between the STAR level of the child care facility and the CCIS score.

    – Predictive validity: Information not available.

Strengths

- Used internationally.

- Includes common HBCC feature.

- Assesses quality construct missing or weak in other measures.

- Used across age ranges, birth through school age.

- Used in FCC settings.

- Adequate reliability in HBCC.

- Validity evidence in HBCC.

Limitations

- Inadequate administrative/training information.

- The CCIS has limited information about provider demographic, classroom, and program characteristics in the development sample. Therefore, readers should use caution drawing conclusions about the appropriateness of the measure for different HBCC settings, taking into account characteristics of the setting (such as, ages of children served or care during

nontraditional hours) and providers' personal characteristics (such as, racial, ethnic, linguistic backgrounds).

Key considerations for HBCC

Author did not describe adaptations, but there are indicators for age appropriateness.

Supports for quality improvement that are associated with measure

Information not available.

References

Carl, Barbara. (2017). Child Caregiver Interaction Scale (CCIS) (Carl, 2010) compared to Arnett CIS (Arnett, 1989): An updated measure to assess quality child caregiving. *International Journal of Education and Social Science, 4*(8), 10.

Neunning, M., Weinstein, D., Halle, T., Martin, L., Tout, K., Wandner, L., Whittaker, J. V., See, H., McSwiggan, M., Fletcher, M., Sherman, J., Hair, E., & Burkhauser, M. (2010). *Quality in early childhood care and education settings: A compendium of measures.* Washington, DC: Child Trends. Prepared by Child Trends for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/opre/report/quality-early-childhood-care-and-education-settings-compendium-measures-second-edition.

Collective Efficacy Scale

Purpose and context

Purpose: Research

Supports associated with measure: Information not available

Fields:

Development: Sociology

Used in: Sociology

HBCC settings: None

Adaptations needed for HBCC: No

Measure version: 1997

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 0 features

Provider–child relationships: 0 features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 1 feature

Administration and availability

Administration characteristics:

Respondent: Provider/teacher

Level of measure: Site

Data collection methods: Self-report

Usability: Training required for reliability

Time/length: 3 minutes/10 items

Languages available: English

Availability:

Level of permission required: Published (contact authors)

Cost: None

Publisher: Information not available (contact authors)

Measure website: http://sparqtools.org/mobility-measure/collective-efficacy-scale/

Technical information

Development sample:

Settings: Not developed in child care settings

Sample size: 343 "neighborhood clusters"

Sample characteristics: Low, medium, and high socioeconomic status neighborhoods; Black, Latino, and white individuals

Locale: Chicago, Illinois

Year of development: 1997

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 1 (none described)

Construct: Available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The Collective Efficacy Scale (Sampson et al., 1997) consists of 10 statements that measure respondents' perceptions of "how well communities work together to make things happen" through self-report (SPARQtools). The scale is organized into two subscales. The "informal social control" subscale assesses how likely neighbors are to intervene when there is trouble, and the "social cohesion and trust" subscale assesses how likely neighbors are to support each other in times of need.

The Collective Efficacy Scale is designed for general use in the social sciences. It has been used to examine the influence of neighborhood characteristics on a wide range of outcomes, including health, violence, and crime. The scale website notes that the scale is best used to study neighborhoods. It has not been used to examine the influence of neighborhood characteristics on the quality of child care settings or outcomes for children in child care.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 0 features
2. Provider–child relationships: 0 features
3. Provider–family relationships: 0 features
4. Conditions for operations and sustainability: 0 features
5. Provider characteristics: 0 features
6. Neighborhood characteristics: 1 feature

    – Social cohesion among neighbors: 2 subscales (10 items)–Informal social control subscale (5 items on "if your neighbors can be counted on to intervene"), Social cohesion and trust subscale (5 items about people in the neighborhood)

Methods of scoring and interpretability

To complete the 5-item informal social control section, respondents use a 5-point scale (1 = very likely; 5 = very unlikely) to rate statements such as, "Would you say it is likely or unlikely that your neighbors would intervene if a fight broke out in front of your house?"

To complete the 5-item social cohesion and trust section, respondents use a different 5-point (1 = strongly agree; 5 = strongly disagree) to rate statements such as, "People around here are willing to help their neighbors."

Researchers reverse-code two negatively worded items (items 8 and 9) so that high values mean more collective efficacy, and then they calculate a score for each respondent by averaging his or her ratings.

Development sample

Psychometric information for the Collective Efficacy Scale is based on data collected in the Project on Human Development in Chicago Neighborhoods (PHDCN) study in 1997. The study used a hierarchical sampling strategy whereby residents were selected within neighborhoods. The sample consisted of 8,782 respondents in 343 "neighborhood clusters" (NC), which the authors created by combining 847 census tracts to represent the racial, ethnic, and social-class diversity within Chicago. The study was designed to yield a representative sample of households within each neighborhood, with sample sizes large enough to create reliable measures at the neighborhood cluster level.

The authors found that collective efficacy yields high between-neighborhood reliability and is negatively associated with variations in violence, when controlling for individual-level characteristics, measurement error, and previous violence (Sampson et al., 1997).

The author indicates that replications of the PHDCN study have operationalized collective efficacy by using similar measures across the United States and in other countries (Sampson, 2012). Replication has shown that collective efficacy strongly predicts neighborhood crime (Sampson et al., 1997).

Reliability

- Internal consistency reliability: The reliability with which neighborhoods may be distinguished on collective efficacy ranges from 0.80 for neighborhoods with a sample size of 20 raters to 0.91 for neighborhoods with a sample size of 50 raters.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Information not available.

Validity

- Content validity: Information not available.

- Construct validity:

  – Collective efficacy is significantly ($p < 0.01$) and positively related to friendship and kinship ties ($r = 0.49$), organizational participation ($r = 0.45$), and neighborhood services ($r = 0.21$). Nonetheless, multiple regression models provide evidence that collective efficacy contributes distinct variance in explaining violence in neighborhoods. After controlling for the correlated factors above, along with previous homicide, concentrated disadvantage, immigrant concentration, and residential stability, the strongest predictor of the violent crime rate is by far collective efficacy.

  – Collective efficacy continues to explain variations in violence across Black neighborhood clusters, mediating the previous effect of concentrated disadvantage. Even after controlling for previous homicide, neighborhood services, friendship and kinship ties, and organizational participation, the only significant predictor of the violent crime scale in Black neighborhoods is collective efficacy.

- Convergent/discriminant validity:

  – Concurrent validity: See construct validity information above. Collective efficacy is moderately correlated with perceptions of related social support constructs and has lower positive correlation with services. Collective efficacy is negatively related to violent crime rate and mediates the association between concentrated disadvantage and violence in Black neighborhoods, even after controlling for other potential predictors of violent crime rates.

  – Predictive validity: Information not available.

Strengths

- Strong evidence of reliability and validity in Black neighborhoods when collected at a neighborhood level.

- Assesses features of neighborhood characteristics.

Limitations

- Not intended to measure HBCC provider quality.

- Not tested or used in child care settings.

- No validity evidence for a single respondent in a neighborhood.

- Perceptions of collective efficacy do not measure quality of a neighborhood and are limited to respondents' subjective perceptions.

- No research is available on the relationship between collective efficacy and quality in HBCC settings.

- Validity evidence is needed for neighborhoods with other racial/ethnic compositions.

Key considerations for HBCC

The Collective Efficacy Scale has not been used to measure neighborhood characteristics of child care settings, and there is no evidence related to the use of a single rating rather than several ratings in a neighborhood. More research is needed on the scale's psychometric properties in HBCC settings to understand how the scale relates to quality in HBCC settings.

Supports for quality improvement that are associated with measure

No supports available.

References

Sampson, R.J. (2012). *Great American city: Chicago and the enduring neighborhood effect*. Chicago: University of Chicago Press.

Sampson, R. J., Raudenbush, S. W., & Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science, 277*(5328), 918–924.

Early Childhood Quality Improvement Pathway System (EQuIPS)

Purpose and context

Purpose: Research, quality improvement

Supports associated with measure: None

Fields:

Development: FCC, center-based CCEE

Used in: FCC, center-based CCEE

HBCC settings: FCC

Adaptations needed for HBCC: May need to adapt because not appropriate for all types of HBCC

Measure version: 2017

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 7 features*

Provider–child relationships: 4 features*

Provider–family relationships: 2 features*

Conditions for operations and sustainability: 2 features*

Provider characteristics: 0 features*

Neighborhood characteristics: 0 features*

* Some additional features may be measured. Access was limited to the broad domains.

Administration and availability

Administration characteristics:

Respondent: Provider (director or teacher), trained observer

Level of measure: Site

Data collection methods: Self-report, direct observation, document review, rating or rubric, checklist

Usability: Training required for observers, website to manage and input data

Time/length: Information not available

Languages available: English

Availability:

Level of permission required: Published (contact authors)

Cost: Information not available (contact authors)

Publisher: Measure Development Project (Race to the Top)

Measure website: https://rttt.org/Default.asp

Technical information

Development sample:

Settings: FCC, center-based CCEE

Sample size: 158 providers (79 centers and 79 FCCs)

Sample characteristics: Served infant through preschool- age children

Locale: North Carolina and Delaware

Year of development: 2016

Measure performance:

Reliability: 2 (all or mostly under minimum acceptability ratings—0.70)

Validity:

Content: 2 (research based)

Construct: Not available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The EQuIPS is a measure that provides a program portrait on performance and quality for early childhood programs. The program portrait is based on data collected through observations, interviews, and document review.

EQuIPS observations. Comprised of time-sampling items, global score ratings, and a review of space and materials. Each cycle is 15 minutes for global observation ratings (1 to 5) and 35 minutes of time sampling (10 intervals with 1.5 minutes observing and 2 minutes of scoring presence or absence of behaviors and classroom/FCC materials) in addition to noting "Red Flag" items. The initial version includes 43 time-sampling items. Twenty-two of the items focus on how the teacher and staff in the care environment interact with the children. The other 21 items focus on identifying evidence of curriculum and pedagogy. In addition to the 43 time-sampling items, 21 space and material items collect data on the inside and outside environment.

The EQuIPS Observation subscales from the large-scale pilot are Quality of Teacher-Child Interactions (9 items, Cronbach's alpha = 0.88); Enriched Language (6 items, Cronbach's alpha = 0.72); Curriculum (16 items, Cronbach's alpha = 0.91); Learning about Self and Others (10 items, Cronbach's alpha = 0.58); Daily Organization (5 items, Cronbach's alpha = 0.91), and Environmental Foundations (16 items, Cronbach's alpha = 0.67).

EQuIPS interviews. Thirty- to 60-minute interviews conducted with the administrator and the primary teacher in each classroom or home environment. The administrator interview consists of 32 questions related to five areas of practice in the program: (1) Staffing Hiring, Supervision, and Retention; (2) Continuity and Stability for Teachers and Children; (3) Teaching and Learning; (4) Family Engagement and Community Partnerships; and (5) General Quality Improvement. The teacher interview consists of 23 questions that gather information on the specific teacher's classroom and the general program. The two areas related to the classroom are (1) Teaching and Learning and (2) Family Engagement. The two areas related to the program are (1) Continuity and Stability for Children in the Classroom and (2) Staff Hiring, Supervision, and Support. The interview for the FCC teacher includes 38 questions in four areas of practice in the program: (1) General Quality Improvement, (2) Continuity and Stability, (3) Teaching and Learning, and (4) Family Engagement and Community Partnerships.

EQuIPS document review. Submitted documents are reviewed for the presence or absence of certain policies, procedures, guidelines, and practices (daily schedule, activity planning, and assessment) and then rated on a rubric: not here yet, emerging, expected, and exceptional.

Alignment with HBCCSQ conceptual framework

The final report does not include the actual items (or rubrics) but provides a description of the content assessed by the domains and types of questions asked. A Child Care Policy Research Consortium presentation (Cassidy 2015) provides examples of some of the interview questions and rubrics.

Some subscales were not used in the validity analyses because of low internal consistencies (Cronbach's alpha ≤ 0.80). The authors note that the "subscales (Enriched Language, Learning about Self and Other, and Environmental Foundations) are still considered to be conceptually important components of observation scale; however, the large-scale pilot findings suggest that revisions are needed to improve the reliability and validity of these subscales."

1. Home setting and learning environments: 7 features

   – Indoor spaces: Observation–Indoor checklist "Availability of Space," "Materials Access, Usability and Organization Process" in Environment Foundations (16 total checklist item in this subscale)

   – Outdoor spaces: Observation–Outdoor checklist "Outside Space and Materials" in Environment Foundations

   – Organized environment: Daily organization (5 global ratings); Teacher interview– "Planning and Curriculum," "Classroom Community"

   – Supportive program policies: Administrator interview–"Supports for Teaching and Learning," "Quality Improvement Priorities"; Document review–"Support for Teaching & Learning," "Staff Hiring, Supervision, and Support"

   – Structured activities: Teacher interview–"Planning and Curriculum"; Observation– "Supporting Persistence and Learning in Activities and Routines"

   – Unstructured activities: Observation–"Supporting Persistence and Learning in Activities and Routines"

   – Curriculum: Observation–"Curriculum and Pedagogy"

2. Provider–child relationships: 4 features

   – Support for cognitive development: Observation–"Supporting Persistence and Learning in Activities and Routines"

   – Support for social development and peer interactions: Observation–"Peer Interactions," "Quality of Interactions," "Quality of Conversations"

   – Close provider–child relationships: Observation–"Quality of Interactions," "Quality of Conversations"; Teacher interview–"Assessment and Individualizing"

   – Close child–child relationships: Teacher interview–"Classroom Community"; Observation–"Peer Interactions"

3. Provider–family relationships: 2 features

   – Reciprocal communication: Teacher interview–"Communication with Families," "Building Relationships with Families"

   – Promoting a sense of community and connection: Document review–"Family Engagement and Community Partnerships"; Administrator interview–"Partnerships with Families and Communities," "Connecting Families to Community Resources"

4. Conditions for operations and sustainability: 2 features

   – Business practices: Document review–"Staff Hiring, Supervision, and Support," "Communication," "Other Operational Policies"; Administrator interview–"Staff Hiring, Supervision, and Support"

   – Access to professional resources: Document review–"Support for Teaching and Learning"; Administrator interview–"Supports for Teaching and Learning"; Teacher interview–"Professional Development"

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

Data collection take places through observations, interviews, and document review.

EQuIPS observations. Observation methods include both time sampling (presence/absence) and global ratings (1 to 5). Observers also record any practices that trigger concerns.

EQuIPS interviews. Information from interview responses informs ratings on administrative rubrics.

EQuIPS document review. Information from program documents informs ratings on administrative rubrics. The rubric used for rating center-based programs has four categories: not yet present (low score); emerging/getting started; systematic implementation, including written policies; and multiple ways of implementing (high score). The rubric for FCC settings was similar: not yet present (low score), emerging/getting started, written plan/systematic, and implementing (high score).

The data do not produce a single numeric score but rather provide a program portrait that highlights areas of program strength. The developers are working on organizing all of the data into a single rubric that will inform component scores. Their goal is to list the identified core components in a general rubric and then fit the constructs in the observation, interview, and document review measures to the rubric. They plan to create scores for each component and then link them together to specify a pathway to improvement for providers. More specifically, they will compile individual items into subscale scores, subscale scores into construct scores, and then construct scores into component scores. The website (www.rttt.org) offers authorized users the opportunity to upload documents, enter scores, and generate custom data reports. All data are maintained securely with Microsoft SQL database. The system collects no personally identifiable information (PII).

Development sample

The latest pilot was conducted from January to September 2016 with providers in North Carolina and Delaware. The North Carolina sample included centers and family child care homes (FCCH); the Delaware sample included only family child care homes.

In North Carolina, the final sample included 108 sites (79 centers and 29 FCCH). Within the sample, 70 percent of the centers had QRIS Star Ratings of 4 and 5, and 63 percent of the FCCHs had QRIS Star Ratings of 4 and 5. The majority of the programs in the sample were

urban (77 percent). Within the 79 participating child care centers, observational data were collected in infant (n = 43), toddler (n = 121), and preschool-age (n = 97) classrooms, and 199 teachers and 71 directors participated in interviews. In the FCCH sample, 29 providers participated in the interviews. Across centers and FCCHs, 63 programs provided documents for the document review.

In Delaware, the final sample included 50 FCCH providers. Most programs (92 percent) were located in metropolitan areas. Within the sample, 82 percent of programs participated in the QRIS, and 32 percent had a Star Level of 4 or 5.

Reliability

The information is based on the latest pilot study conducted in 2016.

- Internal consistency reliability: Four of the observational measures meet minimum acceptability ratings (0.70), but two do not. Cronbach's alphas for the EQuIPS Observation Subscales follow: Quality of Teacher-Child Interactions (Cronbach's alpha = 0.88), Enriched Language (Cronbach's alpha= 0.72), Curriculum (Cronbach's alpha = 0.91), Learning about Self and Others (Cronbach's alpha = 0.58), Daily Organization (Cronbach's alpha = 0.91), and Environmental Foundations (Cronbach's alpha = 0.67). The authors decided to only move forward in subsequent analyses with the subscales that demonstrated acceptable internal reliability (Cronbach's alpha coefficients above 0.80): Teacher-Child Interactions, Curriculum, and Daily Organization. Given that this measure is still under development, the researchers are using the information to revise the other subscales that did not demonstrate acceptable internal reliability.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Inter-rater reliability was assessed on all observational components separately for both states. The range for all components for North Carolina assessors was 89 to 98 percent; the range for all components for Delaware assessors was 89 to 96 percent.

Validity

The information is based on the most recent 2016 pilot study.

- Content validity: Created by a consortium of early childhood education researchers from three universities and a state Division of Early Child Development and a state Education Department.

- Construct validity: Information not available.

- Convergent/discriminant validity:

  – Concurrent validity: Evidence of concurrent validity is found for the EQuIPS observation scales for teacher-child interactions, daily organization, and curriculum with the Family Child Care Environment Rating Scale–Revised (FCCERS-R; Harms & Clifford, 2007,) scales. However, the FCCERS-R organization scale had the strongest correlations with each of these scales (r = 0.58 to 0.75).

  The correlations with the Pre-K Classroom Assessment Scoring System (Pre–K CLASS; Pianta, LaParo, & Hamre, 2008) domains for emotional (ES) and instructional (IS) in a combined center and FCC sample were strongest with the EQuIPS Teacher-Child Interactions (r = 0.55 and 0.31, respectively). The CLASS Classroom Organization score was most strongly related to EQuIPS Daily Organization (r = 0.42). EQuIPS Curriculum had low correlations with all of the CLASS domains (r = 0.14 to 0.26).

  – Predictive validity: Information not available.

Strengths

- A broad measure that measures several quality constructs.
- Designed for and used in licensed HBCC settings.

Limitations

- Burdensome and time consuming.
- The interview and document review rubrics indicated that 80 percent of FCCs were in the "Not yet present" or "Getting started" categories.
- Though promising, the measure is still under development and has been implemented only by researchers. Internal consistency and validity evidence are available only for the observation scales.

Key considerations for HBCC

This is a large tool/system that is undergoing development with several types of evidence. It brings together several measures to inform the larger tool. Not all aspects of the measure are relevant to all HBCCs.

Supports for quality improvement that are associated with measure

EQuIPS aims to provide a portrait of the early childhood program that is undergoing measurement. The goal is to use the portrait with a Tiered Quality Rating Improvement System (TQRIS) to help identify pathways for programs to improve services for children and their families.

References

Cassidy, Deborah. (December, 2015). EQuIPS: *Early Childhood Quality Improvement Pathway System.* Presentation at the 2015 Annual Meeting of the Child Care Policy Research Consortium. Workshop Session B-5. Available at https://www.researchconnections.org/federal-efforts/meetings/child-care-and-early-education-policy-research-consortium-cceeprc-meetings/cceeprc-meeting-2015.

ECERS-R; Harms, T., Clifford, R.M., & Cryer, D. (1998). *Early Childhood Environment Rating Scale–Revised Edition.* New York: Teachers College Press.

FCCERS-R; Harms, T. Cryer, D., & Clifford, R.M. (2007). *Family Child Care Environment Rating Scale–Revised Edition.* New York: Teachers College Press.

ITERS; Harms, T. Cryer, D., & Clifford, R.M. (2003). *Infant/Toddler Environment Rating Scale–Revised Edition.* New York: Teachers College Press.

Pianta, R., La Paro, K., & Hamre, B. (2008). *The Classroom Assessment Scoring System Pre-K Manual.* Baltimore, MD: Paul H.Brookes Publishing Co.

Tiered Quality Rating Improvement System (TQRIS) Program Quality Measure Development Project (January 30, 2017). *Early Childhood Quality Improvement Pathway System (EQuIPS) Final Report.* https://files.nc.gov/ncelc/equips_final_report.pdf.

Environment and Policy Assessment and Observation for Family Child Care Homes (EPAO-FCCH)

Purpose and context

Purpose: Research

Supports associated with measure: Training, written guides

Fields:

Development: FCC, center-based CCEE

Used in: FCC, center-based CCEE

HBCC settings: FCC

Adaptations needed for HBCC: Yes

Measure version: 2017

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 8 features

Provider–child relationships: 1 feature

Provider–family relationships: 1 feature

Conditions for operations and sustainability: 0 features

Provider characteristics: 1 feature

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider, trained observer

Level of measure: Classroom, individual

Data collection methods: Self-report (interview), direct observation, document review, rating or rubric, checklist

Usability: Training required

Time/length: Entire day of operations

Languages available: English

Availability:

Level of permission required: Permission required (no $)

Cost: None

Publisher: University of Carolina at Chapel Hill Center for Health Promotion & Disease Prevention

Measure website: http://chwr.web.unc.edu/resources/

Technical information

Development sample:

Settings: FCC

Sample size: 133 providers

Sample characteristics: 25% high school diploma or GED; 49% associate's degree or 60 hours of college credit; 25% bachelor's degree; 74% Black, 18% White, 8% other, 5% Latinx ethnicity

Locale: Rhode Island and North Carolina

Year of development: 2006, 2017

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 2 (expert reviewed)

Construct: Not available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The Environment and Policy Assessment and Observation (EPAO) is a comprehensive measure of nutrition, physical activity, sedentary practices, policies, and environments in child care and early education settings. Its purpose is to describe objectively the nutrition and physical activity environment and practices of family child care homes. The components measured by the EPAO include food and beverages served, physical activity opportunities, sedentary time, provider practices, and program policies.

The EPAO observation tool, now termed the EPAO-FCCH, has been expanded for use in family child care homes. The EPAO-FCCH assesses 38 nutrition and 27 physical activity best practices that are summarized into 7 nutrition-related and 10 physical activity–related environmental subscores as well as into overall nutrition and overall physical activity scores. Currently, the EPAO-FCCH tool is available in the observational format only upon request. Modifications made for FCC homes include enhancements that specifically assess provider feeding practices in the observation component of EPAO, with additions made to three sections: morning meal, lunch, and afternoon snack.

The EPAO-FCCH includes the EPAO Observation, EPAO Document Review, and EPAO FCCH Provider Interview. The EPAO observation takes place over one full day, from open to close, and is designed for use only with FCCs serving children ages 1.5 to 4 years. The child care observation day must be prearranged with the FCCH, with consent required from the FCCH provider and children's parents in order for the observation to be conducted. The author recommends that document requests be made one week before the observation for pick-up on the observation day.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 8 features

    – Indoor spaces: (56) Portable playground equipment; (59) Indoor play space

    – Outdoor spaces: (36) Outdoor active play occasions, (37) Outdoor active play minutes, (38) Outdoor water availability, (39) Outdoor water prompts, (55) Fixed playground equipment, (56) Portable playground equipment, (57) Outdoor running space, (58) Space limitations

    – Health and nutrition: All items; entire instrument focuses on health and nutrition.

    – Safety: Document review checklist item. Physical activity policy includes safety check documentation. Policy must address the provision of fixed or portable play equipment subjected to safety checks at least monthly, or the provision of indoor play space for when the weather does not permit outdoor play.

    – Supportive program policies: Document review checklist items; FCCH nutrition policies and FCCH physical activity policies

    – Structured activities: (35) Structured physical activity time

–   Unstructured activities: (34) Active play time

–   Curriculum: Document review checklist items on curriculum materials for children on nutrition as well as on curriculum materials for children on physical activity

2. **Provider–child relationships: 1 feature**

–   Support for physical health and development: Entire measure focuses on supporting physical health (activity and nutrition), with 13 specific items (items 26, 27, 28, 29, 30, 32, 33, 47, 48, 49, 50, 51, and 52)

3. **Provider–family relationships: 1 feature**

–   Providing parent education: Document review checklist—Educational materials for parents on nutrition as well as educational materials for parents on physical activity

4. **Conditions for operations and sustainability: 0 features**

5. **Provider characteristics: 1 feature**

–   Prior training: Document review checklist—Training materials/certificates for the provider/staff on nutrition as well as training materials/certificates for the provider/staff on physical activity

6. **Neighborhood characteristics: 0 features**

Methods of scoring and interpretability

The EPAO-FCCH includes a scoring rubric that allows the nutrition and physical activity environments to be summarized by two overarching scores (one for nutrition and one for physical activity). Even though these global scores are useful, the scoring rubric also calculates 17 environmental subscores (elements within the environment such foods provided, physical activity practices, nutrition and physical activity policy) as well as compliance with 67 best practice recommendations. In comparison, the original EPAO included 102 observation items and 90 document review items, which were collapsed into 16 environmental subscales. The original EPAO scoring did not try to calculate overall nutrition and physical activity scores. The new scoring rubric should help address a key challenge in past assessment tools by providing a summary of the broader health and nutrition environment in addition to its subscores.

Development sample

The sample includes 53 providers in the pilot, followed by 133 providers in the final version. The study was conducted in Rhode Island and North Carolina. Provider demographics include 25 percent with a high school diploma or GED; 49 percent with an associate's degree or 60 hours of college credit; and 25 percent with a bachelor's degree. In addition, 74 percent of the sample was Black; 18 percent was White; 8 percent was Other; and, of the Other, 5 percent were Latinx.

Reliability

- Internal consistency reliability: Each of the three factors demonstrated good internal consistency (Cronbach's alphas greater than 0.70). Cronbach's alphas were as follows: coercive control/indulgent practices at 0.96; autonomy support practices at 0.77; and unhealthy role modeling at 0.86.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Results found that 80 percent of the new items had substantial to high inter-rater agreement (kappa 0.60 to 0.99). For quality control, all data collectors should be assessed for inter-observer reliability before beginning each new data collection. Observers must meet a comparison rate of 85 percent agreement.

Validity

- Content validity: Reviewed by four specialists.

- Construct validity: Information not available.

- Convergent/discriminant validity:

  – Concurrent validity: Multilevel mixed models examined associations between factors and child's diet quality as captured by the Healthy Eating Index (HEI) score (measured via the Dietary Observation in Childcare Protocol).

  – Predictive validity: Information not available.

Strengths

- The measure focuses on physical activity and nutrition quality, an underrepresented area of quality research in HBCC settings.

Limitations

- Given that the measure focuses exclusively on physical activity and nutrition quality and requires a full day of observation, it may be too burdensome to administer and analyze unless the goal is to assess physical health and nutrition.

- Authors acknowledge that they may not fully capture all possible practices affecting child diet quality in an HBCC setting. Future studies with larger samples should continue to explore how items that capture more environmental aspects might fit into other constructs.

- Pilot and testing provide limited generalizability; licensed only for child care with a largely Black sample of FCC providers in two eastern states.

Key considerations for HBCC

Future studies with larger samples should continue to explore how items that capture more environmental aspects might be incorporated with other measures.

Supports for quality improvement that are associated with measure

Information not available.

References

The Environment and Policy Assessment and Observation (EPAO) measure protocol. http://chwr.web.unc.edu/resources/.

Tovar, A., et al. (2019). Modifying the Environment and Policy Assessment and Observation (EPAO) to better capture feeding practices of family childcare home providers. *Public Health Nutrition, 22*(2), 223–234. doi:10.1017/S1368980018002665.

Vaughn, A. E., Mazzucca, S., Burney, R., Østbye, T., Neelon, S. E. B., Tovar, A., & Ward, D. S. (2017). Assessment of nutrition and physical activity environments in family child care homes: Modification and psychometric testing of the Environment and Policy Assessment and Observation. *BMC Public Health, 17*(1), article no. 680. https://doi.org/10.1186/s12889-017-4686-9.

Family and Provider/Teacher Relationship Quality Measures (FPTRQ)

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Written guides

Fields:

Development: HBCC and center-based CCEE, including Head Start/Early Head Start

Used in: HBCC and center-based CCEE, including Head Start/Early Head Start

HBCC settings: FCC

Adaptations needed for HBCC: No

Measure version: 2015 (short form and long version)

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 3 features

Provider–child relationships: 0 features

Provider–family relationships: 8 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 3 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider, director, parent, family support service staff

Level of measure: Site, individual

Data collection methods: Self-report, checklist

Usability: No training required

Time/length: 10–15 minutes/instrument (51 provider items, 66 parent items, 41 director items)

Languages available: English, Spanish

Availability:

Level of permission required: Public domain

Cost: None

Publisher: Administration for Children and Families, Office of Head Start and Office of Planning, Research and Evaluation

Measure website:

acf.hhs.gov/opre/resource/family-and-provider/teacher-relationship-quality-fptrq-provider/teacher-measure

Technical information

Development sample:

Settings: FCC

Sample size: 423 providers (including family child care, center-based care programs, and Head Start/Early Head Start programs)

Sample characteristics: Diverse race/ethnicity and varied education background

Locale: 6 cities in the U.S.

Year of development: 2010–2014

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 3 (expert reviewed and research evidence-based)

Construct: Available

Concurrent: Not available

Predictive: Not available

Measure profile narrative

Description

The Family and Provider/Teacher Relationship Quality (FPTRQ) measures assess the quality of relationships between families and the providers/teachers who care for their small children. These relationships are a key factor in promoting positive outcomes for children and families. The Administration for Children and Families' Office of Head Start and Office of Planning, Research and Evaluation funded development of the FPTRQ measures to support efforts to improve provider/teacher relationships with families and family engagement in CCEE programs. The FPTRQ measures were fielded in HBCC and center-based care, including Head Start/Early Head Start.

The FPTRQ includes a measure for directors, providers, parents, and family service staff. The director measure asks respondents general questions about the CCEE environment, the children enrolled in the program, and how the program supports family and provider/teacher relationships. The provider/teacher measure asks respondents general questions about how they work with parents of children in their care. The parent measure asks parents general questions about how they work with their child's lead provider or teacher (not aides or assistant teachers).

Two measures are specific to family services staff in Head Start/Early Head Start. The family services staff measure asks respondents questions about how they work with all parents of children in their Head Start/Early Head Start programs. The family services staff parent measure also asks parents questions about how they work with their family services staff in Head Start/Early Head Start programs.

The FPTRQ measures include several subscales under the four broader constructs of Knowledge, Attitudes, Practices, and Environmental Features. Subscales for each construct are as follows: Knowledge: Family-Specific Knowledge; Attitudes: Respect, Commitment, Openness to Change, Understanding Context; Practices: Communication, Responsiveness, Collaboration, Connecting to Services, and Family-Focused Concern. The fourth construct, Environmental Features, is evaluated only in the director measure, which is less applicable to HBCC.

Requirements for use are not specified. Each FPTRQ measure takes approximately 10 to 15 minutes to complete. The measures vary in length with 51 provider items, 66 parent items, and 41 director items.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 3 features

    – Supportive program policies: 17 director measure (DIR) items in the environment and policy checklist deal with how the program shares and provides information to parents (DIRQ14, DIRQ15A, DIRQ15B, DIRQ15C, DIRQ15D, DIRQ16, DIRQ17, DIRQ18, DIRQ19, DIRQ20, DIRQ21, DIRQ22, DIRQ23a, DIRQ23b, DIRQ23c, DIRQ23d, DIRQ23e)

    – Hours of operation: 2 items in provider (PROV) measure discuss flexibility with hours (PROVQ10c, PROVQ10d)

    – Cultural and linguistic congruence: 2 items in provider measure on knowing and taking into account each family's culture and values (PROVQ7b, PROVQ3i); 6 items in parent (PAR) measure on provider responsiveness to and understanding of family context, including culture (PARQ3j, PARQ4d, PARQ6h, PARQ6i, PARQ6j, PARQ6l); 2 items in director measure on information/materials shared with families in home language and at their literacy level (DIRQ19, DIRQ20)

2. Provider–child relationships: 0 features

3. Provider–family relationships: 8 features

    – Trust: 3 items in parent measure on provider trustworthiness and trusting provider to provide safe environment, and if provider has family's best interest at heart (PARQ7f, PARQ8a, PARQ8b)

    – Close relationships, co-parenting, and boundary setting: 12 provider items (PROVQ3a, PROVQ3b, PROVQ3c, PROVQ3d, PROVQ3e, PROVQ3f, PROVQ3g, PROVQ3h, PROVQ3i, PROVQ3j, PROVQ3k, PROVQ3l); 15 parent items on provider family-specific knowledge (PARQ3a, PARQ3b, PARQ3c, PARQ3d, PARQ3e, PARQ3f, PARQ3g, PARQ3h, PARQ3i, PARQ3j, PARQ3k, PARQ3l, PARQ3m, PARQ3n, PARQ3o)

    – Reciprocal communication: 6 provider items on frequency of communicating with parents and provider responsiveness and understanding of family context of child/family information (PROVQ5c, PROVQ5d, PROVQ5e, PROVQ7a, PROVQ7b, PROVQ10f); 8 parent items on frequency/quality of communication with providers (PARQ4b, PARQ4c, PARQ4d, PARQ5b, PARQ5c, PARQ5d, PARQ5e, PARQ5f)

    – Providing parent education: 3 provider items and 3 parent items on providers working with parents to support children at home, on offering materials to parents, and on offering ideas and suggestions about parenting (PROVQ5b, PROVQ4b, PROVQ5d, PARQ4b, PARQ4c., PARQ5d); 1 director item on sharing information/resources on parenting workshop/classes (DIRQ23a)

    – Promoting a sense of community and connection: 2 provider items on sharing community services and events with parents (PROVQ10a, PROVQ10b)

    – Cultural and linguistic match with families: 2 items in provider measure on knowing and taking into account families' cultures/values (PROVQ7b, PROVQ3i); 10 items in parent measure on whether provider is responsive to and understands the family's context with respect to child/family culture, heritage, and religion, and the family's context with respect to child/family information, feedback, values, and culture (PARQ3j, PARQ4d,

PARQ6h, PARQ6i, PARQ6j, PARQ6l, PARQ6, PARQ9a, PARQ9b, PARQ9c); 2 items in director measure on information/materials shared with families in home language and at their literacy level (DIRQ19, DIRQ20)

– Flexibility: 2 parent items on provider flexibility, including responsiveness to parent schedule (PARQ6b, PARQ7d)

– Facilitating and connecting child care patchwork for families: 1 director item on sharing child care voucher/subsidy resources with parents (DIRQ8c); 15 director items on offering parents information about resources (DIRQ8a, DIRQ8b, DIRQ8c, DIRQ8d, DIRQ8e, DIRQ8f, DIRQ8g, DIRQ8h, DIRQ8i, DIRQ8j, DIRQ9a, DIRQ9b, DIRQ9c, DIRQ9d, DIRQ9e)

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 3 features

– Education level: 2 items in demographic information at the end of the actual provider measure (15, 16) include Child Development Associate credential and highest level of education

– Motivation for providing care: 4 provider items on provider commitment to teaching (PROVQ9a, PROVQ9b, PROVQ9c, PROVQ9d)

– Caregiving beliefs: 12 provider items on provider beliefs and values about families and children in their care that guide their work with these families, including respect, commitment, openness to change, and understanding context (PROVQ6a, PROVQ6b, PROVQ6c, PROVQ6d, PROVQ7a, PROVQ7b, PROVQ10e, PROVQ10f, PROVQ8a, PROVQ8b, PROVQ8c, PROVQ8d)

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The available Excel scoring sheets may be used to calculate overall, construct, and subscale scores for each measure. SPSS and SAS may also be used. The FPTRQ measure has no threshold for "high" or "low" subscale scores because of the absence of outcome data that can indicate which subscale scores lead to positive outcomes. The user's manual provides mean scores, standard deviations, and ranges (minimum and maximum) of the subscales in the provider/teacher and parent measures that may be used for comparing other subscale scores to the FPTRQ field study data.

Development sample

In forming the measure items, the FPTRQ development team conducted a review of the conceptual and empirical literature on family and provider/teacher relationships as well as a review of existing family and provider/teacher relationship measures. They developed the measure items through an iterative process that included several rounds of testing through cognitive interviews and focus groups with parents and providers/teachers in Head Start/Early Head Start, center-based, and FCC programs. In spring 2013, the FPTRQ measures underwent a pilot study with a convenience sample of parents, providers/teachers, and directors in two urban areas to test the measures and data collection procedures. The developers report that the pilot data provided support for the FPTRQ conceptual model. The developers made minor

wording changes to the measures and removed a few poorly performing items. Overall, the measures performed reliably, both as comprehensive instruments and within subscales.

A spring 2014 field study convenience samples of 1,184 parents, 423 providers/teachers, and directors from 253 programs in six cities (six states) participated in the field study. The characteristics of participating providers/teachers and parents were diverse in terms of race/ethnicity. Among FCC providers, 38 percent were White, 35 percent were Black, 22 percent were Hispanic or Latinx, and 5 percent identified as Other, non-Hispanic. Half of the FCC providers held an associate's or higher degree, and 34 percent of FCC providers reported some college. More than one-quarter of FCC providers (29 percent) had a CDA credential. The FCCs served from 3 to 23 children with a median of 6 children in each FCC. Almost a quarter of FCC parents (23 percent) had income levels below $25,000, and 28 percent had incomes of $75,000 or more. The primary language spoken at home was English for 89 percent of families. The field study data underwent examination to determine the characteristics of the respondents and calculate the internal consistency reliability (Cronbach's alphas) of the subscales in the FPTRQ measures.

Reliability

- Internal consistency reliability: In FCCs (n = 86 to 93 cases, varied by subscale), the provider subscales' Cronbach's alphas ranged from 0.60 to 0.93. The provider subscales in the constructs Knowledge and Practices had Cronbach's alphas greater than 0.80. In the Attitudes construct, reliability was lower. Commitment had a Cronbach's alpha of 0.60, and only the Respect subscale had a Cronbach's alpha greater than 0.80. The short forms have three to five items per subscale, with reliabilities again above 0.80 for all Knowledge and Practices subscales. In the Attitudes construct, only the Respect subscale (Cronbach's alpha = 0.80) had a Cronbach's alpha greater than 0.65.

  Reliability of the FCC parent subscales was stronger, with 8 of the 11 subscales greater than 0.90. Only the subscale Family-Focused Concern (Cronbach's alpha = 0.73) had a Cronbach's alpha below 0.84.

- Alternate form reliability: Evidence of alternate form reliability was not provided. Short forms of provider and parent measures were created. All measures are available in English and Spanish, but not enough parents in the field test spoke primarily Spanish.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Information not available.

Validity

- Content validity: Based on review of literature on family and provider/teacher relationship. The measure was developed in consultation with nine experts from relevant fields.

- Construct validity: For the provider/teacher measure, the confirmatory factor model with correlated factors yielded a standardized root mean square residual (SRMR) = 0.07 (SRMR of 0.08 or less indicates an acceptable fit).

- Convergent/discriminant validity:

  - Concurrent validity: Information not available.

  - Predictive validity: Information not available.

Strengths

- FPTRQ measures focus on family-provider relationships. Those relationships are a common feature of HBCC quality but are missing or weak in other measures.

- The FPTRQ measures were developed with and are used in HBCC settings (among other settings), specifically in licensed FCC programs.

- With the exception of subscales in the Provider Attitude construct, the FPTRQ measures demonstrated adequate to strong reliability in HBCC.

Limitations

- The FPTRQ measures are not distinctive to HBCC settings, although the development of the measures included FCC programs.

- The FPTRQ measures lack validity evidence. The field test did not examine any relationships between relationship quality and any specific related outcome. In addition, no examination of the FPTRQ measures has been conducted in conjunction with other existing family-relationship measures.

- The field study and pilot test used convenience samples to collect data for reliability estimates and summary statistics; therefore, the data are not nationally representative and should not be used to represent national estimates or normed scores. The FCC providers were well-educated and almost all primarily spoke English. Further research is needed with more diverse samples.

- The authors note that the short-form versions of the provider and parent measures have limitations compared to the long versions. Fewer items mean less information collected on each topic of interest. The reliability of the Attitudes construct in the short forms and the reliabilities of all but one of the subscales in that construct are below 0.70.

- Only English and Spanish versions of the FPTRQ measures were created, with only the reliability of the English form reported.

- Cultural sensitivity was not directly measured through measure items.

Key considerations for HBCC

The FPTRQ focuses on provider and family relationships; its constructs align well with FCC and could align with FFN. The construct on environmental features is evaluated only in the director measure, most of which is less applicable to HBCC. However, in the field test, FCC providers completed both the director and provider measures.

Supports for quality improvement that are associated with measure

The authors note that state policymakers and local administrators can use the FPTRQ measures to strengthen existing QRIS family partnership standards and indicators. The authors also note that their measures can be a useful tool for programs and practitioners seeking to assess and improve their work with families and for the larger professional development community as well. The authors give specific examples of usefulness of measures for quality improvement and professional development in the measures' user's manual.

References

Kim, K., Porter, T., Atkinson, V., Rui, N., Ramos, M., Brown, E., Guzman, L., Forry, N., and Nord, C. (2015). *Family and Provider/Teacher Relationship Quality measures: Updated user's manual.* OPRE Report #2014-65. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

Forry, N., Bromer J., Chrisler A., Rothenberg, L., Simkin, S., and Daneri, P. (2012). *Family-provider relationship quality: Review of conceptual and empirical literature of family-provider relationships.* OPRE Report #2012-46. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

Family Child Care Environment Rating Scale®, Third Edition (FCCERS-3)

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Manual, training

Fields:

Development: FCC

Used in: FCC

HBCC settings: FCC

Adaptations needed for HBCC: No

Measure version: 2019 (Third Edition)

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 9 features

Provider–child relationships: 6 features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Trained observer

Level of measure: Site

Data collection methods: Direct observation, document review, rating or rubric

Usability: Training required

Time/length: 180 minutes/33 items

Languages available: English, Spanish

Availability:

Level of permission required: Permission required ($)

Cost:

$26 for the technical manual

$149 for online introduction training course

~ $1,500 for full multiday observation training

Publisher: Teachers College Press

Measure website:
https://ers.fpg.unc.edu/node/60

For more information on training:
https://www.ersi.info//ersi/training.jsp

Technical information

Development sample:

Settings: FCC

Sample size: 63 FCCs

Sample characteristics: Information not available

Locale: 4 states (Georgia, Pennsylvania, Washington, Wisconsin)

Year of development: 2018

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 1 (none described)

Construct: Not available

Concurrent: Not available

Predictive: Not available

Measure profile narrative

Description

The Family Child Care Environment Rating Scale®, Third Edition (FCCERS-3) is an observational instrument designed to assess the quality of FCC homes that serve children from birth through age 12 years, including the provider's own children if present. The FCCERS-3 provides a global definition of quality that includes physical, social-emotional, and cognitive domains as well as health and safety.

The FCCERS-3 is a revision of the Family Child Care Environment Rating Scale–Revised and Updated (FCCERS-R, 2007). According to the authors, the FCCERS-3 ". . .is designed to improve the prediction of child outcomes through an increased emphasis on language interactions and science/mathematics in ongoing activities, while maintaining the focus on the importance of a wide range of development outcomes for children" (Harms, Cryer, & Clifford, 2019).

Trained observers spend at least three hours observing in the homes and an additional 20 to 30 minutes asking the provider questions to help score indicators that were not observed. The authors note that observations should be scheduled during a "time when all age groups enrolled are present" because FCCs often enroll mixed-age groups (Harms, Cryer, & Clifford, 2019). The authors recommend that observers participate in multiday trainings offered by the scales' authors at the University of North Carolina, Chapel Hill and led by experienced FCCERS-3 trainers.

Alignment with HBCCSQ conceptual framework

The scale consists of 33 items organized into six subscales: Space and Furnishings, Personal Care Routines, Language and Books, Activities, Interaction, and Program Structure. Each item consists of several indicators for a total of 464 indicators.

1. Home setting and learning environments: 9 features

    – Group size and ratios: Noted in the overall score sheet information

    – Indoor spaces: Distinct subscale–Space and Furnishings

    – Outdoor spaces: 2 items–Program Structure: 32. Free play; Personal Care Routines: 8. Safety practices

    – Health and nutrition: 3 items–Personal Care Routines: 5. Meals/snacks; 6. Diapering/toileting; 7. Health practices

    – Safety: 1 item–Personal Care Routines: 8. Safety practices

    – Organized environment: 1 item–Space and Furnishings: 3. Arrangement of indoor space for child care

    – Structured activities: 10 items–Activities: 15. Fine motor; 16. Art; 17. Music and movement; 18. Blocks; 19. Dramatic play; 20. Nature/science; 21. Math/number; 24. Gross motor; 25. Supervision of gross motor play; Program Structure: 33. Group time

– Unstructured activities: 3 items–Program Structure: 31. Schedule and transitions; Interaction: 26. Supervision of play and learning (nongross motor); Program Structure: 32. Free play

– Cultural and linguistic congruence: 1 item–Activities: 23. Promoting acceptance of diversity

2. Provider–child relationships: 6 features

– Support for emotional development: 4 items–Interaction: 27. Provider–child interaction; 28. Providing physical warmth/touch; 29. Guiding children's behavior; 30. Interactions among children

– Support for cognitive development: Distinct subscale–Activities

– Support for social development and peer interactions: 2 items–Interaction: 29. Guiding children's behavior; 30. Interactions among children

– Support for physical health and development: Distinct subscale–Personal care routines

– Support for language and literacy: Distinct subscale–Language and Books

– Close provider–child relationships: 2 items–Interaction: 27. Provider–child interaction; 28. Providing physical warmth/touch

3. Provider–family relationships: 0 features

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The scale consists of 33 items categorized into six subscales. Items are scored on a 7-point scale from 1 to 7. Numbered indicators outlining the specific requirements for the item are provided at score points 1 (inadequate), 3 (minimal), 5 (good), and 7 (excellent). The observer begins at level 1 and scores each indicator "yes," "no," or "N/A." The final score is determined by the number of indicators that have been "passed." All indicators must be passed at each level to score at or above that level. Thus, to score a 7 on an item, all indicators must be passed, including all of those included under level 7. It should be noted that indicators deemed inadequate are scored in the opposite direction from indicators at higher levels.

Development sample

The authors note that the FCCERS-3 revisions were based on three main sources: (1) a review of the current literature on "child development, early childhood education, and emergent challenges in family child care"; (2) an analysis of a of family child care provider quality assessments using the FCCERS-R (n = 1,218); and (3) communication with practitioners in the field (Harms, Cryer & Clifford, 2019).

Updated reliability information is based on FCCERS-3 on data collected during a field test in 2018. FCCERS-3 relies on validity information from the FCCERS-R. The field test study sample included 63 FCCs in four states (Georgia, Pennsylvania, Washington, and Wisconsin). The authors aimed to recruit FCCs with a variety of lower, moderate, and higher quality programs

based on available information from state QRISs. The resulting sample had "…an adequate distribution was achieved to allow for examination of use of the scale across quality levels in these states" (Harms, Cryer, & Clifford, 2019).

According to the authors, "since the concurrent and predictive validity of the previously published ERS instruments are well established and the current revision maintains the basic properties of the original instrument, the focus of the first field studies of FCCERS-3 has primarily been on the degree to which the revised version maintains the ability of trained observers to use the scale reliably, and on the basic functioning of the instrument" (Harms, Cryer, & Clifford, 2019). The authors plan to conduct further studies of the FCCERS-3. Information about those studies will be available on the Environment Rating Scales Institute website. The original environmental ratings scale included a review from a panel of seven nationally recognized experts in day care and early childhood (Harms & Clifford, 1980). These experts rated the importance of each item in early childhood programs.

Reliability

- Internal consistency reliability: The FCCERS-3 scale has an overall Cronbach's alpha of 0.97, ranging from 0.74 to 0.93 for each subscale.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability:

  – Indicator reliability: Assessors scored indicators either "yes" or "no," with several "N/A" (not applicable) options. The average reliability for exact matches across all of the indicators and assessor pairs was 86 percent. In the field test, a few indicators scored below 75 percent exact agreement. The authors eliminated or made adjustments to those indicators after the field test.

  – Item reliability: Assessors scored items on a 7-point scale from 1 to 7. For the full 33 items, the exact agreement was 65 percent. There was agreement within 1 point 84 percent of the time, ranging from 76 to 95 percent.

  – Kappa: The mean weighted kappa for the 33 items was 0.64, ranging from 0.43 to 0.96.

  – Intraclass correlation: Using a two-way mixed model, the authors assessed the absolute agreement intraclass correlation coefficient, with average estimates, where 1 represents perfect correlation between two assessors' ratings. The mean intraclass correlation coefficient at the item level was 0.96 with a range from 0.76 to 1.0 (Harms, Cryer & Clifford, 2019).

Validity

- Content validity: Information not available (FCCERS-3 reports validity based on previous ERS scales).

- Construct validity: Information not available (FCCERS-3 reports validity based on previous ERS scales).

- Convergent/discriminant validity:

  – Concurrent validity: Information not available (FCCERS-3 reports validity based on previous ERS scales).

  – Predictive validity: Information not available (FCCERS-3 reports validity based on previous ERS scales).

Strengths

- Strong evidence of reliability in licensed FCCs.

- Assesses both environmental provisions and provider–child interactions.

- Appropriate for use in home-based child care programs for children from birth through age 12.

- Aligned with many early learning outcomes frameworks and used in many state QRISs.

- Training, manual, instructions for use, and support available.

Limitations

- FCCERS-3 relies on validity of previous ERS scales despite reporting extensive revisions in this version.

- Limited information is available on provider demographic, setting, and program characteristics for the development sample. Therefore, readers should use caution drawing conclusions about the appropriateness of the measure for different HBCC settings, taking into account characteristics of the setting (such as, ages of children served or care during nontraditional hours or FFN care) and providers' personal characteristics (such as, racial, ethnic, linguistic backgrounds).

- Several subscales in FCCERS-3 include quantity of materials in scoring, which may disadvantage providers with limited resources.

Key considerations for HBCC

More research on psychometric properties in HBCC settings is warranted to understand the validity of the FCCERS-3 in HBCC settings. The authors plan to conduct further studies of the FCCERS-3. Information about those studies will be available on the ERSI website when available.

Supports for quality improvement that are associated with measure

At least 19 states have embedded the use of the FCCERS-3 or FCCERS-R within their QRIS as a self-assessment tool, professional development resource, rating tool, or measure of standards.

References

Harms, T., & Clifford, R. (1980). *Early Childhood Environment Rating Scale (ECERS).* New York: Teachers College Press.

Harms, T., Cryer, D., & Clifford, R. M. (2007). *Family Child Care Environment Rating Scale– Revised Edition.* New York: Teachers College Press.

Harms, T., Cryer, D., Clifford, R. M., & Yazejian, N. (2019). *Family Child Care Environment Rating Scale, Third Edition (FCCERS-3).* New York: Teachers College Press.

Family Child Care Observations (FCCO)

Purpose and context

Purpose: Research

Supports associated with measure: Training

Fields:

Development: HBCC

Used in: HBCC

HBCC settings: FCC

Adaptations needed for HBCC: No

Measure version: 2013

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 4 features

Provider–child relationships: 1 feature

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Trained observer

Level of measure: Individual

Data collection methods: Direct observation

Usability: Training required

Time/length: 30 minutes/full observation

Languages available: English

Availability:

Level of permission required: Published (contact authors)

Cost: Varies (contact authors)

Publisher: Information not available (contact authors)

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: FCC

Sample size: 133 family child care homes

Sample characteristics: 19% high school diploma or less, 52% some college, 14% associate's degree, 17% bachelor's degree or higher; 74% White, 8% Hispanic/Latino, 8% Black, 4% Asian or Pacific Islander, 7% other

Locale: Pacific Northwest U.S.

Year of development: 2009–2010

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 2 (expert reviewed)

Construct: Not available

Concurrent: Available

Predictive: Available

Measure profile narrative

Description

The FCCO is a microsocial coding system that assesses the learning context, child care provider interactions with children, and preschool-age children's behaviors in home-based child care settings, including children ages 2.5 through 5.

The learning context that applies to the majority of the preschool-age children present and that occurred for the majority of 1 minute is coded, and the child care provider and preschool-age children's behaviors are tallied for each 1-minute interval. In cases in which more than one child care provider is present, the lead child care provider is coded. The tally coding includes child care provider interactions directed at any of the preschool-age children present and the behavior of any preschool-age child. The exclusive categories for learning contexts are (1) free-choice time (unstructured play activities with a choice of toys/materials), (2) structured activity (teacher-led activity with a defined set of rules or goals), (3) routine activity (self-care activity that is part of the daily routine), (4) watching television or a video, and (5) transition time (children are directed to end one activity in order to start another). In addition, observers record the number of preschool-age children and caregivers during each observation to calculate the child-to-caregiver ratio.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 4 features

   – Group size and ratios: Ratio calculated during each observation

   – Health and nutrition: Overall; Routine activity

   – Structured activities: Overall; Structured activity

   – Unstructured activities: Overall; Routine activity; Free-choice item

2. Provider–child relationships: 1 feature

   – Close provider–child relationships: Overall; Positive attention, negative attention, active attention

3. Provider–family relationships: 0 features

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The learning context codes were computed into percentages (the number of minutes in that context divided by the total number of observation minutes), and the tallied behavior codes were computed into rates per minute (the number of tallies divided by the total number of observed minutes). Then, scores were averaged across the three 30-minute observations to compute scores for each child care home.

Development sample

The development study included 133 registered or certified FCC homes with lower-than-average incomes in the Pacific Northwest and at least two preschool-age children in attendance. Provider education levels included 19 percent with a high school diploma or less, 52 percent with some college, 14 percent with an associate's degree, and 17 percent with a bachelor's degree or higher. Race and ethnicity of providers included 74 percent white, 8 percent Hispanic/Latino, 8 percent Black, 4 percent Asian or Pacific Islander, and 7 percent other.

Reliability

- Internal consistency reliability: Information not available

- Alternate form reliability: Information not available

- Test-retest reliability: Information not available

- Generalizability: Information not available

- Inter-rater reliability: Most inter-rater intraclass correlation coefficients (ICC) for context were near-perfect (0.93 to 0.97) for watching television or a video, free-choice time, structured teacher-led activity, and routine activity. For transition time, the ICC was 0.75. The inter-rater ICCs for directives, approvals, and child prosocial behavior were also very strong (0.90, 0.94, and 0.77, respectively) (Rusby et al., 2017). Across two earlier studies reported by Rusby and colleagues (2013), inter-rater ICCs fell to 0.70 (negative behavior) and 0.94 (active attention).

Validity

- Content validity: FCCO was developed in consultation with experts.

- Construct validity: Information not available.

- Convergent/discriminant validity:

    - Concurrent validity: Initial support for concurrent validity and sensitivity has been shown: Caregiver approval was associated with a rating of caregiver positive attention. Sensitivity to changes was found in a professional development program for HBCC providers. The FCCO was able to detect change.

        The FCCO Positive Attention and Active Attention had low to moderate correlations (0.23 to 0.35) with the CCEI scales that involved teacher interaction (Promote Social Skills, Teach Rules, Positive Attention, Monitoring, and Planned Activities). It was not related to the two CCEI environment scales (Enriched or Organized) that provide evidence of discriminant validity.

    - Predictive validity: In a randomized controlled trial study of 134 regulated FCC providers, the FCCO detected a change in quality of positive attention for providers participating in the professional development intervention group providing evidence of sensitivity to intervention (Rusby et al., 2016).

Strengths

- Designed and used for FCC settings.

- Accounts for the activity context as well as for the behaviors of the caregiver in that context.

- Limited time needed for observation compared with other measures (three 30-minute observations).

Limitations

- Although the development sample may have included some FFN providers who were registered or certified and cared for at least two pre-school aged children, it is unclear how relevant the FCCO is for FFN providers. The authors note the need to use the measure with a more varied geographic sample. Providers who declined participation in the development sample said that they were too busy. It is possible that these providers differ from other HBCC providers, who are also likely to be incredibly busy.

- The FCCO needs to be validated with a more diverse sample by FCC provider demographic, classroom, and program characteristics. Therefore, readers should use caution drawing conclusions about the appropriateness of the measure for different HBCC settings, taking into account characteristics of the setting (such as, ages of children served or care during nontraditional hours) and providers' personal characteristics (such as, racial, ethnic, linguistic backgrounds).

Key considerations for HBCC

Currently, it has been used only in a research context. Intensive coding for a 30-minute period may be fatiguing.

Supports for quality improvement that are associated with measure

Information not available.

References

Rusby, Julie C., Crowley, Ryann, Jones, Laura B., & Smolkowski, Keith. (2017). Providing opportunities to learn in home-based child care settings: Observations of learning contexts and behavior. *Early Education and Development, 28*(6), 715–726. doi:10.1080/10409289.2017.1303305.

Rusby, J. C., Jones, L. B., Crowley, R., & Smolkowski, K. (2013). The Child Care Ecology Inventory: A domain-specific measure of home-based child care quality to promote social competence for school readiness. *Early Childhood Research Quarterly, 28*(4), 947–959. doi:10.1016/j.ecresq.2013.02.003.

Rusby, J. C., Jones, L. B., Crowley, R., & Smolkowski, K. (2016). An efficacy trial of Carescapes: Home-based child care practices and children's social outcomes. *Child Development, 87,* 1441-1450. doi:10.1111/cdev.12541.

Family Child Care Program Quality Assessment (FCC PQA)

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Manual, training

Fields:

Development: FCC

Used in: HBCC

HBCC settings: FCC

Adaptations needed for HBCC: No

Measure version: 2009

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 12 features

Provider–child relationships: 6 features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider

Level of measure: Site

Data collection methods: Self-report, direct observation

Usability: Training required for reliability; online training available

Time/length: At least 180 minutes/36 items (160 rows)

Languages available: English

Availability:

Level of permission required: Permission required ($)

Cost: Varies; $30 for assessment book and administration manual; training cost varies

Publisher: HighScope

Measure website: https://highscope.org/our-practice/pqa/

Technical information

Development sample:

Settings: FCC (family child care homes and group-care homes)

Sample size: 132 licensed homes (42% family child care homes and 58% group-care homes)

Sample characteristics: Information not available

Locale: Michigan

Year of development: 2006–2007

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 2 (research based)

Construct: Available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The Family Child Care Program Quality Assessment (FCC PQA) is an observational measure designed to assess quality in family child care homes that is appropriate across various FCC size settings and age groups (FCC PQA; HighScope, 2009). The FCC PQA is based on the Preschool PQA (PQA; HighScope, 2003).

The FCC PQA consists of an observation conducted in the care environment for a minimum of three hours, followed by an interview with the FCC provider. The FCC PQA assessment form is divided into four sections, which align with HighScope's other PQA instruments: Learning environment, Adult-child interactions, Daily routine, and Safety considerations. Each section contains several items (ranging from seven to nine items) that are further divided into rows rated on a 5-point scale. Each row includes level 1, 3, and 5 indicator descriptions. There are 160 rows altogether and separate rows specific to evidence in settings with infants and toddlers.

The instrument is typically used by providers as a self-assessment or by administrators and outside agencies (for example, state Quality Rating and Improvement Systems) to evaluate FCCs. The authors recommend administration of the FCC PQA by trained, independent assessors. HighScope provides training to establish reliability on FCC PQA and can customize trainings to meet other needs. The online version of the FCC PQA includes automated scoring and report features.

Alignment with HBCCSQ conceptual framework

The FCC PQA assesses the following four subscales: I. Daily Schedule; II. Learning Environment; III. Provider–Child Interaction; and IV. Safe and Healthy Environment.

1. Home setting and learning environments: 12 features

    –   Group size and ratios: Child attendance recorded on the front sheet of the program information form

    –   Indoor spaces: 2 items–II. Learning Environment: A. Space for play; B. Logically arranged interest areas, with easy access

    –   Outdoor spaces: 1 item–II. Learning Environment: C. Outside space with equipment and materials

    –   Health and nutrition: 1 distinct subscale with 7 items–IV. Safe and Healthy Environment (7 items)

    –   Safety: 1 distinct subscale with 7 items–IV. Safe and Healthy Environment (7 items)

    –   Organized environment:1 distinct subscale with 9 items–II. Learning Environment (9 items)

    –   Hours of operation: Hours of operation recorded on the front sheet of program information form

    –   Family-like setting: 1 item–II. Learning Environment: I. Adult and child work is on display

    –   Routines: 1 distinct subscale with 8 items–I. Daily Schedule (8 items)

    –   Structured activities: 1 item–I. Daily Schedule: C. Adult-initiated group activities

- Unstructured activities: 1 item–I. Daily Schedule: B. Child-initiated group activities
- Support for diversity and individualizing: 1 item–II. Learning Environment: H. Materials reflect human diversity and the positive aspects of children's lives

2. Provider–child relationships: 6 features

- Support for emotional development: 4 items–III. Provider–Child Interaction: A. Supportive arrivals and departures; B. Warm and caring atmosphere; E. Adults participate as partners in play; H. Acknowledgement of child efforts
- Support for cognitive development: 3 items–III. Provider–Child Interaction: F. Support for child learning during group activities; G. Opportunities for child exploration at own place; J. Opportunities for self-help and solving problems with materials
- Support for social development and peer interactions: 3 items–III. Provider–Child Interaction: D. Support for non-English speakers; I. Encouragement of peer interactions; K. Encouragement of conflict resolution
- Support for mixed-age peer interactions: 1 item–III. Provider–Child Interaction: I. Encouragement of peer interactions, including two rows for "In Settings with Infants and Toddlers"
- Support for language and literacy: 2 items–III. Provider–Child Interaction: C. Encouragement and support for child language, verbal and nonverbal; D. Support for non-English speakers
- Close provider–child relationships: 4 items–III. Provider–Child Interaction: A. Supportive arrivals and departures; B. Warm and caring atmosphere; E. Adults participate as partners in play; H. Acknowledgement of child efforts

3. Provider–family relationships: 0 features

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

Each item in the FCC PQA receives a score that is the average of the row scores that fall under an item. Subscale scores are averages of each of the corresponding item scores. Higher subscale scores indicate higher quality. The potential range of scores is 1 to 5, with 5 the highest (FCC PQA; HighScope, 2009).

Development sample

Psychometric information for the FCC PQA was based on data collected between 2006 and 2007 through a study of FCC homes across 38 counties in Michigan. The sample consisted of 132 licensed FCC homes, including 42 percent small FCCs and 58 percent large FCCs. The study provided evidence supporting the reliability and validity of the FCC PQA as a measure of provider quality across a variety of HBCC settings. Other instruments also completed concurrently with the FCC PQA included the following: Family Day Care Rating Scale (FDCRS), Teaching Style Rating Scale (TSRS; Domitrovich, Cortes, and Greenberg, 2000)), and Arnett Caregiver Interaction Scale (CIS; Arnett, 1989) (FCC PQA; HighScope, 2009).

Reliability

- Internal consistency reliability: Cronbach's alpha for the FCC PQA total score is 0.93 and ranged from 0.80 to 0.89 for subscales.

- Alternate form reliability: Information not available.

- Test-retest reliability: The same trained observers that returned approximately two weeks after completing the initial observation reached exact agreement 66 to 83 percent of the time and close agreement (same or adjacent scores) 90 percent of the time.

- Generalizability: Information not available.

- Inter-rater reliability: Trained and paired observers reached exact agreement 65 to 75 percent of the time and close agreement (same or adjacent scores) 90 percent of the time across the four subscales. Intraclass correlation coefficients ranged between 0.61 (Provider–Child Interaction) and 0.81 (Learning Environment).

Validity

- Content validity: As noted, the FCC PQA is based on the Preschool PQA (PQA; HighScope, 2003). The authors identified and adapted items that are common to both measures in FCC settings. Items were adapted for aspects such as FCC's home environment and the various age groups in care. HighScope family child care field consultants conducted early observations in order to provide feedback during the development phase. The authors also reviewed relevant literature, particularly for the safe and healthy environment section and the items rating infant and toddler care (FCC PQA; HighScope, 2009).

- Construct validity: Using confirmatory factor analysis, three factors clearly emerged, accounting for 54 percent of the variance. The fourth factor, Daily Schedule, is less clear, but it is important for FCC settings.

- Convergent/discriminant validity:

  – Concurrent validity: The authors used Pearson's correlation coefficients among subscales of the FDCRS, TSRS, and CIS. The FCC PQA is positively and significantly correlated with the FDCRS, at 0.76 overall. Correlations between the Provider–Child Interaction subscale and the TSRS and CIS are highly correlated (0.86 and 0.61, respectively).

  – Predictive validity: Information not available.

Strengths

- Designed for use in HBCC settings.

- Strong evidence of reliability and validity in a range of small and large FCC settings.

- Aligned for use with center-based settings and preschools using HighScope's Preschool and Infant-Toddler PQAs.

- Includes components on both caregiver-child interactions and global quality.

- Assesses support for mixed-age peer interactions and close child–child relationships.

- Training, manual, instructions for use, and support available.

Limitations

- FCC PQA is limited for assessing the quality of care provided for infants and toddlers. It does not address quality of care for school-age children.

- Limited information is available on teacher demographic, classroom, and program characteristics for the development sample. Therefore, readers should use caution drawing conclusions about the appropriateness of the measure for different HBCC settings, taking into account characteristics of the setting (such as, ages of children served or care during nontraditional hours or FFN care) and providers' personal characteristics (such as, racial, ethnic, linguistic backgrounds).

Key considerations for HBCC

More research on psychometric properties in HBCC settings is warranted to understand the validity of FCC PQA for other types of HBCC settings (such as FFN).

Supports for quality improvement that are associated with measure

HighScope offers professional learning for child care providers through courses on a wide array of topics in child care and early education.

References

Harms, T., & Clifford, R. (1989). *Family Day Care Rating Scale.* New York: Teachers College Press.

HighScope Educational Research Foundation. (2009). *Family Child Care Program Quality Assessment (PQA) administration manual.* Ypsilanti, MI: HighScope Press.

HighScope Educational Research Foundation. (2009). *Family Child Care Program Quality Assessment (PQA) assessment form.* Ypsilanti, MI: HighScope Press.

HighScope Educational Research Foundation. (2003). *Preschool Program Quality Assessment (PQA) (2nd ed.).* Ypsilanti, MI: HighScope Press.

Global Guidelines Assessment for Early Childhood Education and Care, Third Edition (ACEI GGA)

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Technical assistance by request

Fields:

Development: Child care and early education

Used in: HBCC, center-based CCEE

HBCC settings: Information not available

Adaptations needed for HBCC: No

Measure version: 2011 (Third Edition)

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 9 features

Provider–child relationships: 5 features

Provider–family relationships: 5 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Trained observer

Level of measure: Classroom

Data collection methods: Direct observation

Usability: Contact authors for technical assistance

Time/length: No estimated time/76 items

Languages available: English, Spanish, French, Arabic, Russian, Greek, Italian, Slovak, Turkish, Chinese (simplified), Chinese (traditional), Nepali, Korean, Swahili, Danish

Availability:

Level of permission required: Public domain

Cost: None

Publisher: Childhood Education International and the U.S. National Committee of the World Organization for Early Childhood

Measure website: https://acei.org/what-we-do/global-guidelines-assessment/

Technical information

Development sample:

Settings: Not specified

Sample size: 346 early childhood programs

Sample characteristics: Mix of private/public and urban/rural settings

Locale: 9 countries

Year of development: 2003

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 2 (expert reviewed)

Construct: Available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The Global Guidelines Assessment (GGA) is based on a document titled the "Global Guidelines for Early Childhood Education and Care" that was developed in 1999 by educators from more than 27 countries at a forum sponsored by Childhood Education International (previously known as the Association for Childhood Education International [ACEI]) and the U.S. National Committee of the World Organization for Early Childhood (OMEP), a world organization for child care and early education. In 2003, ACEI separately developed and released the first edition of the GGA. The GGA aims to involve local stakeholders in the process of evaluating and improving early childhood care and education program quality. Childhood Education International encourages ECCE stakeholders to use the GGA either to design new early childhood programs or to improve existing programs.

The GGA is an evidence-based instrument designed to help early childhood professionals assess and improve program quality, particularly in developing countries. It is divided into five areas: (1) Environment and Physical Space; (2) Curriculum Content and Pedagogy; (3) Early Childhood Educators and Caregivers; (4) Partnership with Families and Communities; and (5) Young Children with Special Needs. The GGA serves several purposes: (1) to provide a research-based process for making statements to distribute to national government leaders; (2) to promote and provoke policy discussions and curriculum development; and (3) to guide early childhood educators throughout the world to assess their own programs for children.

As a global tool, the GGA is available in several languages and therefore can be used in early childhood programs around the world. It provides a balance between sensitivity to cultural variations and promoting meaningful, globally applicable child care and early education constructs. Child care and early education programs that use the GGA process to evaluate their services and programs receive certificates.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 9 features

   – Indoor spaces (12 items): Area 1: Environment and Physical Space (12 items)

   – Outdoor spaces (5 items): Area 1: Environment and Physical Space (5 items)

   – Health and nutrition (2 items): (4) "The environment promotes good health practices (e.g., personal hygiene, including washing of hands)"; (52) "Resources/Information is provided to family and community members about children's health care and nutrition."

   – Safety (2 items): (1) "The environment and physical space are free from hazards, including unsafe equipment, pollution, and violence"; (2) "The environment provides basic sanitation, safe and nutritious food, potable water, and adequate ventilation."

   – Organized environment (2 items): (14) "The space is effectively organized so that materials for play and artistic expression are readily accessible to the children"; (17) "Children co-participate in planning and organizing the environment."

   – Conditions for operations and sustainability (13 items): (31–32) Subcategories: Evaluation of Programs; (34) from Subcategory: Knowledge and Performance; (44–46)

from Subcategory: Program Policies; (48–49) from Subcategory: Moral/Ethical Responsibilities and Behaviors; (55–59) from Subcategories: Transition of Children from Home to the Program and Opportunities for Family and Community Participation

– Structured activities (3 items): Subcategory: Pedagogical Methods: (23) "Educators/caregivers have a supportive teaching and caring relationship with children"; (24) "Educators/caregivers use positive language when speaking to children"; (25) "Educators/caregivers possess a basic understanding of pedagogical principles."

– Curriculum (5 items): Subcategories: The Curriculum and The Content of the Curriculum: (18) "A curriculum plan exists for fostering children's learning"; (19) "Flexible, comprehensive plans are implemented that are oriented to the children, family, and cultural contexts"; (20) "The curriculum gives children the opportunity to master information and practice the skills that they need in order to function effectively in society"; (21) "The curriculum emphasizes content that is connected to real world experiences"; (22) "The children contribute ideas for planning curriculum activities."

– Cultural and linguistic congruence (11 items): (19) "Flexible, comprehensive plans are implemented that are oriented to the children, family, and cultural contexts"; (27) "Curriculum materials and equipment are provided for ALL children that support creative learning experiences (e.g., art, dance) and maintain cultural integrity"; (42) "Educators/Caregivers respect children, their culture, and family practices"; (53) "Educational materials and/or information sessions suitable for the community, culture, and geographic location are made available to families"; (54) "Materials/strategies ensure participation of families with diverse characteristics (e.g., cultural, linguistic, ethnic, or socioeconomic)"; (65) "Children have access and equal opportunity irrespective of their religious, ethnic, language, or cultural affiliation"; (63-67) Subcategory: Access and Equity of Services

2. Provider–child relationships: 5 features

– Support for emotional development (11 items): (7–17) Subcategory: Developmentally Stimulating Environment

– Support for cognitive development (11 items): (7–17) Subcategory: Developmentally Stimulating Environment

– Support for physical health and development (2 items): (4) "The environment promotes good health practices (e.g., personal hygiene, including washing of hands)"; (9) There are opportunities for children to engage in active indoor and outdoor play."

– Support for language and literacy (11 items): (7–17) Subcategory: Developmentally Stimulating Environment

– Close provider–child relationships (1 item): (23) "Educators/caregivers have a supportive teaching and caring relationship with children."

3. Provider–family relationships: 5 features

   – Close relationships, co-parenting, and boundary setting (4 items): (44) "Program policies promote partnerships with families and community"; (50) "Moral/spiritual/ethical experiences in the curriculum reflect and promote values of individual families"; (56) "Information on expected child behaviors in the program and child achievements in the curriculum is disseminated to families"; (57) "Connections between home and program are encouraged and maintained."

   – Reciprocal communication (3 items): (47) "Ongoing discussions/conferences with families about children's progress and other concerns are communicated in understandable language"; (59) "Collaboration is established with families and community representatives for program planning, management, and evaluation"; (60) "Families and community representatives participate in the decision-making process."

   – Providing parent education (3 items): (51) "Resources/Information is made available to families on aspects of child development and learning"; (52) "Resources/Information is provided to family and community members about children's health care and nutrition"; (53) "Educational materials and/or information sessions suitable for the community, culture, and geographic location are made available to families."

   – Promoting a sense of community and connection (3 items): (58) "Opportunities are provided for families and community representatives to observe program activities"; (59) "Collaboration is established with families and community representatives for program planning, management, and evaluation"; (60) "Families and community representatives participate in the decision-making process."

   – Cultural and linguistic match with families (6 items): (19) "Flexible, comprehensive plans are implemented that are oriented to the children, family, and cultural contexts"; (27) "Curriculum materials and equipment are provided for ALL children that support creative learning experiences (e.g., art, dance) and maintain cultural integrity"; (42) "Educators/Caregivers respect children, their culture, and family practices"; (53) "Educational materials and/or information sessions suitable for the community, culture, and geographic location are made available to families"; (54) "Materials/strategies ensure participation of families with diverse characteristics (e.g., cultural, linguistic, ethnic, or socioeconomic)"; (65) "Children have access and equal opportunity irrespective of their religious, ethnic, language, or cultural affiliation."

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 2 features

   – Education level (1 item): (D9) Highest educational level completed

   – Years of experience (2 items): (D7) Length of time in this position in this program; (D8) Length of time in the early care and education profession

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The following scale is used when selecting a rating: excellent = always observed; good = mostly observed; adequate = sometimes observed; minimum = occasionally observed; inadequate = never observed. The authors note that specific markers of how a standard is met may vary from nation to nation. Although the GGA includes a general rating scale (excellent to inadequate), educators need to determine their own methods of measuring the attainment of indicators in relation to their own nation's policies and community practices and settings. ACEI encourages educators to use these resources either to design new early childhood programs or improve existing programs.

Development sample

The GGA was developed in 2003 and revised in 2006 and again in 2011 based on a 2007–2008 pilot validity and reliability test. Rasch analyses supported a need to refine the measure and address item redundancies. The pilot validity and reliability test took place in six cities across four countries: People's Republic of China, Guatemala, Taiwan, and the United States. Limited sample information (location in rural and urban areas for the U.S. sample) has been provided. The U.S. sample included two sites—one rural (Appalachian area) and one urban (Triad area of North Carolina).

In the most recent test of the viability of the GGA from 2011 to 2014, a sample of 346 early childhood programs and 678 individuals participated in a reliability and validity study to investigate the psychometric properties of the GGA (Hardin, Bergen, Busio, & Boone, 2016). The study took place in the People's Republic of China (2 sites), Guatemala, India, Italy, Mexico (2 sites), Peru (2 sites), Taiwan, Thailand, and the United States and across 12 research sites. The study used a stratified sampling procedure based on geographic area (e.g., world region, country), type of setting (private/public), and service type (rural/urban).

Reliability

- Internal consistency reliability: The internal consistency of the GGA was examined to determine how well the instrument holds together as a single measure and how well the items measure the defined constructs (e.g., environment, physical space, curriculum, parent/community involvement, and special needs). The Cronbach's alpha coefficients for the total sample (n = 678) indicate very high positive internal consistency for each subscale (0.90 to 0.92) and for the total GGA (0.97).

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Program inter-rater reliability was examined by comparing the ratings between the two participants (director and teacher) from each of 275 programs (550 participants). When two raters rated the same program, Pearson's *r* correlations indicate a moderate to high positive degree of consistency (0.51 to 0.74) for the five subscales and the total GGA (0.72). External inter-rater reliability was conducted with a small subset of programs (n = 44) from two research sites. For this analysis, an external rater completed a GGA and, using the Pearson's *r*, compared the results to the mean of the two program

raters. Even though the correlations for Site 1 in Peru are stronger than those for the U.S. site and the total inter-rater comparisons, subscales 2 and 3 show low correlations across the sample, indicating the need for further investigation. The GGA study required raters to provide examples that gave evidence for their ratings in order to examine the validity of the ratings. The overall mean for 11 research sites was 3.47 (SD = 0.93) out of a possible 5.0, indicating a moderate level of evidence provided to support ratings in this small cross-national study.

Validity

- Content validity: Available by request.
- Construct validity: Available by request[3]—Rasch, factor, and discriminant analyses.
- Convergent/discriminant validity:
  - Concurrent validity: To examine concurrent validity, the GGA and the ECERS-R (Early Childhood Environment Rating Scale–Revised) were administered in a subset of 44 programs. The results indicate moderate positive correlations (using the Pearson's r) between the GGA and ECERS-R, with correlations ranging from 0.43 to 0.70 when comparing subscales of both instruments and from 0.55 to 0.70 for the total GGA.
  - Predictive validity: Information not available.

Strengths

- Distinct HBCC features.
- Assesses quality construct missing or weak in other measures.
- Has associated QI program.
- Generalizability with international use (translated into several languages) with many cultural considerations.

Limitations

- No distinctive HBCC measurement.
- Rater reliability is weak for some scales.

Key considerations for HBCC

The measure is meant to be used anywhere, include HBCC settings, although it was not designed with HBCC in mind. ACEI encourages educators to use the GGA either to design new early childhood programs or improve existing programs. Consensus process was used for cultural considerations and language adaptations.

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[3] Authors note that additional details, including Rasch, factor, and discriminant analyses, may be obtained from the lead researchers: Belinda Hardin (bjhardin@uncg.edu) or Doris Bergen (bergend@miamioh.edu).

Supports for quality improvement that are associated with measure

The GGA can be administered at specified checkpoints (e.g., beginning and end of the year) or used for ongoing improvements. For example, at the beginning of the year, the GGA may be administered to obtain a baseline of a program's services and then used to develop a quality improvement plan. The GGA may then be re-administered at the end of the year to examine progress toward better program quality. It may also be used throughout the year as a tool for examining incremental improvements once the initial administration has taken place.

References

Hardin, B. J., Bergen, D., Busio, D. S., & Boone, W. (2016). Investigating the psychometric properties of the ACEI global guidelines assessment, third edition (GGA) in nine countries. *Early Childhood Education Journal, 45*(3), 297–312.

Hardin, B. J., Bergen, D., and Hung, H. F. (2013). Investigating the psychometric properties of the ACEI global guidelines assessment (GGA) in four countries. *Early Childhood Education Journal, 41,* 91–101.

Hardin, B. J., & Hung, H. F. (2011). A cross-cultural comparison of services for young children with disabilities using the ACEI Global Guidelines Assessment (GGA). *Early Childhood Education Journal, 39*(2), 103–114.

Trube, M. B. (2015). Global initiatives for early childhood care and education: Global Guidelines and Global Guidelines Assessment. *Forum on Public Policy Online*, *2015*(2). Urbana, IL: Oxford Round Table.

Measure of Early Learning Environments (MELE)

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Training, written guides

Fields:

Development: Center-based CCEE, schools

Used in: Center-based CCEE, schools

HBCC settings: None

Adaptations needed for HBCC: Yes

Measure version: 2017

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 8 features

Provider–child relationships: 6 features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 1 feature

Provider characteristics: 4 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider (director/head teacher, teacher), trained observer

Level of measure: Site, classroom, individual

Data collection methods: Report from others, direct observation

Usability: Information not available

Time/length: 120-minute classroom observation, 15-minute teacher interview, 10-minute head teacher interview/42 classroom observation items, 37 teacher interview items, 19 head teacher or director interview items

Languages available: English, Spanish, Kiswahili, Arabic, French

Availability:

Level of permission required: Public domain (registration required)

Cost: None

Publisher: UNESCO/Early Child Development Measure

Measure website: http://www.ecdmeasure.org

Technical information

Development sample:

Settings: Center-based CCEE, schools

Sample size: 1,872 individuals

Sample characteristics: Diverse

Locale: Several countries

Year of development: 2017

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 3 (expert reviewed and research evidence-based)

Construct: Available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The Measure of Early Learning Environments (MELE) module is part of a larger set of tools called Measuring Early Learning Quality and Outcomes (MELQO), which also includes the Measure of Development and Early Learning (MODEL) module. MELE is designed to measure the quality of pre-primary learning environments in preschool and the early grades. Together, these tools help assess progress toward improving the quality, feasibility, and accessibility of early childhood education.

The measure comprises a classroom observation, teacher survey, supervisor or director survey, and parent survey. It allows for exploration of relationships within and between early learning environments and child outcomes. The state of evidence on quality in early learning environments, and the strong cultural influences on what defines "good quality," led to a decision to focus on constructs rather than on specific items. Various tools were developed to describe elements of quality within classrooms and include questions on parent, teacher, and director experiences and support for quality.

The MELE includes seven key constructs of quality: play, pedagogy, interactions, environment, parent/community engagement, personnel, and inclusion.

- Environment and physical setting: The physical space is safe and clean and promotes good health practices. The learning environment provides children and adults with a sense of well-being and community and offers frequent opportunities for interaction. A variety of culturally relevant and meaningful learning materials is available, including visual displays, books, art supplies, musical instruments, and so forth.

- Family and community engagement: Programs share information, promote positive relationships, and create opportunities for parent and community engagement. Families and the local community are actively involved in planning, decision making, and action to improve early childhood care and education.

- Personnel: The teachers and staff have been trained in early child development and pedagogy and are adequately compensated. There are enough trained staff to maintain appropriate teacher-child ratios for the age groups in the classroom. Teachers receive regular, effective professional development with ongoing opportunities for reflection and skill development.

- Interactions: Children experience daily interaction with teachers and school staff who are nurturing, emotionally supportive, trained in pedagogy and early child development, and attuned to children's individual needs.

- Inclusiveness: All children and families have access to high quality CCEE services. Teachers speak the home language of the majority of students. Teachers are trained in providing CCEE to children with disabilities and special needs. Teachers foster age-appropriate development, positive social interactions, and play among all children in the classroom.

- Pedagogy: Curriculum content addresses children's physical, social-emotional, linguistic, and cognitive development needs and stimulates early literacy and numeracy skills. Child-

centered teaching encourages initiative, curiosity, persistence, attentiveness, cooperation, participation, and active engagement. Children engage in age-appropriate play, activities, and routines. The policies required to support good pedagogy—with respect to human resources, fiscal management, evaluation, and quality improvement—are also in place.

- Play: Children have access to play materials and opportunities to play during the school day, with time for all children to explore and engage in play with peers.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 8 features

   – Group size and ratios (3 items): Classroom observation, A2. Total number of children in class, B8. Total number of children present, B9. Number of adults present in classroom and working with children

   – Indoor spaces (distinct subscale): V. Classroom arrangement, space, and materials

   – Safety (distinct subscale): VI. Facilities and safety

   – Organized environment (distinct subscale): V. Classroom arrangement, space, and materials

   – Structured activities (distinct subscale): III. Learning activities

   – Unstructured activities (1 item): Classroom observation, A15. Learning activities that promote free play or open choice

   – Curriculum (1 item): Classroom observation, A5. Is curriculum used?

   – Support for diversity and individualizing (1 item): Classroom observation, A3. Are there children with special needs in the classroom?

2. Provider–child relationships: 6 features

   – Support for emotional development (1 item): Classroom observation, A4. Do your lesson plan and daily program cover the following learning areas daily?

   – Support for cognitive development (1 item): Classroom observation, A4. Do your lesson plan and daily program cover the following learning areas daily?

   – Support for social development and peer interactions (1 item): Classroom observation, A21. Groups

   – Support for physical health and development (1 item): Classroom observation, A4. Do your lesson plan and daily program cover the following learning areas daily?

   – Support for language and literacy (1 item): Classroom observation, A4. Do your lesson plan and daily program cover the following learning areas daily?

   – Close provider–child relationships (distinct subscale): IV. Classroom interactions and approaches to learning

3. Provider–family relationships: 0 features

4. Conditions for operations and sustainability: 1 feature

   – Access to professional resources (distinct subscale): Teacher interview, professional development experiences

5. Provider characteristics: 4 features

    – Education level (1 item): Teacher interview, 6. What is the highest educational level you have completed?

    – Prior training (1 item): Teacher interview, 8. Do you have certification in early childhood development?

    – Motivation for providing care (distinct subscale): Teacher interview, motivation, and attitude

    – Economic well-being (8 items): Teacher interview, items 10–17

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The results from the MELE can be used to track the overall quality of young children's learning environments and to identify the areas in which specific actions are needed, such as providing teachers with more training and support for interacting with young children, offering teachers professional development opportunities in a particular domain, or ensuring that classrooms have access to high quality, age-appropriate learning materials for all children.

Development sample

Several pilot studies with diverse samples took place in several countries, including Bangladesh, Kenya, Lao PDR, Mongolia, Sudan, and Tanzania.

Reliability

- Internal consistency reliability: Cronbach's alphas calculated for scales within each country showed that results vary by country.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Inter-rater reliability established for observational measures.

Validity

- Content validity: The development of the MELE was informed by literature review and consultation with consortium of early childhood experts.

- Construct validity: Review of literature and expert input on the most valuable and relevant items.

- Convergent/discriminant validity:

    – Concurrent validity: Analytic techniques, including factor analyses, determined how items are related to one another.

    – Predictive validity: Information not available.

Strengths

- Piloted as international measure in several languages.

- Cross-informant and cross-method approach includes some provider characteristic constructs (motivation and attitude) not found in other quality instruments.

- Focus on feasibility, adaptability, and scalability, with low-cost, easy-to-use materials.

- Training, manual, instructions for use, and support available.

- Used in diverse cultural areas.

Limitations

- Not used in HBCC.

- Adapted and implemented in many countries, the majority of which are considered developing nations.

- Psychometric evidence for validity and reliability not available for the United States.

Key considerations for HBCC

No mention of use in HBCC settings in reviewed materials, even though such adaptations may be needed.

Supports for quality improvement that are associated with measure

No supports available.

References

Measuring Early Learning Quality and Outcomes Team. (2017). *Measuring early learning quality and outcomes.* Washington, DC: United Nations Educational, Scientific, and Cultural Organization (UNESCO).

Midwest Child Care Assets Index (MCCAI)

Purpose and context

Purpose: Research

Supports associated with measure: None

Fields:

Development: FCC

Used in: FCC

HBCC settings: FCC (both licensed and licensed-exempt/registered)

Adaptations needed for HBCC: No

Measure version: 2013

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 2 features

Provider–child relationships: 0 features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 2 features

Provider characteristics: 3 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider (director)

Level of measure: Site

Data collection methods: Self-report

Usability: No requirements

Time/length: No estimated time/14 items

Languages available: English

Availability:

Level of permission required: Published (contact authors)

Cost: Information not available (contact authors)

Publisher: Midwest Child Care Research Consortium (MWCCRC)

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: FCC (both licensed and licensed-exempt/registered)

Sample size: 514 FCC providers

Sample characteristics: 53% cared for children who received subsidies

Locale: Midwest U.S.

Year of development: 2001, 2003–2004

Measure performance:

Reliability: 1 (none described)

Validity:

Content: 1 (none described)

Construct: Available

Concurrent: Not available

Predictive: Not available

Measure profile narrative

Description

The Midwest Child Care Assets Index (MCCAI) measures the structural quality of both licensed and license-exempt/registered FCC providers. Structural qualities are the distal factors that support child development and are often features that a program can regulate. The Midwest Child Care Research Consortium (MWCCRC) developed this 14-item measure to capture the overall culture of quality demonstrated by a provider.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 2 features

    –   Safety: Item 4(d)

    –   Curriculum: Item 7(g)

2. Provider–child relationships: 0 features

3. Provider–family relationships: 0 features

4. Conditions for operations and sustainability: 2 features

    –   Business practices: Items: 9(i), 10(j), 11(k), 12(l), 13(m)

    –   Access to professional resources: Items: 6(f), 14(n)

5. Provider characteristics: 3 features

    –   Education level: Item 1(a)

    –   Prior training: Items: 2(b), 3(c), 4(d)

    –   Economic well-being: Item 9(i)

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

To score, add the confirmed responses for the 14 assets to attain a simple score. There are no subscales. Higher scores indicate increased supports for quality.

Development sample

The development sample comprises 514 FCC providers in four states in the United States (Midwest). The sample is further described at the state level: 12 percent providers were located in Iowa, 27 percent in Kansas, 34 percent in Missouri, and 27 percent in Nebraska. Of the providers, 70 percent were licensed and 53 percent cared for children who received subsidies. Family child care providers also provided care for a variety of ages, but the primary ages break down across the providers as follows: 53 percent cared for children of mixed ages, 27 percent primarily for infants, 18 percent primarily for preschool age children, and 1 percent primarily for school-age children.

Reliability

- Internal consistency reliability: Information not available.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Information not available.

Validity

- Content validity: The items on the MCCAI drew on content measured in other child care and early education measures.

- Construct validity: None described.

- Convergent/discriminant validity:

    – Concurrent validity: The Quality Instrument for Informal Child Care (QIC; Mathews, 2006) and the Family Child Care Environment Rating Scale (FDCRS; Harms, Cryer & Clifford, 2006) are moderately correlated with the MCCAIA (r = 0.30 and 0.37, respectively). The Caregiver Interaction Scale (CIS; Arnett, 1989) is not correlated with the MCCAI.

    – Predictive validity: Information not available.

Strengths

- Developed and used in FCC settings.

- Assesses structural quality in all types of HBCC: licensed and unlicensed; HBCC providers caring for children receiving subsidies and not receiving subsidies; different age groups, including mixed-age groups.

- Assesses some business practices, but features have few available measures.

Limitations

- Limited psychometric evidence provided (no reliability and low moderate correlations with structural measures).

- Limited information is available on teacher demographic, classroom, and program characteristics for the development sample. Therefore, readers should use caution drawing conclusions about the appropriateness of the measure for different HBCC settings, taking into account characteristics of the setting (such as, ages of children served or care during nontraditional hours or FFN care) and providers' personal characteristics (such as, racial, ethnic, linguistic backgrounds).

Key considerations for HBCC

No key considerations.

Supports for quality improvement that are associated with measure

No supports available.

References

Arnett, J. (1989). Caregivers in day-care centers: Does training matter? *Journal of Applied Developmental Psychology, 10,* 541–552.

Harms, T., Cryer, D., & Clifford, R. M. (2006). *Family Child Care Environment Rating Scale–Revised Edition.* New York: Teachers College Press.

Mathews, M. (2006). *Measuring the quality of informal home-based child care programs.* Unpublished doctoral dissertation. Columbia, MO: Department of Human Development and Families Studies, University of Missouri–Columbia.

Raikes, H., Torquati, J., Jung, E., Peterson, C., Atwater, J., Scott, J., & Messner, L. (2013). Family child care in four Midwestern states: Multiple measures of quality and relations to outcomes by licensed status and subsidy program participation. *Early Childhood Research Quarterly, 28*(4), 879–892.

National Survey of Early Care and Education Home-Based Provider (NSECE HBCC) Questionnaire

Purpose and context

Purpose: Research

Supports associated with measure: Information not available

Fields:

Development: HBCC

Used in: HBCC

HBCC settings: FCC, FFN, relative providers

Adaptations needed for HBCC: No

Measure version: 2019

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 10 features

Provider–child relationships: 3 features

Provider–family relationships: 3 features

Conditions for operations and sustainability: 5 features

Provider characteristics: 9 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider

Level of measure: Individual

Data collection methods: Self-report (interview)

Usability: Interview with skip patterns, use CATI or CAPI

Time/length: 20 minutes/81 items

Languages available: English, Spanish

Availability:

Level of permission required: Public domain

Cost: None

Publisher: Administration for Children and Families, Office of Planning, Research and Evaluation

Measure website: https://nsece.wordpress.com/nsece-2019-questionnaires/

Technical information

Development sample:

Settings: HBCC

Sample size: 4,000 home-based providers

Sample characteristics: Information not available

Locale: Across 50 U.S. states

Year of development: 2010

Measure performance:

Reliability: 1 (none described)

Validity:

Content: 1 (none described)

Construct: Not available

Concurrent: Not available

Predictive: Not available

Measure profile narrative

Description

The National Survey of Early Care and Education (NSECE) Home-Based Provider Questionnaire was developed for the 2019 NSECE study conducted by NORC at the University of Chicago for the U.S. Department of Health and Human Services. The survey is designed to study the experiences of people who look after children under age 13 in someone's home, that is, all types of HBCC. Topics in the Home-Based Provider Questionnaire include the following: Household Screener, Care Schedule and Rostering of Children (if Small Provider), Enrollment, Schedule, Admissions/Marketing, Care Provided, Help with Child Care, Household Characteristics, Provider Characteristics, and Operations. The information is intended to help decision makers and local agencies by providing an accurate picture of what early care and education services are available to families across the country. The questionnaire was administered to two types of respondents: (1) formal home-based providers who were identified on state administrative lists as providing regulated or registered home-based care (approximately 4,000 interviews) and (2) informal home-based providers who do not appear on a state administrative list but are identified through the Household Screener as caring for children under age 13 who are not their own in a home-based setting (approximately 2,000 interviews).

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 10 features
   - Group size and ratios: 2 items on Number of Children (C1, C2)
   - Indoor spaces: 1 item (G8)
   - Outdoor spaces: 1 item (G8)
   - Health and nutrition: 4 items (E13a, G_FOOD, G_Health_Concern, G10)
   - Safety: 2 items (G_HS, G12)
   - Hours of operation: 7 items (A1, B4, C4, E3, H2, H4, I1)
   - Structured activities: 4 items (G1, G3, G_ACTIVITY_IT, G_ACTIVITY_PK)
   - Unstructured activities: 4 items (GE_Activity_E, G1, G3, G_ACTIVITY_IT, G_ACTIVITY_PK)
   - Curriculum: 3 items (G3A, G3B, G_CURRTRAIN)
   - Cultural and linguistic congruence: 8 items (B13b, B13c, G16_8, G16_11, G13, B6, C10, C11)

2. Provider–child relationships: 3 features (limited to time spent in different activity structures rather than in specific interactions)
   - Support for cognitive development: 12 items (G_Activity_IT_g–i, G_Activity_PK_g–i, G_Activity_IT_a–c, G_Activity_PK_a–c)
   - Support for social development and peer interactions: 2 items (G_Activity_PK_a, b)
   - Support for physical health and development: 3 items (G8, G_Activity_IT_F, G_Activity_PK_F)

3. Provider–family relationships: 3 features

    –   Cultural and linguistic match with families: 3 items (G16-11, B6, C11)

    –   Flexibility: 5 items (E2, E3, E3a, E3c, E3d)

    –   Helping parents with non-child-care tasks: 3 items (E13, E-payservice, E-onsiteserv)

4. Conditions for operations and sustainability: 5 features

    –   Working alone, isolation: 2 items (H1, H2)

    –   Work-family balance: 4 items (H-TIMECARE, I-HHM, I-OUTCARE, I-HHCC)

    –   Family support for caregiver: 3 items (H1, H2, H-HELP)

    –   Business practices: 17 items (C12C, C12C1–8B, C_affordcare, C-PARPAY, C15, C15A, C15b, C-commorg, C16a, C-subfees, C-sublimit, C-subenroll, E-payservice, E-onsiteserv, K4, K5, F-INSP)

    –   Access to professional resources: 4 items (G7c, G12, G-HEALTHCON, G13)

5. Provider characteristics: 9 features

    –   Education level: 6 items (J4, J5, J5A, J-CDA, J-CERT, J9)

    –   Prior training: 13 items (G15b, G15B1, B15C, G15D, G15D1, G-SKILLOBS, G-HS, G-HSONLINE, G16, G-CULTTRAIN, G-PDASST, G-PDPLAN, J10)

    –   Years of experience: 4 items (J12, J13a1, J12a, J12b)

    –   Motivation for providing care: 1 item (G7a)

    –   Professional identity: Distinct subscale: Section J and G14

    –   Caregiving beliefs: 1 item (G17)

    –   Psychological health: 2 items (G_CESD7, J_POORHLTH)

    –   Physical health: 1 item (J_poorhlth)

    –   Economic well-being: 9 items (J14, J15, J15A, J15A-1, J15B, J15C, J23a, J23b, J24)

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

Information not available.

Development sample

Development sample includes over 4,000 providers across 50 states. Further information on development sample is not available.

Reliability

- Internal consistency reliability: Information not available.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Information not available.

Validity

- Content validity: Information not available.

- Construct validity: Information not available.

- Convergent/discriminant validity:

  – Concurrent validity: Information not available.

  – Predictive validity: Information not available.

Strengths

- Designed for and used in HBCC settings.

- Includes detailed questions for HBCC providers that provide information about supply as well as about quality.

- Assesses some areas represented in few HBCC measures: HBCC business practices, challenges and supports, provider characteristics; allows examination of cultural/linguistic congruence.

Limitations

- No reliability and validity evidence.

Key considerations for HBCC

The report notes poor response rates because of a lack of cooperation among survey respondents, pointing to poor response as a risk in major surveys. Need to pay special attention to emerging categories of nonrespondents and swift and aggressive implementation of remediating actions to minimize nonresponse threats.

Supports for quality improvement that are associated with measure

Information not available.

Reference

National Survey of Early Care and Education Project Team. (2019). *2019 National Survey of Early Care and Education (NSECE) home-based provider questionnaire.* OPRE Report #2019-120. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

Parent–Caregiver Relationship Scale (PCRS)

Purpose and context

Purpose: Research, quality improvement

Supports associated with measure: Information not available

Fields:

Development: FCC, center-based CCEE

Used in: FCC, center-based CCEE

HBCC settings: FCC

Adaptations needed for HBCC: No

Measure version: 1997

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 0 features

Provider–child relationships: 1 feature

Provider–family relationships: 4 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider (director or teacher), parent

Level of measure: Individual

Data collection methods: Self-report

Usability: Self-assessment

Time/length: No estimated time/35 items

Languages available: English

Availability:

Level of permission required: Published (contact authors)

Cost: Information not available (contact authors)

Publisher: Information not available (contact authors)

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: FCC, center-based CCEE

Sample size: 217 (124 parents, 93 caregivers)

Sample characteristics: Caregivers received "some college," annual family income $15,000 to $80,000

Locale: Upper Midwest U.S.

Year of development: Information not available

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 2 (research based)

Construct: Not available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The Parent–Caregiver Relationship Scale (PCRS) measures the perceived quality of the relationship between the parent and the caregiver of an infant or toddler. The measure is based on eight relationship dimensions that were identified through literature reviews and interviews with parents and caregivers. The relationship dimensions are trust/confidence, open communication, respect/acceptance, caring, competence/knowledge, partnership/collaboration, shared values, and affiliation/liking. There are two versions of the PCRS: the Parent PCRS with the questions tailored to the parents' point of view, and the Caregiver PCRS with the same questions tailored to the caregivers' point of view.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 0 features

2. Provider–child relationships: 1 feature

   – Close provider–child relationships: Question 21

3. Provider–family relationships: 4 features

   – Trust: Questions 1, 5, 22

   – Close relationships co-parenting, and boundary setting: Questions 3, 10, 11, 12, 15, 19, 20, 28, 33, 34, 35

   – Reciprocal communication: Questions 2, 6, 10, 14, 18

   – Providing parent education: Question 25

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The assessment has two parallel forms, one for the parent to complete and the other for the caregiver to complete. Both assessments are organized around eight relationship dimensions: trust/confidence, open communication, respect/acceptance, caring, competence/knowledge, partnership/collaboration, shared values, and affiliation/liking. Each assessment includes a total of 35 items, with 3 to 5 items for each dimension. The items from each dimension are distributed throughout the measure, including 11 items with negative wording that are reverse-scored. Respondents rate each item from 1 (strongly disagree) to 5 (strongly agree), and the total score is a sum of responses; higher scores indicate a positive relationship.

Development sample

A total of 217 parents and caregivers in child care centers and family child care homes were recruited from three small cities and one large metropolitan area in the upper Midwest. The center-based sample consisted of 73 parents and 41 caregivers, and the FCC sample consisted of 51 parents and 52 caregivers. Although center caregiver ages were not available, the

average age of FCC providers was about 42 years. All child care providers attained education levels ranging from grade school to graduate school, but the most frequent response across both center-based care and FCC was some college. Annual incomes for providers were also reported for the development sample. Provider family annual incomes ranged from $15,000 to $80,000, with higher family incomes reported for the FCC providers (median center-based care = $25,000 to $40,000; median FCC = $40,000 to $60,000).

The PCRS is a measure of infant and toddler care; therefore, all children in the sample were between 2- and 24-months-old, and almost all were Caucasian. Hours of care for children in centers ranged from 6 to 50 hours per week, with an average of 32.8 hours. Children in FCC were in care from 11 to 50 hours per week, with an average of 26 to 30 hours. All children in the study had been in the center's or the FCC's care for at least two weeks. Parent demographics were similar across the subsamples. Both the center and FCC parents were about 31 years old and held a college degree.

Reliability

- Internal consistency reliability: High internal consistency with Cronbach's alpha = 0.93 for the parent scale and 0.94 for the caregiver scale.

- Alternate form reliability: Information not available.

- Test-retest reliability: Sent second forms to parents (n = 92) and caregivers (n = 81) two to four weeks after the first administration. For family child care, parent correlations = 0.80; caregiver correlations = 0.84. For center care, parent correlations = 0.69; caregiver correlations = 0.71.

- Generalizability: Limited because of relatively small sample size and self-selected sample.

- Inter-rater reliability: Information not available.

Validity

- Content validity: Based on a review of the literature and interviews with parents and caregivers.

- Construct validity: Information not available.

- Convergent/discriminant validity:

  - Concurrent validity: Examined correlations with other measures with which the measure theoretically should have links. The study correlated parent and caregiver PCRS total scores with several other infant care context variables (Elicker et al., 1997). Generally, caregiver PCRS total scores exhibited predicted patterns of association with several other child care variables, but only in the center subsample. In the FCC subsample, there were no significant correlations between parent or caregiver PCRS total scores and the child care variables.

  - Predictive validity: Information not available.

Strengths

- Used in and designed for HBCC settings; strong reliability estimates in the development sample.

- Captures important constructs in provider–family relationships.

Limitations

- No validity evidence for HBCC.

- Reliability evidence based on samples with limited diversity (particularly the parent sample).

Key considerations for HBCC

More work is needed to examine reliability and validity with more diverse samples, including programs that serve mixed-age groups and older children.

Supports for quality improvement that are associated with measure

No supports available.

Reference

Elicker, J., Noppe, I., Noppe, L., & Fortner-Wood, C. (1997). The Parent–Caregiver Relationship Scale: Rounding out the relationship system in infant child care. *Early Education and Development, 8*(1), 83–100.

Perceived Neighborhood Disorder Scale

Purpose and context

Purpose: Research

Supports associated with measure: Information not available

Fields:

Development: Sociology

Used in: Sociology

HBCC settings: None

Adaptations needed for HBCC: No

Measure version: 1999

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 0 features

Provider–child relationships: 0 features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 3 features

Administration and availability

Administration characteristics:

Respondent: Provider/teacher

Level of measure: Site

Data collection methods: Self-report

Usability: No requirements

Time/length: No estimated time/15 items

Languages available: English

Availability:

Level of permission required: Published (contact authors)

Cost: None

Publisher: Information not available (contact authors)

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: Not developed in child care settings

Sample size: 2,482 families

Sample characteristics: Mean age 45 years, mean education level 13.8 years, mean family income nearly $50,000, 41% male, 84% white, 56% married, 16% lived in Chicago

Locale: Illinois

Year of development: 1995

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 1 (none described)

Construct: Available

Concurrent: Not available

Predictive: Not available

Measure profile narrative

Description

The Perceived Neighborhood Disorder Scale (Ross and Mirowsky, 1999) consists of 15 statements that assess respondents' perceptions of physical (for example, graffiti, abandoned buildings) and social (for example, neighbors fighting, loitering) disorder and a prosocial neighborhood environment through self-report. Examples of the scale items include "there are too many people hanging around on the streets near my home," "my neighborhood is noisy," and "I can trust most people in my neighborhood." Respondents are asked to indicate the extent to which they agree or disagree with each statement in the scale.

The Perceived Neighborhood Disorder Scale is intended for general use in the social sciences. It has been used to examine the influence of neighborhood characteristics on a wide range of outcomes, including health, violence, and crime. It has not been used to examine the influence of neighborhood characteristics on the quality of child care settings or outcomes for children in child care.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 0 features
2. Provider–child relationships: 0 features
3. Provider–family relationships: 0 features
4. Conditions for operations and sustainability: 0 features
5. Provider characteristics: 0 features
6. Neighborhood characteristics: 3 features

   – Crime/abandoned housing: 1 item about crime under Social disorder; 3 items about abandoned buildings, graffiti, and vandalism under Physical disorder

   – Litter and pollution: 1 item about cleanliness under Physical order

   – Social cohesion among neighbors: 9 items–Social disorder (5 items) and Social order (4 items)

Methods of scoring and interpretability

All items are scored and summed (range between 15 and 60) so that a high score indicates disorder. Disorder items are scored strongly disagree (1), disagree (2), agree (3), and strongly agree (4). Order items are scored strongly agree (1), agree (2), disagree (3), and strongly disagree (4).

For a short 10-item scale, authors recommend "4 items that overlap the two scales—graffiti, noise, vandalism, and clean neighborhood—and the items with the largest loadings on disorder— people hanging out, crime, drug use, alcohol use, trustworthy neighbors, and a safe neighborhood" (Ross and Mirowsky, 1999).

Development sample

Psychometric information for the Perceived Neighborhood Disorder Scale comes from data collected in 1995. The study uses a probability sample of Illinois households and conducted telephone interviews with respondents. The final sample included 2,482 respondents. Respondents ranged in age from 18 to 92, with an average age of 45. The mean education level was 13.8 years, and the mean family income was $48,274 (median is $40,000). Of the respondents, 41 percent were male, 84 percent were White, and 56 percent were married. Sixteen percent of respondents lived in Chicago, 30 percent in the suburbs of Chicago, 12 percent in small cities, 27 percent in small towns, and 14 percent in rural areas of Illinois. The study found the scale to be a reliable and valid measure of perceived neighborhood disorder.

Reliability

- Internal consistency reliability: Cronbach's alpha for the scale with all 15 items is 0.92. Cronbach's alpha for the shortened scale with 10 items is 0.92.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Information not available.

Validity

- Content validity: Information not available.

- Construct validity: Disorder and decay are highly correlated, and four indicators—graffiti, noise, vandalism, and a clean neighborhood— load on both. Disorder and decay are "distinct although highly related factors." The authors tested this by setting the residual variance of decay to 0. The increment in chi-square associated with this restriction is 281.437, df = 1, which is highly significant at $p < 0.001$, indicating that the restriction significantly worsens the fit.

- Convergent/discriminant validity:

  - Concurrent validity: Information not available.

  - Predictive validity: Information not available.

Strengths

- Evidence of strong internal consistency, though with a predominately White sample.

- Assesses features of neighborhood disorder, which are associated with higher levels of parenting stress.

Limitations

- The Perceived Neighborhood Disorder Scale does not measure HBCC quality but rather a condition that may hinder or support the provider's ability to provide care.

- It is not tested or used in HBCC. Current use of the measure depends on ratings from several respondents in a neighborhood.

- Perceptions of neighborhood disorder do not measure quality of a neighborhood and are limited to respondents' subjective perceptions.

- There is no research on the relationship between providers' perceptions of neighborhood disorder and quality in HBCC settings.

Key considerations for HBCC

The Perceived Neighborhood Disorder Scale has not been used to measure neighborhoods' characteristics of child care settings. More research is needed on the scale's psychometric properties in HBCC settings to understand how the scale relates to quality in HBCC settings.

Supports for quality improvement that are associated with measure

No supports available.

Reference

Ross, C.E., & Mirowsky, J. (1999). Disorder and decay: The concept and measurement of perceived neighborhood disorder. *Urban Affairs Review, 34*(3), 412–432.

Program for Infant/Toddler Care Program Assessment Rating Scale (PITC PARS)

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Manual, training

Fields:

Development: Child care and early education

Used in: FCC, center-based CCEE

HBCC settings: FCC

Adaptations needed for HBCC: No

Measure version: 2019

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 8 features

Provider–child relationships: 6 features

Provider–family relationships: 3 features

Conditions for operations and sustainability: 1 feature

Provider characteristics: 1 feature

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider/teacher

Level of measure: Site, classroom, individual

Data collection methods: Self-report, direct observation, document review

Usability: Training required for reliability

Time/length: At least 180 minutes/27 items

Languages available: English

Availability:

Level of permission required: Permission required ($)

Cost: Varies (contact authors)

Publisher: WestEd, Center for Child and Family Studies Evaluation Team

Measure website: https://www.pitcpars.org/

Technical information

Development sample:

Settings: FCC, center-based CCEE

Sample size: 330 caregivers (40 centers and 81 FCCs, including 59 small FCCs and 22 large FCCs)

Sample characteristics: Information not available

Locale: California

Year of development: 2003–2007

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 3 (expert reviewed and research evidence-based)

Construct: Available

Concurrent: Available

Predictive: Available

Measure profile narrative

Description

The Program for Infant/Toddler Care Program Assessment Rating Scale, also known as the Program Assessment & Reflection System (PITC PARS), is an observational instrument designed to assess the quality of child care and early education settings for infants and toddlers from birth to 36 months of age. The PITC PARS measures the extent to which caregiving practices, the care environment, program policies, and administrative structures promote responsive, relationship-based care for infants and toddlers. The PITC PARS items and subitems are stated in a positive way to assess various aspects of program quality. The Program for Infant/Toddler Care Family Child Care Program Assessment Rating Scale (PITC FCC PARS) includes adaptations of some PITC PARS subitems unique to family child care settings.

The PITC PARS is based on constructs developed for the Program for Infant/Toddler Care (PITC), a comprehensive multimedia training system for infant/toddler care teachers. The PITC PARS measures the extent to which PITC concepts are implemented in group care settings that provide care for infants and toddlers. It facilitates observation and documentation of specific dimensions of infant and toddler care that are in accordance with the PITC philosophy and therefore is closely aligned with PITC concepts, practices, and policies. The PITC PARS was originally developed to assess implementation of the PITC approach to infant/toddler care, but it is also appropriate for program development and evaluation assessment in settings that do not explicitly implement PITC.

The PITC PARS consists of an observation conducted in the care environment for a minimum of three hours, followed by an interview with the FCC provider and a review of written program materials.

The overall structure of the PITC PARS is a scale with five subscales, 27 items, and 108 subitems. Each subscale is composed of 4 or more items. An item measures a specific aspect of quality within each subscale. Each item is composed of 4 subitems. Each subitem in the PITC PARS is assessed as "met" or "not met." Together, the ratings on the subitems provide an overall assessment of the extent to which the item has been implemented by infant/toddler care teachers and/or programs.

The publisher recommends administration of the PITC PARS by trained, independent assessors. The WestEd Center for Child and Family Studies Evaluation Team provides training to establish reliability on PITC PARS and can customize training sessions to meet other needs. Separate training is required for both versions of the measure (PARS and FCC PARS).

Alignment with HBCCSQ conceptual framework

The PITC PARS assesses the following five subscales: I. Quality of Adult's Interactions with Children; II. Family Partnerships, Cultural Responsiveness, and Inclusive Care; III. Organization of Group Care; IV. Physical Environment; and V. Routines and Record Keeping.

1. Home setting and learning environments: 8 features

   – Group size and ratios: 1 item (4 subitems) under III. Organization of Group Care: D. Group Size and Structure, Q1–4

   – Indoor spaces: 1 distinct subscale including 7 items (28 subitems)–IV. Physical Environment (covers indoor and outdoor space arrangement)

   – Outdoor spaces: 1 distinct subscale including 7 items (28 subitems)–IV. Physical Environment (covers indoor and outdoor space arrangement)

   – Health and nutrition: 4 items (16 subitems)–1 item under IV. Physical Environment: E. Cleanliness of Environment and Play Materials, Q1–4; 3 items under V. Routines and Record Keeping: A. Healthful and Safe Feeding Routines, Q1–4; B. Healthful and Safe Diapering and Toileting, Q1–4; C. Healthful and Safe Napping, Q1–4

   – Safety: 5 items (20 subitems): 2 items under IV. Physical Environment: D. Safety of Play Materials and Environment, Q1–4; 3 items under V. Routines and Record Keeping: A. Healthful and Safe Feeding Routines, Q1–4; B. Healthful and Safe Diapering and Toileting, Q1–4; C. Healthful and Safe Napping, Q1–4

   – Organized environment: 1 distinct subscale including 7 items (28 subitems)–IV. Physical Environment (covers indoor and outdoor space arrangement)

   – Supportive program policies: 1 item (4 subitems) under V. Routines and Record Keeping: D. Record Keeping and Information Sharing, Q1–4

   – Unstructured activities: 1 distinct subscale including 4 items (16 subitems) and 1 item (4 subitems): V. Routines and Record Keeping, 1 item under III. Organization of Group Care: C. Following Children's Individual Schedules, Q1–4

2. Provider–child relationships: 6 features

   – Support for emotional development: 4 items (16 subitems)–4 items under I. Quality of Adult's Interactions with Children: A. Responsiveness and Sensitivity to Children, Q1–4; B. Positive Tone and Attentiveness, Q1–4; C. Responsive Engagement and Intervention, Q1–4; D. Respect for Children's Initiative and Choices, Q1–4

   – Support for cognitive development: 1 item (4 subitems) under I. Quality of Adult's Interactions with Children: E. Facilitation of Cognitive Development and Learning, Q1–4

   – Support for physical health and development: 2 items (8 subitems)–2 items under IV. Physical Environment: B. Opportunities for Exploration, Q1–4; C. Opportunities for Movement, Q1–4

   – Support for language and literacy: 2 items (8 subitems)–2 items under I. Quality of Adult's Interactions with Children: F. Adult Use of Language and Communication, Q1–4; G. Adult Support of Children's Language Development and Communication, Q1–4

   – Close provider–child relationships: 4 items (16 subitems)–4 items under I. Quality of Adult's Interactions with Children: A. Responsiveness and Sensitivity to Children, Q1–4; B. Positive Tone and Attentiveness, Q1–4; C. Responsive Engagement and Intervention, Q1–4; D. Respect for Children's Initiative and Choices, Q1–4

   – Continuity of care: 1 Item (4 subitems) under III. Organization of Group Care: B. Continuity of Care, Q1–4

3. Provider–family relationships: 3 features

   – Close relationships, co-parenting, and boundary setting: 1 item (4 subitems) under II. Family Partnerships, Cultural Responsiveness, and Inclusive Care: A. Relationships with Families, Q1–4

   – Reciprocal communication: 3 items (9 subitems)–2 items under II. Family Partnerships, Cultural Responsiveness, and Inclusive Care: B. Communication with Families, Q1–4; D. Assistant and Substitute Care, Q3; 1 item under V. Routines and Record Keeping: D. Record Keeping and Information Sharing, Q1–4

   – Promoting a sense of community and connection: 2 items (2 subitems)–2 items under II. Family Partnerships, Cultural Responsiveness, and Inclusive Care: A. Relationships with Families Q4; D. Assistant and Substitute Care, Q4

4. Conditions for operations and sustainability: 1 feature

   – Business practices: 2 items (8 subitems)–1 item under II. Family Partnerships, Cultural Responsiveness, and Inclusive Care: D. Assistant and Substitute Care, Q1–4; 1 item under V. Routines and Record Keeping: D. Record Keeping and Information Sharing, Q1–4

5. Provider characteristics: 1 feature

   – Prior training: 2 items (2 subitems)–1 item under III. Relationship-Based Care: B. Continuity of Care, Q4; 1 item under II. Family Partnerships, Cultural Responsiveness, and Inclusive Care: E. Inclusion of Children with Disabilities or Other Special Needs, Q4

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

Each subitem in the PITC PARS is assessed as "met" or "not met." The *PITC PARS User's Guide* (Kriener-Althen, K., Niggle-Hollis, M., & Mangione, P. L., [in preparation]) provides guidelines for determining "met" and "not met" for each subitem. "Met" items are assigned a value of 1 and summed to produce item scores. Item scores are averaged to produce subscale scores. Each PITC PARS subscale is scored on a scale from 0 to 4.

PITC FCC PARS scores pertain to the FCC provider's setting. The instrument allows observers to determine if each subitem is "met" by the FCC provider or by an assistant for subitems that are based on caregiver-child interactions. The *PITC PARS User's Guide* provides interpretation of subitems for home-based settings.

Development sample

Psychometric information for the PITC PARS was based on data collected between 2003 and 2007 through two evaluation studies of the PITC program implementation in California. The sample is a subset of the full sample (1,087 caregivers) with full assessment data. The sample consisted of 101 infant center-based classrooms, 40 toddler center-based classrooms, and 81 FCC settings (59 small FCCs and 22 large FCCs). In total, 330 individual teachers were observed. Among these classrooms and programs, 205 assessments were conducted in English, whereas the remaining 17 were conducted in Spanish. Later evaluations of the PITC used the PITC PARS in other states, including Iowa, Oklahoma, and South Dakota. These

evaluation studies provide psychometric evidence supporting the reliability and validity of the PITC PARS as a measure of caregiver quality across different types of settings. Other instruments also completed by the assessors concurrently with the PITC PARS included the Caregiver Interaction Scale (CIS, Arnett, 1989) and the Environment Rating Scales.

Other publications (for example, Neunning et al., 2010) have reviewed the PITC PARS and reported on psychometric information based on earlier author-reported results (Mangione et al., 2006). The psychometric information presented below comes from updated author-reported results (Mangione et al., 2015). Even though the reliability and validity information presented below may differ from that in publications, we found that the psychometric results remain similar.

Reliability

- Internal consistency reliability: Cronbach's alphas for the PITC PARS subscales ranged from 0.70 to 0.90.

- Alternate form reliability: The subscales were all positively and significantly intercorrelated. The moderate strength of correlations among most of the subscales suggests that these subscales assess related yet distinct aspects of child care quality. The strongest correlation was Physical Environment with Routines and Record Keeping ($r = 0.58$). The weakest correlation was Family Partnerships, Cultural Responsiveness, and Inclusive Care with Organization of Group Care ($r = 0.27$).

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: At the subitem level, computation of the dichotomous rating was based on whether the criteria were "met" or "not met," indicating exact agreement. The authors have reported inter-rater reliability at the subitem level ranging from 79 percent (Subscale III) to 86 percent (Subscale II). At the item level, with scores ranging from 0 to 4, inter-rater reliability was computed within a value of 1 and ranged from 85 percent (Subscales I and III) to 93 percent (Subscale II; Mangione et al., 2006).

Validity

- Content validity: The PITC PARS is based on constructs developed for the PITC; in addition, national experts consulted on the measure. The PITC constructs are based on evidence in the research literature and a review by national experts. In addition to drawing on the PITC constructs, development of the PITC PARS relied on the Observational Record of Classroom Observation Environments (ORCE, ECRN, NICHD, 1996) and the recommended practices of the American Academy of Pediatrics as a foundation for several items (Neunning et al., 2010; Mangione et al., 2015).

- Construct validity: The authors reported on separate confirmatory factor analyses performed separately for the PITC PARS and PITC FCC PARS (Mangione et al., 2015; Mangione et al., 2006). Each analysis independently identified the following three categories of factors: (1) quality of the adult's interactions with children (includes all items from Subscale I and one additional item from Subscale III); (2) program policies that address responsiveness to the needs of children and families (includes all items from Subscale II and a few additional items from other subscales); and (3) the physical environment and daily routines (includes

most items from Subscales IV and V). Two items, group size and structure (III) and healthful and safe diapering and toileting (V), did not load strongly onto any one factor.

- – The subscales were all positively and significantly intercorrelated. The moderate strength of correlations among most of the subscales suggests that the subscales assess related yet distinct aspects of child care quality. The strongest correlation was Physical Environment with Routines and Record Keeping ($r = 0.58$). The weakest correlation was Family Partnerships, Cultural Responsiveness, and Inclusive Care with Organization of Group Care ($r = 0.27$).

- Convergent/discriminant validity:

- – Concurrent validity: The authors reported a high degree of concurrent validity between the PITC-PARS total score and the Environment Rating Scale instrument overall scores: ITERS-R ($r = 0.84$), ECERS-R ($r = 0.81$), and FDCRS ($r = 0.80$). They reported that concurrent validity of the PITC PARS Subscale I. Quality of Adult's Interactions with Children with the subscales from the Arnett Caregiver Interaction Scale was moderate (sensitivity subscale $r = 0.60$; harshness subscale, $r = -0.62$; and detachment subscale $r = -0.60$).

- – Predictive validity: The PITC PARS was used in a pre-post analysis of infant/toddler care teachers from center-based and FCC settings who participated in PITC on-site training and technical assistance between 2000 and 2002. Statistically significant improvements were documented in the overall quality of the three samples of programs (two center-based samples and one FCC sample) that completed training and technical assistance plans. Overall improvements were identified; however, the quality of the care demonstrated by teachers' interactions with infants and toddlers (Subscale I) demonstrated the most consistently positive change (Mangione, 2003).

  The PITC PARS was used in a repeated measures analysis of infant/toddler care teachers in center-based and FCC settings who participated in PITC on-site training and technical assistance between 2004 and 2007. Results identified statistically significant positive linear relationships between participation in PITC Partners for Quality Training Plans and improved quality of care in the areas of relationship-based care (Subscale III) and the physical environment (Subscale IV; Kriener-Althen & Mangione, 2007).

Strengths

- Moderate to strong evidence of reliability and validity in FCC and center-based programs.

- Validated in culturally and linguistically diverse infant/toddler care settings representative of state-subsidized programs.

- Appropriate for use across FCC and center-based programs serving children from birth to 36 months. It includes specific items that are differentiated by program type (centers and FCCs) and child age to help measure quality across infants and toddlers in various care settings.

- Includes components on both caregiver-child interactions and global quality.

- Assesses continuity of care and sense of belonging, including family partnerships, cultural responsiveness, and inclusive care.

- The *PITC PARS User's Guide* provides interpretation of subitems for center-based and home-based settings.

- Training, manual, instructions for use, and support are available.

Limitations

- PITC PARS is limited to quality of care for infants and toddlers. It does not address quality for preschool or school-age children.

- The data used to report psychometric information were collected for evaluation of a technical assistance/professional development program implemented with a convenience sample.

- Limited information is available on teacher demographic, classroom, and program characteristics for the development sample. Therefore, readers should use caution drawing conclusions about the appropriateness of the measure for different HBCC settings, taking into account characteristics of the setting (such as, ages of children served or care during nontraditional hours) and providers' personal characteristics (such as, racial, ethnic, linguistic backgrounds).

- Researchers that investigate the use of the PITC PARS in contexts other than the PITC program should test its general applicability.

- According to the authors, the same assessors collected the PITC PARS, CIS, and ERS data, perhaps influencing the concurrent validity findings by inflating the estimates with shared rater variance.

Key considerations for HBCC

The authors do not report psychometric properties of the PITC PARS by type of child care setting (for example, center-based versus FCC). More research on psychometric properties of the PITC PARS in HBCC settings may be warranted.

More research on psychometric properties in HBCC settings is warranted to understand the predictive validity of PITC PARS in HBCC settings. According to the authors, "The modest sample size for the factor analysis may have limited the detection of stable factors. In particular, these data did not include large enough sample sizes to apply the factor analysis to all possible subsamples of PITC PARS. Future work with larger and more diverse samples would allow more in-depth investigation of the stability of the factor structure" (Mangione et al., 2015).

Supports for quality improvement that are associated with measure

The PITC PARS was developed for use as an assessment tool for the Program for Infant/Toddler Care, a comprehensive multimedia training system for infant/toddler care teachers.

References

Neunning, M., Weinstein, D., Halle, T., Martin, L., Tout, K., Wandner, L., Whittaker, J. V., See, H., McSwiggan, M., Fletcher, M., Sherman, J., Hair, E., & Burkhauser, M. (2010). *Quality in early childhood care and education settings: A compendium of measures.* Washington, DC: Child Trends. Prepared by Child Trends for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/opre/report/quality-early-childhood-care-and-education-settings-compendium-measures-second-edition.

Kriener-Althen, K., & Mangione, P. L. (2007). *Monitoring PITC partners for quality training and technical assistance.* Excerpt from PITC Annual Report. Sausalito, CA: WestEd Center for Child and Family Studies.

Kriener-Althen, K., Niggle-Hollis, M.., & Mangione, P. L. (in preparation). *PITC PARS User's Guide.* San Francisco: WestEd.

Mangione, P. L. (2003). *Impact of PITC training on quality of infant/toddler care, evaluation report.* Sausalito, CA: WestEd Center for Child and Family Studies.

Mangione, P., Kriener-Althen, K., Niggle, M. P., & Welsh, K. (2006). *Program quality through the PITC lens: Assessing relationship-based care in infant/toddler early care and education programs.* Paper presented at the 15th National Institute for Early Childhood Professional Development. San Antonio, TX.

Mangione, Peter L., Kriener-Althen, Kerry, & Marcella, Jennifer. (2015). Measuring the multifaceted nature of infant and toddler care quality. *Early Education and Development.* doi: 10.1080/10409289.2016.1088314.

Quality of Care for Infants and Toddlers (QCIT; formerly Quality of Caregiver–Child Interactions for Infants and Toddlers (Q-CCIIT))

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Manual, training

Fields:

Development: FCC, center-based CCEE

Used in: FCC, center-based CCEE

HBCC settings: FCC

Adaptations needed for HBCC: Yes

Measure version: 2020

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 7 features

Provider–child relationships: 8 features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Trained observer

Level of measure: Site, classroom, individual

Data collection methods: Direct observation, rating or rubric

Usability: Reliability training required for all QCIT users

Time/length: 120 minutes/61 items

Languages available: English

Availability:

Level of permission required: Permission required ($)

Cost: Varies (contact authors)

Publisher: Mathematica

Measure website: https://mathematica.org/solutions/qcit

Technical information

Development sample:

Settings: FCC; adapted version piloted in FFN

Sample size: 403 classrooms

Sample characteristics: Diverse

Locale: 15 states in 10 U.S. regions

Year of development: 2010–2014

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 3 (expert reviewed and research evidence-based)

Construct: Available

Concurrent: Available

Predictive: Available

Measure profile narrative

Description

The Quality of Care for Infants and Toddlers (QCIT), formerly referred to as the Quality of Caregiver–Child Interactions for Infants and Toddlers (Q-CCIIT), is an evidence-based observational measure of the quality of caregiver-child interactions in child care and early education settings that serve infants and toddlers (Atkins-Burnett et al., 2015). QCIT provides a single measure that can be used in several types of settings. It has been used in family child care settings and an adapted version of the QCIT was piloted in a small number of FFN settings. It addresses early childhood caregiver competencies for children from birth to 36 months. The QCIT user's guide also includes information about how to individualize the items for cultural or individual differences.

Early childhood administrators, coaches or mentors, practitioners, training and technical assistance providers, researchers, evaluators, and higher education instructors are some examples of those who can use QCIT to better understand the quality of interactions between caregivers and children up to 36 months of age. This understanding of quality can guide professional development, research, or administrator decision making.

The authors recommend that observers complete six 10-minute cycles for a complete observation. For each cycle, observers observe for 10 minutes and then take 5 to 10 minutes to rate the cycle items before starting the next 10-minute observation cycle. The entire process requires an observation of at least two hours. Cycles are coded only during times when at least one child within the age range of birth to 36 months is present and awake (Atkins-Burnett et al., 2014).

Observers must complete reliability training by participating in multiday training sessions led by QCIT trainers and taking a reliability certification examination offered by Mathematica.

Alignment with HBCCSQ conceptual framework

In addition to the items listed below, the rating form's areas of concern section also include items on physical harshness, mismatch of caregiver affect/communication, caregiver singling out children, children ignored, children unoccupied, and restricting children's movements.

1. Home setting and learning environments: 7 features

    – Group size and ratios: Noted in the overall score sheet information

    – Health and nutrition: 1 item–E4. General health provisions not available/sanitary practices not followed

    – Safety: 3 items–E1. Physically harsh, E2. Supervision of safety is poor (including unsafe practices), E3. Unsafe environment

    – Organized environment: 1 item–E15. Level of chaos

    – Routines: 1 item–D9. Responsive routines

- Structured activities: 4 items–B1. Supporting object exploration, C5. Engaging children in books, D2. Extending pretend play, D3. Explicit teaching

- Unstructured activities: 2 items–C3. Conversational turn-taking, D1. Giving choices, D8. Supervises or joins in play and activities

2. Provider–child relationships: 8 features

- Support for emotional development: Distinct subscale–Support for social-emotional development (A1–A3, D8–D12)

- Support for cognitive development: Distinct subscale–Support for cognitive development (Basic concepts checklist, A4, B1–B2, D1–D4)

- Support for social development and peer interactions: Distinct subscale–Support for social-emotional development (A1–A3, D8–D12)

- Support for mixed-age peer interactions: 3 items–A4. Supporting peer interaction/play, D2. Extending pretend play, D4. Support for social problem solving

- Support for physical health and development: 3 items–D8. Supervises or joins in play and activities, E2. Supervision of safety is poor, E3. Unsafe environment

- Support for language and literacy: Distinct subscale–Support language and literacy development (C1–C7, D5–D7)

- Close provider–child relationships: 4 items–A1. Responding contingently to social cues, A2. Responding to emotional cues, A3. Builds a positive relationship, D12. Responding contingently to distress

- Continuity of care: Overall rating form. The continuity of caregivers across cycles is captured on the rating form for each 10-minute cycle

3. Provider–family relationships: 0 features

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

Each positive scale (Sections A through C) in the QCIT is rated on a 7-point scale. The QCIT provides four scale scores in (1) support for social-emotional development, (2) support for language and literacy development, (3) support for cognitive development, and (4) areas of concern. Within the first three scales, observers rate some items in each 10-minute observation cycle and rate other items across the visit. To produce the scores, for items rated in each cycle, users first calculate the average rating across cycles. The averages then become the score for those items, combined with the scores for the across-the-visit items from that scale. Finally, users calculate the mean of all the valid items in each scale (Atkins-Burnett et al., 2014).

The domain scales scores are the average of the dimension ratings in that domain. Scores below 3 are considered low quality. Scores from 3 to 4.9 are average. Scores 5 and above are considered high quality in that area. There are three domain scores in addition to the dimension ratings across cycles and an overall areas-of-concern score.

Development sample

The QCIT field test sample included 400 infant/toddler classrooms (110 family child care homes and 290 center-based classrooms) in 15 states in 10 regions of the continental United States. The children in these CCEE settings were culturally and linguistically diverse (though observations were limited to classrooms in which caregivers spoke mainly English or Spanish). In FCCs, 31 percent of the children were dual language learners, and 25 percent of the FCC caregivers spoke a language other than English. Seventeen percent of children in FCCs had identified disabilities. The sample was purposively selected to ensure a range of family income.

The field test analyses provide psychometric evidence supporting the reliability and validity of the QCIT as a measure of teacher and caregiver quality across different types of settings. Moderate to high-moderate relationships ($r \geq 0.45$) were reported with the expected scales of the ORCE in all settings and with the ITERS-R or the FCCERS-R (depending on setting type). As expected, lower correlations were reported between the QCIT positive domain scores and the ITERS-R and FCCERS-R scales assessing the health and safety environment. Caregiver characteristics for the primary caregiver in the classroom/FCC (such as education level, experience, and caregiver reports of depressive symptoms) had a weak relationship with QCIT scales, and child-adult ratios were not related to any of the QCIT scales (Atkins-Burnett et al., 2015).

Reliability

- Internal consistency reliability: Cronbach's alphas in FCCs were 0.90 or greater for the three positive scales and 0.84 for areas of concern.

- Alternate form reliability: Information not available.

- Test-retest reliability: In FCCs (n = 30), $r = 0.69$ (support for cognitive development) to 0.80 (support for social-emotional development).

- Generalizability: G-coefficients were 0.84 to 0.87 for scale scores with five cycles. G-coefficients were estimated to be greater than 0.80 with four cycles.

- Inter-rater reliability: All observers had greater than 0.80 with videos. In field drift tests in FCCs (n = 11), average 0.84 with a range on the scales from 0.76 (support for language and literacy) to 0.93 (support for social-emotional development).

Validity

- Content validity: The QCIT practices are based on evidence in the research literature. A panel of experts in child development, child care, classroom observation, and the development of home environment quality measures reviewed the QCIT measures.

- Construct validity: confirmatory factor analyses (CFA): Factor structure was consistent across settings. CFA for FCC = both CLI and TLI > 0.90; factor loadings were similar in FCCs and centers (with differences in factor loadings < 0.10), with two exceptions. The factor loading was higher in FCCs than in centers for positive attitudes toward books (0.69 versus 0.59) and for supporting peer interaction/play (0.70 versus 0.59).

  Item response theory analyses confirmed the expected ordering of item difficulty. Rasch reliability for subscales range from 0.89 to 0.93 in FCCs.

- Convergent/discriminant validity:

  – Concurrent validity: Moderate to high-moderate relationships ($r \geq 0.45$) were reported with the expected scales of the ORCE in all settings and with the FCCERS-R in FCCs. Discriminant validity was demonstrated by lower correlations among the three QCIT positive scales and the FCCERS-R scales assessing the health and safety environment. Caregiver characteristics (such as education level, experience, and caregiver reports of depressive symptoms) had a weak relationship with the QCIT scales, and child-adult ratios were not related to any of the QCIT scales (Atkins-Burnett et al., 2015).

  Low to moderate correlations were found with the Infant CLASS and the Toddler CLASS in Early Head Start classrooms (Atkins-Burnett, Xue, & Vogel, 2020).

  QCIT scores were associated with teacher-reported children's behavior problems. Early Head Start teachers in classrooms with stronger support for language and literacy reported that children had fewer behavior problems (Atkins-Burnett, Xue, & Vogel, 2020).

  – Predictive validity: Sensitive to changes in practice related to professional development (Atkins-Burnett, Monahan, et al., 2020).

Strengths

- Strong evidence of reliability and validity in FCCs.

- Appropriate for mixed-age classrooms that include infants or toddlers.

- Assesses peer interaction and sense of belonging.

- Flexible for use in culturally and linguistically diverse settings; guidance for assessing practices among different cultures.

- Aligned with many early learning outcomes frameworks.

- Training, manual, instructions for use, and support available.

Limitations

- Limited age range; would need to be adapted for HBCC providers serving older children.

- The QCIT needs to be validated with a more diverse sample by FCC setting, and program characteristics. Therefore, readers should use caution drawing conclusions about the appropriateness of the measure for different HBCC settings, taking into account characteristics of the setting (such as, ages of children served or care during nontraditional hours or FFN care). More information is needed about providers' personal characteristics (such as, racial, ethnic, backgrounds) in relation to validity.

Key considerations for HBCC

QCIT is limited to quality of care provided for infants and toddlers. An adaptation has been used for FFN programs serving preschoolers, but information about the validity with this group of providers is not available. QCIT does not address quality for school-age children. More research on psychometric properties in HBCC settings is warranted to understand the predictive validity of QCIT in HBCC settings.

Supports for quality improvement that are associated with measure

The QCIT has an associated professional development program called We Grow Together that is under development.

References

Atkins-Burnett, S., Monahan, S., Tarullo, L., Xue, Y., Cavadel, E., Malone, L., and Akers, L. (2015). *Measuring the quality of caregiver-child interactions for infants and toddlers (Q-CCIIT).* OPRE Report 2015-13. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

Atkins-Burnett, S., Monahan, S., Tarullo, L., Barrios, V., Cavadel, E., Hurwitz, F., Kopack Klein, A., Malone, L., and Putnam, M. (2014). *Measuring the quality of caregiver-child interactions with infants and toddlers: The Q-CCIIT user's guide.* Princeton, NJ: Mathematica Policy Research.

Atkins-Burnett, S., Tarullo, L., Monahan, S., Hurwitz. F., Bruursema, T., Li, A., Blesson, E., Cannon, J., De Mond, A., and Heckler, A. (2020). *The We Grow Together professional development system: Final report of the 2019 field test.* OPRE Report #2020-170. Washington, DC: U. S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.

Atkins-Burnett, S., Xue, Y., and Vogel, C. (December 3, 2020). *Understanding quality in Early Head Start infant and toddler classrooms.* Presentation to the National Research Conference on Early Childhood.

Quality of Early Childhood Care Settings (QUEST)

Purpose and context

Purpose: Research

Supports associated with measure: Training

Fields:

Development: HBCC, center-based CCEE

Used in: HBCC, center-based CCEE

HBCC settings: FCC, FFN, relative providers

Adaptations needed for HBCC: No

Measure version: 2005

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 7 features

Provider–child relationships: 4 features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Parent, trained observer

Level of measure: Individual

Data collection methods: Direct observation, document review, checklist

Usability: Training required

Time/length: 120–180 minutes/184 items (Environment Checklist 115 items and Caregiver Rating Scale 69 items)

Languages available: English

Availability:

Level of permission required: Permission required ($)

Cost: $2,500 fee for training (for up to 10 participants)

Publisher: Abt Associates Inc.

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: FCC

Sample size: 642 families using FCC

Sample characteristics: About half of providers Black, 28% White, 17% Hispanic; 81% FCC completed high school with more than a third (37%) attending some college without receiving a four-year degree and 8% with a college degree

Locale: Several U.S. states

Year of development: 2005

Measure performance:

Reliability: 1 (none described)

Validity:

Content: 1 (none described)

Construct: Not available

Concurrent: Not available

Predictive: Not available

Measure profile narrative

Description

"The Caregiver Rating Scale is based on the most up-to-date research on practices that are associated with children's development and learning. The rating scale focuses on caregiver warmth/responsiveness and on caregiver support for the children's development in four important areas—cognitive development, especially language development and early literacy; emotional development; social development; and physical development. This measure was intended for use in a variety of settings from informal care to formal center-based care for children 0 to 5 years of age" (Goodson, Layzer, & Layzer, 2005).

The QUEST measurement battery consists of two measures that assess separately the behaviors and interactions of caregivers with children, the richness of materials and resources in the environment, children's activities and groupings, and the interactions of individual children with each other and with the caregiver. The measures are broad in scope but emphasize aspects of care that are related to positive child outcomes. The measures were developed for use in the National Study of Child Care for Low-Income Families. They can be used as a group or as individual measures and are appropriate for use across all types of settings. For the study, the measures were used in combination with a measure of caregiver affect and responsiveness.

The QUEST "…consists of two measures: The Environment Checklist and the Provider Rating Scale. The Environment Checklist assesses health and safety issues as well as the adequacy and appropriateness of resources in the care environment." It has five subscales: (1) Space and Comfort, (2) Equipment and Materials to Support Developmentally Appropriate Play, (3) Equipment and Materials to Support Language and Literacy Development, (4) Indoor Safety and Health, and (5) Daily Routines. The Provider Rating Scale (also called the Caregiver Rating Scale, which is the name we use throughout the rest of this profile) assesses caregiver interactions and behaviors and is organized into six subscales: (1) Caregiver with Children, (2) Supporting Play, (3) Supporting Social-Emotional Development, (4) Supporting Language Development and Early Literacy, (5) Supporting Cognitive Development, and (6) Television and Computers. Observers rate each item from 1 (not true; rarely true; little/no evidence) to 3 (usually/always true; consistent evidence).

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 7 features

   – Indoor spaces: Distinct subscales in Environmental Checklist: Space and Comfort (10 items); Indoor Safety and Health (19 items)

   – Outdoor spaces: 1 item in Environmental Checklist: Equipment and Materials to Support Developmentally Appropriate Play: Outdoor Toys and Equipment

   – Health and nutrition: Distinct subscale in Environmental Checklist: Daily Routines: 19 items under the subcategory of Food Preparation, Snack and Meals, Toileting

   – Safety: Distinct subscales in Environmental Checklist: Indoor Safety and Health (19 items); 1 item in Space and Comfort (Materials that children can reach on their own can be used safely); 4 items in Caregiver Rating Scale: Caregiver with Children

– Organized environment: Distinct subscales in Environmental Checklist: Space and Comfort (10 items); Equipment and Materials to Support Developmentally Appropriate Play (6–9 items depending on age); Equipment and Materials to Support Language and Literacy Development (12 items)

– Structured activities: 11 items in Caregiver Rating Scale: 11 items under Supporting Cognitive Development, subcategory of Learning Activities and Opportunities

– Unstructured activities: Distinct subscale in Environmental Checklist: Daily Routines (21 items): Distinct subscale in Environmental Checklist: Equipment and Materials to Support Developmentally Appropriate Play (6–9 items depending on age), 4 items in Caregiver Rating Scale under Supporting Play

2. Provider–child relationships: 4 features

– Support for emotional development: Distinct subscale in Caregiver Rating Scale: Supporting Social-Emotional Development (8 items)

– Support for cognitive development: Distinct subscale in Caregiver Rating Scale: Supporting Cognitive Development (16 items)

– Support for language and literacy: Distinct subscale in Caregiver Rating Scale: Supporting Language Development and Early Literacy (11 items), Distinct subscale in Environmental Checklist: Equipment and Materials to Support Language and Literacy Development (12 items)

– Close provider–child relationships: Distinct subscale in Caregiver Rating Scale: Caregiver with Children (28 items)

3. Provider–family relationships: 0 features

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

Observers use a scale from 1 (not true; little or no evidence) to 3 (usually/always true; consistent evidence) to rate each item. Each item in the measure has definitions and examples for each scale point. "The recommended procedure for completing the scale involves three steps: First, the observer collects data on the caregiver's behavior over the entire observation period but only completes the ratings provisionally as additional relevant evidence is observed. Second, at the end of the entire observation period, the observer reviews the provisional codes, revising as needed, and selects a final rating for each code. Third, in the final step in the coding, the observer completes the nine summary ratings at the end of the rating scale."

Development sample

The QUEST was developed for use in the National Study of Child Care for Low Income Families. A major component of the study was a longitudinal study of 642 families using family child care for their children ages 1 to 9 years and of the family child care providers themselves. Given that one of the study goals was to include a large number of informal providers as well as settings serving children at different ages across a wide age range (some of the children would

be followed as they moved into center-based settings), the developers could not find any existing measures that were suitable for use across these varied settings. To accommodate this diversity, they drew from other measures and used a multimethod approach. About half of the providers in the sample identified themselves as Black: 28 percent as White, non-Hispanic: 17 percent as Hispanic; and the remainder as Asian/Pacific Islander or of mixed ethnicity. The majority of the family child care providers (81 percent) had completed high school. Of those, more than a third (37 percent) had attended some college without receiving a four-year degree, and another 8 percent had a college degree. Twenty percent of the families had an annual household income of less than $10,000, almost half (46 percent) had an annual income between $10,000 and $20,000, and almost one-quarter (22 percent) had an annual income between $20,000 and $30,000. Less than 10 percent had an income over $30,000. With respect to household size, 43 percent of all families had an income below the 2001 federal poverty level.

Reliability

- Internal consistency reliability: Information not available.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: 85 percent agreement or better on individual items.

Validity

- Content validity: Information not available.

- Construct validity: Information not available.

- Convergent/discriminant validity:

    – Concurrent validity: Information not available.

    – Predictive validity: Information not available.

Strengths

- Used in HBCC settings, including informal settings such as grandparent care, and in other FFN care settings.

- Similar to the CCAT-R, the QUEST identifies areas of strengths in FFN care (Susman-Stillman & Banghart, 2011).

Limitations

- No reliability and validity evidence.

Key considerations for HBCC

The QUEST was developed for use in the National Study of Child Care for Low Income Families. The study followed children when they moved from HBCC (including FFN) into center-based settings. The QUEST has been used in other studies of FFN.

Supports for quality improvement that are associated with measure

Information not available.

References

Goodson, B. D., Layzer, J. I., & Layzer, C. J. (2005). *Quality of early childhood care settings: Caregiver Rating Scale (QUEST).* Cambridge, MA: Abt Associates, Inc.

Neunning, M., Weinstein, D., Halle, T., Martin, L., Tout, K., Wandner, L., Whittaker, J. V., See, H., McSwiggan, M., Fletcher, M., Sherman, J., Hair, E., & Burkhauser, M. (2010). *Quality in early childhood care and education settings: A compendium of measures.* Washington, DC: Child Trends. Prepared by Child Trends for the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. https://www.acf.hhs.gov/opre/report/quality-early-childhood-care-and-education-settings-compendium-measures-second-edition.

Susman-Stillman, A.R., & Banghart, P. (2011, May). *Quality in family, friend, and neighbor child care settings.* Child Care & Early Education Research Connections. https://www.researchconnections.org/sites/default/files/pdf/rc14340.pdf.

Quality Seal

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Training

Fields:

Development: Expanded Learning Opportunities (ELO): licensed family homes and center-based CCEE, 21st CCLC programs, after school programs

Used in: ELO: licensed family homes and center-based CCEE, 21st CCLC programs, after school programs

HBCC settings: FCC (licensed)

Adaptations needed for HBCC: More information available*

Measure version: 2017

* We did not have access to the specific items

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 4 features*

Provider–child relationships: 3 features*

Provider–family relationships: 3 features*

Conditions for operations and sustainability: 1 feature*

Provider characteristics: 0 features*

Neighborhood characteristics: 0 features*

* Based on assumptions, as we had access only to broad domains.

Administration and availability

Administration characteristics:

Respondent: Trained observer

Level of measure: Site

Data collection methods: Self-report (interview), direct observation, document review

Usability: 3-day training, training required for observers

Time/length: Information not available

Languages available: English

Availability:

Level of permission required: Published (contact authors)

Cost: Information not available (contact authors)

Publisher: Cultivate Learning

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: FCC (licensed), center-based CCEE (licensed), after-school programs, 21st CCLC programs

Sample size: 50 programs

Sample characteristics: Majority of practitioners had "some college" and worked 1– 5 years in the field

Locale: Washington state

Year of development: 2016–2017

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 3 (expert reviewed and research evidence-based)

Construct: Available

Concurrent: Available

Predictive: Available

Measure profile narrative

Description

The Quality Seal is a tool developed and validated by Cultivate Learning to measure Expanded Learning Opportunity (ELO) program quality. It provides a unified assessment tool for both school-age and youth populations to assess ELO quality specifically for Out of School Time (OST) programs. The measure is composed of the "5 Big Domains" of program quality identified by experts and reported in the literature: Social and Emotional Support; Relationships; Program Offering and Activities; Assessment, Planning, and Organizational Structure; and Family, School, and Community Connections. There are four to nine items within each domain, and each item is assessed by using one or two out of three possible data collection methods: observation, interview, or document analysis. Observation methods assess the quality of the items in the first three domains, and interviews and document analysis assess the quality of the items in the last two domains.

Alignment with HBCCSQ conceptual framework

The specific list of items is not available for review—only the domains and the topics that fall under each domain. We used the revised Quality Seal list of domains and topics to identify conceptual framework areas that may be measured.

1. Home setting and learning environments: 4 features

   – Supportive program policies: Domain IV: Assessment, Planning, and Organizational Structure

   – Structured activities: Domain III: Program Offering and Activities

   – Unstructured activities: Domain III: Program Offering and Activities

   – Curriculum: Domain III: Program Offering and Activities

2. Provider–child relationships: 3 features

   – Support for emotional development: Domain I: Social and Emotional Support

   – Support for social development and peer interactions: Domain I: Social and Emotional Support, Domain II: Relationships

   – Close provider–child relationships: Domain II: Relationships

3. Provider–family relationships: 3 features

   – Reciprocal communication: Domain V: Family, School, and Community Connections

   – Promoting a sense of community and connection: Domain V: Family, School, and Community Connections

   – Facilitating and connecting child care patchwork for families: Domain V: Family, School, and Community Connections

4. Conditions for operations and sustainability: 1 feature

   – Access to professional resources: Domain IV: Assessment, Planning, and Organizational Structure

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

This measure is composed of "5 Big Domains" as follows: I. Social and Emotional Support, II. Relationships, III. Program Offering and Activities, IV. Assessment, Planning and Organizational Structure, and V. Family, School and Community Connections. There are four to nine items associated with each domain, and each item is assessed by using one or two out of three possible data collection methods: observation, interview, or document analysis. Observation methods are used to assess the quality of the items in the first three domains, and interviews and document analysis are used to assess the quality of the items in the last two domains. The Quality Seal follows an interval continuous rating system, 1 through 3, with 1 indicating low quality and 3 indicating high quality.

Development sample

The development sample included 50 sites in four counties across Washington state. Practitioners worked in a variety of ELO programs, such as licensed FCCs, licensed center-based CCEE, after-school programs, and 21st CCLC programs. Forty-five of the 50 sites completed information about their practitioners' experience and educational background. The majority of practitioners had worked at their program for 5 or fewer years, with 18 practitioners working at their particular program for up to 1 year, and 17 practitioners working at their program for 2 to 5 years. Ten practitioners had worked in their program for 6 or more years. The majority of practitioners had either some college experience (n = 24) or held a bachelor's degree and higher (n = 19).

Reliability

- Internal consistency reliability: Reliability was stronger in the pre-test with, high internal consistency (Cronbach's alpha = 0.86, than in the post-test with the same item set (Cronbach's alpha = 0.68). The post-test included new items (Behavioral Expectations, Understanding Youth, Metacognition, Modeling, Planning, Feedback to Youth, Long-Term Outcomes). With these additional items, the post-test overall internal consistency increases to an acceptable level (Cronbach's alpha = 0.73).

  Zero order and negative item-total correlations for some items suggest that an overall score may not be appropriate or that the items may need revising.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Mean pre-assessment rater agreement was 0.88 (ranging from 0.76 to 0.99); mean post-assessment rater agreement was 0.81 (ranging from 0.50 to 0.99). Raters who scored below acceptable reliability participated in additional training.

Validity

- Content validity: Quality Seal was developed based on literature review of existing tools, frameworks of child development, and research on socio-emotional learning, and in consultation with experts.

- Construct validity: Exploratory factor analysis indicated four rather than five domains.

- Convergent/discriminant validity:

  - Concurrent validity: The convergent validity using Spearman *rho* between the Quality Seal and Youth Program Quality Assessment (PQA; Smith & Hohmann, 2005) for the pre-assessment data ($r = 0.54$). Based on the factor analysis results, the Quality Seal and Youth PQA total scores had Spearman *rho* correlations of $r = 0.63$. For the post-assessment data, the convergent validity with overall scores was absent ($r = 0.01$), and the Quality Seal total score based on four factors was also not significantly related to the Youth PQA ($r = 0.24$). The developers also attempted to evaluate the convergent validity further with the Early Achievers Quality Rating and Improvement System (QRIS), but the results were inconclusive because of limited power with a sample size of only 10 sites.

  - Predictive validity: The overall PQA and two subscales (Safe Environment and Engagement) detected a change in quality after intervention.

Strengths

- Used in and designed for used with school-age children, including some HBCC.

Limitations

- Limited evidence of reliability and validity; validity not evaluated with early school-age children.

- Limited information is available on teacher demographic, setting, and program characteristics for the development sample. Therefore, readers should use caution drawing conclusions about the appropriateness of the measure for different HBCC settings, taking into account characteristics of the setting (such as, ages of children served or care during nontraditional hours) and providers' personal characteristics (such as, racial, ethnic, linguistic backgrounds).

- Scoring criteria for each of the items are not specified in the final report.

- As a broad measure, the tool might need some adaptation to be fully relevant to HBCCs. It is designed for ELOs, which encompass licensed family homes and child care centers, 21st CCLC, and after-school programs. The sample included only five FCCs.

Key considerations for HBCC

No key considerations.

Supports for quality improvement that are associated with measure

Quality Seal is a quality assessment tool and protocol for state accountability systems. It permits states to identify the quality of after-school/out-of-school programs to support quality improvement and to develop or maintain high quality practices in extended learning opportunities.

References

Joseph, G. E., Branson Thayer, M., Semu, B., Hassairi, N., Zeng, S., & Porter, A. (2017). *Expanded Learning Opportunity Quality Initiative Pilot Evaluation Study report.* Seattle: Cultivate Learning at the University of Washington.

Smith, C., & Hohmann, C. (2005). *Full findings from the Youth PQA validation study.* Ypsilanti, MI: High/Scope Educational Research Foundation.

School-Age and Youth Program Quality Assessments® (School-Age PQA and Youth PQA)

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Manual, training, workshops

Fields:

Development: Youth-serving programs

Used in: Youth-serving programs

HBCC settings: None

Adaptations needed for HBCC: Yes

Measure version: 2012

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 8 features

Provider–child relationships: 5 features

Provider–family relationships: 2 features

Conditions for operations and sustainability: 2 features

Provider characteristics: 3 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider, trained observer

Level of measure: Site, classroom

Data collection methods: Self-report, report from others, direct observation, rating or rubric

Usability: Training required, online scoring tool available

Time/length: Varies/Form A has 19 scales; Form B has 12 scales

Languages available: English

Availability:

Level of permission required: Permission required ($)

Cost:

Measure materials are free and available to download on the measure website

Training and other costs vary (contact publisher)

Publisher: David P. Weikart Center for Youth Program Quality

Measure website: https://forumfyi.org/weikartcenter/assessments/

Technical information

Development sample:

Settings: Youth-serving programs

Sample size: 59 youth-serving organizations

Sample characteristics: Youth ranged from ages 10 to 18; 30–40% Caucasian and African-American, 8-11% Latino, and 10% Other

Locale: Michigan

Year of development: 2003–2005

Measure performance:

Reliability: 2 (all or mostly under minimum acceptability ratings—0.70)

Validity:

Content: 2 (expert reviewed)

Construct: Available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The School-Age Program Quality Assessment (PQA)® is based on the Youth Program Quality Assessment (PQA)®, an instrument designed to measure the "quality of youth programs and identify staff training needs." The Youth PQA is intended for youth in grades 4 through 12 while the School-Age PQA is tailored to be developmentally appropriate for school-age children in kindergarten through grade 12. It is designed for settings in which youth interact with adults outside of school (for example, camps and after-school programs). Therefore, adaptations are needed to identify and/or modify items appropriate for HBCC settings.

The School-Age PQA assesses the following domains: Safe environment, Supportive environment, Interaction, Engagement, Youth-centered policies and practices, High expectations for youth and staff, and Access. Each domain contains items that focus on a specific best practice. Assessors, either program staff or external trained assessors, gather evidence to score the School-Age PQA items through direct observation and interviews with a program administrator. The School-Age PQA self-assessment process allows program staff to self-assess their programs and build professional competencies.

For self-assessments, a "site leader" participates in a basic training and leads a team of assessors to complete observations in all "program offerings." For external assessments, a trained, reliable external assessor visits a site to observe a single program offering and score a PQA based on the observation. The David P. Weikart Center for Youth Program Quality hosts two-day training sessions for external assessors as well as training-of-trainer, consultant, and quality coaching workshops (School-Age PQA Form A, 2018).

Alignment with HBCCSQ conceptual framework

The School-Age PQA uses two forms to score items. Form A focuses on Program Offerings and includes 19 scales (each scale contains items) across four domains: I. Safe Environment; II. Supportive Environment; III. Interaction; and IV. Engagement. Form B focuses on Organizational Structure and includes three domains that contain 12 scales (each scale contains items): V. Youth-Centered Policies and Practices; VI. High Expectations for Youth and Staff; and VII. Access.

1. Home setting and learning environments: 8 features

    – Group size and ratios: 4 items in Form B: VII. Access: Consistent Staff Presence (4 items)

    – Indoor spaces: 2 scales (9 items) in Form A: I. Safe Environment: Accommodating Environment (5 items), II. Supportive Environment: Child-Centered Space (4 items)

    – Health and nutrition: 2 scales (8 items) in Form A: I. Safe Environment: Healthy Environment (5 items); Nourishment (3 items)

    – Safety: 2 scales (10 items) in Form A: I. Safe Environment: Healthy Environment (4 items); Emergency Preparedness (6 items)

- Organized environment: 2 scales (10 items) in Form A: I. Safe Environment: Accommodating Environment (5 items), II. Supportive Environment: Session Flow (5 items)

- Family-like setting: 1 scale (4 items) in Form A and 1 scale (3 items) in Form B: II. Supportive Environment: Child-Centered Space (4 items), VI. High Expectations for Youth and Staff: Supportive Social Norms (3 items)

- Structured activities: 2 scales (7 items) in Form A: II. Supportive Environment: Session Flow (5 items), III. Interaction: Belonging (items 1 and 4)

- Unstructured activities: 2 scales (4 items) in Form A: II. Supportive Environment: Session Flow (2 items), IV. Engagement: Responsibility (2 items)

2. Provider–child relationships: 5 features

- Support for emotional development: Distinct subscale and 1 scale (6 items) in Form A: I. Safe Environment: Emotional Safety (2 items), III. Interaction: Managing Feelings (1 scale and 4 items)

- Support for cognitive development: Distinct subscale and 3 scales (21 items) in Form A: II. Supportive Environment: Active Engagement (3 items); Skill-Building (5 items), III. Interaction: School-Age Leadership (3 items), IV. Engagement (4 scales and 10 items)

- Support for social development and peer interactions: 2 scales (7 items) in Form A: III. Interaction: Belonging (4 items); School-Age Leadership (3 items)

- Close provider–child relationships: 5 scales (19 items) in Forms A and B: II Supportive Environment: Warm Welcome (3 items); Encouragement (2 items), III. Interaction: Interaction with Adults (4 items), VI. High Expectations for Youth and Staff: Supportive Social Norms (3 items); High Expectations for Youth (2 items)

- Close child–child relationships: 1 scale (4 items) in Form A: III. Interaction: Belonging (4 items)

3. Provider–family relationships: 2 features

- Reciprocal communication: 1 scale (3 items) in Form B: VII. Access: Families, Schools, Communities (3 items)

- Promoting a sense of community and connection: 2 scales (6 items) in Form B: VII. Access: Barriers Addressed (3 items); Families, Schools, Communities (3 items)

4. Conditions for operations and sustainability: 2 features

- Business practices: 1 scale (4 items) in Form B: VI. High Expectations for Youth and Staff: Continuous Improvement (4 items)

- Access to professional resources: 1 scale (5 items) in Form B: VI. High Expectations for Youth and Staff: Staff Development (5 items)

5. Provider characteristics: 3 features

   – Education level: 1 scale (2 items) in Form B: V. Youth-Centered Policies and Practices: Staff Qualifications (2 items)

   – Prior training: 1 scale (3 items) in Form B: V. Youth-Centered Policies and Practices: Staff Qualifications (3 items)

   – Years of experience: 1 scale (2 items) in Form B: V. Youth-Centered Policies and Practices: Staff Qualifications (2 items)

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

Assessors complete the School-Age PQA Form A in every "program offering" or "all group-based activities that occur over time with the same staff, same kids, and same purpose" (School-Age PQA Form A, 2018).The School-Age PQA produces scores at the "offering level" by scoring observational evidence for each of the quality rubrics that make up the four observational scales (I through IV). "Organization level" scores are generated by scoring evidence from the program administrator interview questions on the rubrics that make up the three interview subscales (V through VII). These scores pertain to the quality dimensions of the whole organization (including all of its offerings) that must be captured through interview because they cannot be efficiently observed. The School-Age PQA produces scores at the item, scale, and domain levels. "All scores beyond the item level are created using mathematical means, or averages. Scales are averages of items, and domains are averages of scales. Scale score refers to the average of the scores (one per item) that make up a scale. For example, the Healthy Environment scale has four items that can be scored as 1, 3 or 5 and then averaged for a scale score. Domain score is the average of scale scores for each domain I–VII. For example, the domain 'I. Safe Environment' contains five scale scores to be averaged for a domain score" (School-Age PQA Form A, 2018).

After scoring the items in Form A of the School-Age PQA, the scores may be entered into the online Scores Reporter. The School-Age PQA Forms A and B produce item scores that are combined to create an overall "program quality profile" (School-Age PQA Form A, 2018). The online Scores Reporter is a web-based data reporting application for entering scores, producing reports, and storing data over time.

Reliability

- Internal consistency reliability: Information about the School-Age PQA is not available, although most of the items are drawn from the Youth PQA. The Youth PQA has Cronbach's alphas for Subscales II, III, IV, V, and VI that are above 0.70 (ranging between 0.71 and 0.85). Two subscales (I. Safe Environment and VII. Access) are below 0.70 (Smith & Hohmann, 2005).

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: The Youth PQA has average percentage perfect agreement across all indicators in an item (scale), ranging from 50 to 80 percent; ICCs for paired raters on the observational subscales range from 0.48 to 0.83. ICCs for paired raters on the interview subscales range from 0.51 and 0.90 (Smith & Hohmann, 2005).

Validity

- Content validity: The measure was reviewed by stakeholders during development.

- Construct validity: The Youth PQA contains six theoretically derived constructs (scales) that were confirmed by factor analyses and replicated on two waves of data. In general, the Youth PQA observational subscales are related, but empirically distinguishable, constructs. In each model, 60 percent or more of the score variance is explained by the derived constructs (Smith & Hohmann, 2005).

- Convergent/discriminant validity:

  – Concurrent validity: The Youth PQA was administered along with the Youth Development Strategies, Inc., (YDSI) Youth Survey. The Youth PQA interview total score has a moderate to strong correlation (r = 0.47 to 0.75 in two waves of data collection) with the Youth Survey total score. Across both waves of data, the Youth PQA observation subscale scores for safe environment, supportive environment, interaction, and engagement have moderate to strong correlations with aligned subscales on the Youth Survey (r = 0.32 to 0.69). The interview subscale score for youth-centered policies and practices has moderate to strong correlations with aligned subscales on the Youth Survey (Smith & Hohmann, 2005).

    The authors also used the youth survey to look at convergent validity of Youth PQA scores and youth attitudes and beliefs (all in time 1). They found several subscales to be positively related when controlling for gender, minority status, and frequency of attendance. The Youth PQA interaction subscale is positively related to youth reports that "they are involved in decision making in the program"; the engagement subscale is positively related to youth reports that "they are able to give back to their community"; and the engagement subscale is positively related to youth reports that "they experience growth as a result of program attendance." The Youth PQA total score (subscales II through IV) is positively related to the Youth Survey Total Score. However, the Youth PQA "engagement subscale was not a consistent and significant predictor of the youth interest in the program and youth sense of being challenged by the program" (Smith & Hohmann, 2005).

  – Predictive validity: Information not available.

Strengths

- Assesses both organizational structure and provider–child interactions.

- Assesses features on conditions for operations and sustainability, and close child–child relationships.

- Appropriate for use in programs serving school-age children (designed for children in kindergarten through grade 4).

- Training, manual, instructions for use, and support available.

Limitations

- Not designed to measure quality in HBCC settings.

- Not used in full-day programs.

- Psychometric evidence from the Youth PQA with older children.

Key considerations for HBCC

The School-Age PQA has not been used to measure quality in child care settings. Research on psychometric properties in HBCC settings is warranted to understand the validity of the School-Age PQA in HBCC settings.

Supports for quality improvement that are associated with measure

The David P. Weikart Center for Youth Program Quality hosts training-of-trainer, consultant, and quality coaching workshops. The Youth and School-Age PQAs are used in conjunction with the Youth Program Quality Intervention.

References

Center for Youth Program Quality. (n.d.) *David P. Weikart Center for Youth Program Quality.* https://forumfyi.org/weikartcenter/.

David P. Weikart Center for Youth Program Quality. (2018). *School-Age Program Quality Assessment. Form A.* Ypsilanti, MI: Weikart Center for Youth Program Quality.

David P. Weikart Center for Youth Program Quality. (2018). *School-Age Program Quality Assessment. Form B.* Ypsilanti, MI: Weikart Center for Youth Program Quality.

Smith, C., & Hohmann, C. (2005). *Full findings from the Youth Program Quality Assessment validation study.* Ypsilanti, MI: High/Scope Educational Research Foundation.

Self-Efficacy on Business Management Knowledge and Skills

Purpose and context

Purpose: Research

Supports associated with measure: Information not available

Fields:

    Development: FCC, center-based CCEE

    Used in: HBCC, center-based CCEE (small)

    HBCC settings: FCC (small and large)

    Adaptations needed for HBCC: No

Measure version: 2020

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 0 features

Provider–child relationships: 0 features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 1 feature

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

    Respondent: Provider

    Level of measure: Individual

    Data collection methods: Self-report

    Usability: No requirements

    Time/length: No estimated time/5 items

    Languages available: English, Spanish

Availability:

    Level of permission required: Published (contact authors)

    Cost: None

    Publisher: Information not available (contact authors)

    Measure website: Information not available (contact authors)

Technical information

Development sample:

    Settings: FCC (small and large), center-based CCEE (small)

    Sample size: 34 small child care business providers

    Sample characteristics: Diverse, 84% speak non-English language; 24% bachelor's or higher; 58% more than 10 years experience

    Locale: Boston, Massachusetts

    Year of development: Information not available

Measure performance:

    Reliability: 3 (meets minimum acceptability ratings—0.70)

    Validity:

        Content: 1 (none described)

        Construct: Not available

        Concurrent: Not available

        Predictive: Available

Measure profile narrative

Description

The Self-Efficacy on Business Management Knowledge and Skills scale (Zeng et al., 2021) consists of five items that measures a provider's levels of confidence in the following activities: (1) managing the business, (2) using technology to help run the business, (3) using marketing tools, (4) creating a budget, and (5) managing a budget.

The scale is intended for studying the efficacy and feasibility of the Small Business Innovation Course (SBIC), a group-based intervention to promote CCEE providers' self-efficacy in business management and leadership. It is not intended for measuring child care quality. The pilot study collected data for the scale from a paper questionnaire distributed to participants before and after their participation in the 14-week SBIC. The authors also developed a 7-item Self-Efficacy on Professional Entrepreneurship scale that participants answered on the same questionnaire.

Alignment with HBCCSQ conceptual framework

The Self-Efficacy on Business Management Knowledge and Skills scale measures the provider's levels of confidence in the following five activities: (1) managing the business, (2) using technology to help run the business, (3) using marketing tools, (4) creating a budget, and (5) managing a budget.

1. Home setting and learning environments: 0 features

2. Provider–child relationships: 0 features

3. Provider–family relationships: 0 features

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 1 feature

   – Professional identity: 5 items: (1) managing my business, (2) using technology to help run my business, (3) using marketing tools, (4) creating a budget, and (5) managing a budget

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

A 5-point Likert-type scale (1 = not at all confident to 5 = extremely confident) was used to self-report respondents' levels of self-efficacy. The business management construct was based on the average score of these five items. Higher scores indicate higher levels of self-efficacy in the provider's own business management knowledge and skills.

Development sample

Psychometric information for the Self-Efficacy on Business Management Knowledge and Skills scale was based on data collected in a pilot study of the Small Business Innovation Course (SBIC), a group-based intervention to promote CCEE providers' self-efficacy in business management and leadership. The sample consisted of 34 small child care business providers serving high-poverty communities in the Boston area. Participants consisted of FCC businesses

with a licensed capacity of fewer than 10 children (79 percent) and small-group and center-based child care providers (15 percent).

Inclusion criteria for enrollment included the following: "(a) Serving low-income communities or over 50% of enrollment are children of color; (b) Located in the City of Boston; (c) Desire to improve financial operations and program quality" (Zeng et al., 2021). Most of the participants were women (94 percent) and non-White. Most participants (84 percent) reported speaking a language other than English (either alone or in addition to English). Most participants did not yet have a college degree: 15 percent of the participants' highest educational level was high school graduation, 42 percent had some college education, and 24 percent had earned at least a bachelor's degree. More than half of the providers had greater than 10 years of experience: 44 percent reported that they had been in the business for fewer than 10 years, 32 percent for more than 10 years, and 26 percent for more than 20 years (Zeng et al., 2021).

The scale was created for the purpose of this study; no other published studies have used the scale.

Reliability

- Internal consistency reliability: Cronbach's alpha of construct 0.76.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Information not available.

Validity

- Content validity: According to the authors, items for the scale were based on a review of relevant literature (Zeng et al., 2021).

- Construct validity: Information not available.

- Convergent/discriminant validity:

  – Concurrent validity: Information not available.

  – Predictive validity: Self-Efficacy on Business Management Knowledge and Skills was sensitive to change in relation to a professional development opportunity in business management.

Strengths

- Assesses features of providers' professional identity related to business practices and conditions for operations and sustainability.

- Used and tested in HBCC settings.

Limitations

- Used and tested in a small sample of HBCC settings.

Key considerations for HBCC

The Self-Efficacy on Business Management Knowledge and Skills scale has been used and tested only in a small sample of HBCC settings for a pilot study. More research is needed on the scale's psychometric properties in HBCC settings in order to understand how the scale relates to sustainability and quality in HBCC settings.

Supports for quality improvement that are associated with measure

No supports available.

Reference

Zeng, S., Douglass, A., Lee, Y., & DelVecchio, B. (2021). Preliminary efficacy and feasibility of a business leadership training program for small child care providers. *Early Childhood Education Journal, 49*, 27–36. https://doi.org/10.1007/s10643-020-01046-4.

Self-Efficacy on Professional Entrepreneurship

Purpose and context

Purpose: Research

Supports associated with measure: Information not available

Fields:

Development: FCC, center-based CCEE

Used in: HBCC, center-based CCEE (small)

HBCC settings: FCC (small and large)

Adaptations needed for HBCC: No

Measure version: 2020

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 0 features

Provider–child relationships: 0 features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 1 feature

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider

Level of measure: Individual

Data collection methods: Self-report

Usability: No requirements

Time/length: No estimated time/5 items

Languages available: English, Spanish

Availability:

Level of permission required: Published (contact authors)

Cost: None

Publisher: Information not available (contact authors)

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: FCC (small and large), center-based CCEE (small)

Sample size: 34 small child care business providers

Sample characteristics: Diverse, 84% speak non-English language; 24% bachelor's or higher; 58% more than 10 years experience

Locale: Boston, Massachusetts

Year of development: Information not available

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 2 (research based)

Construct: Not available

Concurrent: Not available

Predictive: Not available

Measure profile narrative

Description

The Self-Efficacy on Professional Entrepreneurship scale (Zeng et al., 2021) consists of seven statements that measure providers' levels of self-efficacy for the following seven items: (1) their professional reputation, (2) respect from colleagues, (3) confidence in their own ideas and capacities, (4) own identification as a leader or entrepreneur, (5) identification as an influencer, (6) identification as a change agent, and (7) active participation in a "community or network that supports my leadership for change."

The scale was created to study the efficacy and feasibility of the Small Business Innovation Course (SBIC), a group-based intervention to promote CCEE providers' self-efficacy in business management and leadership. It is not intended for measuring child care quality. The pilot study collected data for the scale from a paper questionnaire distributed to participants before and after their participation in the 14-week SBIC. The authors also developed a 5-item Self-Efficacy on Business Management Knowledge and Skills scale that participants answered on the same questionnaire.

Alignment with HBCCSQ conceptual framework

The Self-Efficacy on Professional Entrepreneurship scale measures providers' self-perceptions related to (1) their professional reputation, (2) respect from colleagues, (3) confidence in their own ideas and capacities, (4) own identification as a leader or entrepreneur, (5) identification as an influencer, (6) identification as a change agent, and (7) active participation in a "community or network that supports my leadership for change."

1. Home setting and learning environments: 0 features

2. Provider–child relationships: 0 features

3. Provider–family relationships: 0 features

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 1 feature

    – Professional identity: 7 items: (1) their professional reputation, (2) respect from colleagues, (3) confidence in their own ideas and capacities, (4) own identification as a leader or entrepreneur, (5) identification as an influencer, (6) identification as a change agent, and (7) active participation in a "community or network that supports my leadership for change"

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

A 5-point Likert-type scale (1 = not at all confident to 5 = extremely confident) was used to self-report respondents' levels of self-efficacy. The business management construct was created by calculating the average score of these five items. Higher scores indicate higher levels of self-efficacy in the provider's business management knowledge and skills.

Development sample

Psychometric information for the Self-Efficacy on Professional Entrepreneurship scale comes from data collected in a pilot study of the Small Business Innovation Course (SBIC), a group-based intervention to promote CCEE providers' self-efficacy in business management and leadership. The sample included 34 small child care business providers serving high-poverty communities in the Boston area. Participants consisted of 79 percent FCC businesses with a licensed capacity of fewer than 10 children and 15 percent small-group and center-based child care providers.

Inclusion criteria for enrollment included the following: "(a) Serving low-income communities or over 50% of enrollment are children of color; (b) Located in the City of Boston; (c) Desire to improve financial operations and program quality" (Zeng et al., 2021). Most participants were women (94 percent) and non-White. Most participants (84 percent) reported speaking a language other than English (either alone or in addition to English). Most participants did not yet have a college degree: 15 percent of the participants' highest educational level was high school graduation, 42 percent had some college education, and 24 percent had earned at least a bachelor's degree. More than half of the providers had greater than 10 years of experience: 44 percent reported that they had been in the business fewer than 10 years, 32 percent for more than 10 years, and 26 percent for more than 20 years (Zeng et al., 2021).

The scale was created for the purpose of this study and no other published studies have used it.

Reliability

- Internal consistency reliability: Cronbach's alpha of construct 0.76.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Information not available.

Validity

- Content validity: According to the authors, the items in this scale were based on existing and validated measures (Maslach & Tackson, 1981; Short & Renehart, 1992; Villa & Calvete, 2001). "After expert review, the wording of some items was adapted to reflect participants' ECE business settings" (Zeng et al., 2021).

- Construct validity: Information not available.

- Convergent/discriminant validity:
    – Concurrent validity: Information not available.
    – Predictive validity: Information not available.

Strengths

- Assesses features of providers' professional identity related to owning and running a small business.

- Used and tested in HBCC settings.

Limitations

- Used and tested only in a small sample of HBCC settings.

Key considerations for HBCC

The Self-Efficacy on Professional Entrepreneurship scale has been used and tested only in a small sample of HBCC settings for a pilot study. More research is needed on the scale's psychometric properties in order to understand how the scale relates to quality in HBCC settings.

Supports for quality improvement that are associated with measure

No supports available.

References

Maslach, C., & Tackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior, 2,* 99–113. https://doi.org/10.1002/job.4030020205.

Short, P. M., & Renehart, J. S. (1992). School participant empowerment scale: Assessment of level of empowerment within the school environment. *Educational and Psychological Measurement, 52,* 951–960. https://doi.org/10.1177/0013164492052004018.

Villa, A., & Calvete, E. (2001). Development of the teacher self-concept evaluation scale and its relation to burnout. *Studies in Education Evaluation, 27,* 239–255. https://doi.org/10.1016/S0191-491X(01)00028-1.

Zeng, S., Douglass, A., Lee, Y., & DelVecchio, B. (2021). Preliminary efficacy and feasibility of a business leadership training program for small child care providers. *Early Childhood Education Journal, 49*, 27–36. https://doi.org/10.1007/s10643-020-01046-4.

Strengths-Based Practices Inventory (SBPI)

Purpose and context

Purpose: Research

Supports associated with measure: None

Fields:

Development: CCEE and family support programs

Used in: CCEE and family support programs

HBCC settings: None

Adaptations needed for HBCC: Yes

Measure version: 2004

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 1 feature

Provider–child relationships: 0 features

Provider–family relationships: 4 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Parent

Level of measure: Individual

Data collection methods: Report from others (parents)

Usability: No requirements

Time/length: No estimated time/16 items

Languages available: English

Availability:

Level of permission required: Published (contact authors)

Cost: Information not available (contact authors)

Publisher: Information not available (contact authors)

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: Early Head Start programs

Sample size: 275 parents

Sample characteristics: All at or below federal poverty guidelines; 26% Caucasian

Locale: United States

Year of development: Information not available

Measure performance:

Reliability: 3 (meets minimum acceptability ratings—0.70)

Validity:

Content: 2 (research based)

Construct: Available

Concurrent: Available

Predictive: Not available

Measure profile narrative

Description

The Strengths-Based Practices Inventory (SBPI) is a parent report tool that measures the extent to which early childhood program services use a strengths-based model in practice. Parents rate statements about the services received from their service provider on a 7-point agreement scale. The goal for development of the measure was to create a reliable and valid tool that would identify how strengths-based approaches lead to positive outcomes for children and families. The SBPI encompasses 16 items across four factors (Empowerment Approach, Cultural Competency, Staff Sensitivity-Knowledge, and Relationship-Supportive).

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 1 feature

    – Cultural and linguistic congruence: 3 items–Factor 2: Cultural Competency (6, 7, 8)

2. Provider–child relationships: 0 features

3. Provider–family relationships: 4 features

    – Reciprocal communication: 1 item–Factor 1: Empowerment Approach (3)

    – Providing parent reducation: 5 items–Factor 1: Empowerment Approach (1, 2, 3, 4, 5)

    – Promoting a sense of community and connection: 4 items–Factor 4: Relationship-Supportive (13, 14, 15, 16)

    – Helping parents with non-child-care tasks: 7 items–Factor 1: Empowerment Approach (1, 2, 3, 4, 5), Factor 3: Staff Sensitivity-Knowledge (9, 10)

4. Conditions for operations and sustainability: 0 features

5. Provider characteristics: 0 features

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The SBPI comprises four factors as follows: Factor 1: Empowerment Approach; Factor 2: Cultural Competency; Factor 3: Staff Sensitivity-Knowledge; and Factor 4: Relationship-Supportive. The total 16 items include 5 items in Factor 1, 3 items in Factor 2, and 4 items each in Factors 3 and 4. All items are rated on a 7-point scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Scores are based on the mean ratings in each factor, with higher scores indicating more positive use of strengths-based practices.

Development sample

The development sample is made up of 275 parents who completed the SBPI and whose children were enrolled in Early Head Start programs. All parents were at or below the federal poverty guidelines, which is a requirement for the receipt of Early Head Start services. In the development sample, 26 percent of the parents identified as Caucasian.

Reliability

- Internal consistency reliability: Calculated for each of the four factors: Empowerment Approach (Cronbach's alpha = 0.92); Cultural Competence (Cronbach's alpha = 0.72); Staff Sensitivity- Knowledge (Cronbach's alpha = 0.81); Relationship-Supportive (Cronbach's alpha = 0.82).

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Information not available.

Validity

- Content validity: The SBPI was developed using a review of the existing relevant literature.

- Construct validity: Supported by results suggesting that the measure can distinguish between programs that do/do not use a strengths-based philosophy of practice.

- Convergent/discriminant validity:

  – Concurrent validity: Cultural Competency and the Empowerment Approach were associated with the staff-reported level of parent engagement (r = 0.26 and 0.25, respectively). All factors except Cultural Competency were related to the staff-reported frequency of services (r = 0.24 to 0.58).

    At 24 months, all SBPI factors except Staff Sensitivity-Knowledge were related to Parenting Competency. Both the Empowerment Approach and Relationship-Supportive were related to the Home Observation Measure of the Environment (HOME) (r = 0.47 and 0.42, respectively).

    At 14 months, all SBPI factors were related to Support Satisfaction in the Parent Empowerment Scale (PES; Akey, Marquis, & Ross, 2000). At 24 months, all SBPI factors were related to the PES Attitudes, Empowerment Skills, and Support Satisfaction. Only the SBPI Empowerment Approach and Relationship-Supportive were related to PES Informal Involvement at both 14 and 24 months. Given that both the SBPI and the PES are based on parent report at the same time points, some of the correlations may reflect method variance, particularly at 14 months, which is when most correlations were low or nonsignificant with the SBPI Cultural Competency and Staff Sensitivity.

  – Predictive validity: Information not available.

Strengths

- Evidence of convergent and discriminant validity with family outcomes.

- Measures areas not identified in other quality measures.

Limitations

- Not developed or used in HBCC.

Key considerations for HBCC

Primarily used as a tool to provide information about programs' use of strengths-based practices to support families and therefore perhaps not relevant for all HBCC providers. Development sample was all low-income families.

Supports for quality improvement that are associated with measure

No supports available.

Reference

Green, B. L., McAllister, C. L., & Tarte, J. M. (2004). The strengths-based practices inventory: A tool for measuring strengths-based service delivery in early childhood and family support programs. *Families in Society, 85*(3), 326–334.

Strengthening Families Self-Assessment for Family Child Care Providers

Purpose and context

Purpose: Research, quality improvement

Supports associated with measure: Training, reports showing strengths and areas for improvement

Fields:

Development: FCC

Used in: FCC

HBCC settings: FCC

Adaptations needed for HBCC: No

Measure version: 2014

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 2 features

Provider–child relationships: 3 features

Provider–family relationships: 8 features

Conditions for operations and sustainability: 1 feature

Provider characteristics: 1 feature

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider

Level of measure: Site

Data collection methods: Self-report

Usability: Self-assessment (online or on paper)

Time/length: 20–30 minutes/228 items

Languages available: English

Availability:

Level of permission required: Published (contact authors)

Cost: None

Publisher: Center for the Study of Social Policy (CSSP)

Measure website: https://cssp.org/resource/strengthening-families-self-assessment-for-family-child-care-programs/

Technical information

Development sample:

Settings: Information not available

Sample size: Information not available

Sample characteristics: Information not available

Locale: Alaska, Arkansas, Illinois, Missouri, New Hampshire, Rhode Island, and Wisconsin

Year of development: Information not available

Measure performance:

Reliability: 1 (none described)

Validity:

Content: 2 (research based)

Construct: Not available

Concurrent: Not available

Predictive: Not available

Measure profile narrative

Description

The Strengthening Families Self-Assessment for Family Child Care Providers assesses how providers work with and support the parents of the children they serve. The measure is based on five protective factors that the developers identified as important factors in strengthening families and supporting optimal child development: Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need, and Social and Emotional Competence of Children. The measure includes two additional sections that address Strengthening Families in Special Circumstances: Responding to Possible Child Abuse or Neglect and Supporting a Child's Transitions to School or Other Programs. The Strengthening Families Self-Assessment is tiered to align with states' Quality Ratings and Improvement Systems. The developers make available a variety of self-assessment tools for different program types, including center-based child care and early education, home visiting programs, and community-based programs supporting families (https://cssp.org/our-work/projects/self-assessments-for-programs/). The content overlaps across these tools, but specific behaviors are tailored to the various contexts. Each item is "accompanied by a list of concrete, actionable, observable and measurable items that programs can adopt" (CSSP, 2018a).

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 2 features

   – Indoor spaces: I. Parental Resilience (1.2)

   – Family-like setting: I. Parental Resilience (1.1, 1.2, 1.3, 1.4, 1.6, 1.7, 1.8)

2. Provider–child relationships: 3 features

   – Support for emotional development: V. Social and Emotional Competence of Children (5.4, 5.5, 5.6, 5.7, 5.8, 5.10) VI. Responding to Possible Child Abuse or Neglect (6.1, 6.2)

   – Support for cognitive development: III. Knowledge of Parenting and Child Development (3.1)

   – Close provider–child relationships: I. Parental Resilience (1.13, 1.20.6), III. Knowledge of Parenting and Child Development (3.1.4, 3.3.3, 3.8.2, 3.15.5), V. Social and Emotional Competence of Children (5.3, 5.3.1, 5.3.2, 5.3.3, 5.4.1, 5.7.1, 5.8.2, 5.8.3, 5.9)

3. Provider–family relationships: 8 features

   – Trust: I. Parental Resilience (1.1, 1.2, 1.3, 1.6, 1.7, 1.8, 1.9, 1.10, 1.12, 1.14.1, 1.20)

   – Close relationships, co-parenting, and boundary setting: I. Parental Resilience (1.4, 1.20), III. Knowledge of Parenting and Child Development (3.9)

   – Reciprocal communication: I. Parental Resilience (1.7, 1.8, 1.18, 1.20.7, 1.24), III. Knowledge of Parenting and Child Development (3.6, 3.15, 3.16), V. Social and Emotional Competence of Children (5.10)

– Providing parent education: I. Parental Resilience (1.13.2, 1.1, 1.19, 1.21, 1.22, 1.23), III. Knowledge of Parenting and Child Development (3.2, 3.3, 3.4, 3. 5, 3.6, 3.7, 3.10, 3.11, 3.12, 3.13, 3.16), V. Social and Emotional Competence of Children (5.1, 5.3, 5.10)

– Promoting a sense of community and connection: I. Parental Resilience (1.6.3, 1.11, 1.16, 1.17, 1.19), II. Social Connections (2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9.6, 2.10, 2.11, 2.13, 2.14, 2.15, 2.16, 2.17, 2.18), III. Knowledge of Parenting and Child Development (3.5.2), IV. Concrete Supports (4.6, 4.7)

– Cultural and linguistic match with families: I. Parental Resilience (1.12, 1.20.6), II. Social Connections (2.9.6), III. Knowledge of Parenting and Child Development (3.2.3, 3.8)

– Flexibility: I. Parental Resilience (1.16.3)

– Helping parents with non-child-care tasks: I. Parental Resilience (1.18), II. Social Connections (2.16, 2.21), IV. Concrete Supports (4.1, 4.8, 4.10), VII. Supporting a Child's Transitions to School or Other Programs (7.1)

4. Conditions for operations and sustainability: 1 feature

– Access to professional resources: I. Parental Resilience (1.5, 1.6.2), II. Social Connections (2.12), III. Knowledge of Parenting and Child Development (3.1.3, 3.1.4), IV. Concrete Supports (4.4), V. Social and Emotional Competence of Children (5.4, 5.8), VI. Responding to Possible Child Abuse or Neglect (6.9)

5. Provider characteristics: 1 feature

– Psychological health: 1 item: IV. Concrete Supports (4.5)

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The assessment is organized around five protective factors (I. Parental Resilience, II. Social Connections, III. Knowledge of Parenting and Child Development, IV. Concrete Support in Times of Need, and V. Social and Emotional Competence of Children) and two additional sections address Strengthening Families in Special Circumstances (VI. Responding to Possible Child Abuse or Neglect and VII. Supporting a Child's Transitions to School or Other Programs). Items in the assessment are divided into three tiers that represent different levels of implementation quality tied to states' Quality Ratings and Improvement Systems. The three tiers are Baseline (items that any family care provider should be able to implement day to day); Mid-level (items that require a more intentional focus on parent engagement and support); and High (items that require a high level of focus on parent engagement and support, which may be most appropriate for family child care settings that are receiving systemic support). For each item, respondents check one of three responses—"I Do This"; "I Do Not Do This"; or "Not Relevant for Me"—and may include any comments. Details about how ratings and comments are aggregated for scoring and interpretation are not clear. The tiers suggest that a provider needs to perform all the behaviors for each item described in the initial tier before advancing to subsequent tiers.

Development sample

The assessment was piloted in Alaska, Arkansas, Illinois, Missouri, New Hampshire, Rhode Island, and Wisconsin.

Reliability

- Internal consistency reliability: Information not available.

- Alternate form reliability: Information not available.

- Test-retest reliability: Information not available.

- Generalizability: Information not available.

- Inter-rater reliability: Information not available.

Validity

- Content validity: Research review–informed by evidence; reviewed by a panel of practitioners in that field.

- Construct validity: Information not available.

- Convergent/discriminant validity:

  – Concurrent validity: Information not available.

  – Predictive validity: Information not available.

Strengths

- Used in HBCC settings.

- Uses a protective factors strengths-based approach

- Assesses extensive information about provider-parent relationships, responding to cultural, linguistic, ability, and other areas of diversity.

- Tiered scale aligns with states' Quality Ratings and Improvement Systems; results include an associated action plan.

Limitations

- No information on the development sample.

- Only content validity evidence is available.

Key considerations for HBCC

No key considerations.

Supports for quality improvement that are associated with measure

Items are designed to be actionable and easy to adopt. The CSSP provides technical assistance according to its website page "How We Work."

References

Center for the Study of Social Policy (CSSP). (2018a). *About the strengthening families™ self-assessments for child- and family-serving programs.* https://cssp.org/wp-content/uploads/2018/10/AboutTheSelfAssessments.pdf.

Center for the Study of Social Policy (CSSP). (2018b). *Strengthening families: self-assessment tool for family child care programs.* Washington, DC: Center for the Study of Social Policy. https://cssp.org/wp-content/uploads/2018/10/FAMILY-CHILD-CARE-PROGRAM-SELF-ASSESSMENT.pdf.

Work-Child Care Fit—Provider Telephone Questionnaire

Purpose and context

Purpose: Research, monitoring, quality improvement

Supports associated with measure: Information not available

Fields:

Development: Child care and early education

Used in: HBCC, center-based CCEE

HBCC settings: FCC, FFN, relative providers

Adaptations needed for HBCC: No

Measure version: 2005

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 2 features

Provider–child relationships: 1 feature

Provider–family relationships: 1 feature

Conditions for operations and sustainability: 3 features

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Administration and availability

Administration characteristics:

Respondent: Provider

Level of measure: Individual

Data collection methods: Self-report

Usability: No requirements

Time/length: No estimated time/50 items

Languages available: English, Spanish

Availability:

Level of permission required: Unpublished measure (used with author permission)

Cost: None

Publisher: No publisher (contact authors)

Measure website: Information not available (contact authors)

Technical information

Development sample:

Settings: FCC, FFN, relative providers

Sample size: 29 providers

Sample characteristics: Information not available

Locale: Chicago, Illinois

Year of development: Information not available

Measure performance:

Reliability: 1 (none described)

Validity:

Content: 1 (none described)

Construct: Not available

Concurrent: Not available

Predictive: Not available

Measure profile narrative

Description

The Work-Child Care Fit—Provider Telephone Questionnaire is a 50-item questionnaire developed for the Study of Work–Child Care Fit Provider Sub-Study. The broader study, which is the Study of Work-Child Care Fit, is a qualitative study of working mothers with nonstandard work schedules and their child care arrangements (Henly & Lambert, 2005). The Provider Sub-Study is based on interviews with participants' child care providers, which include FCC, FFN, and center-based teachers (Bromer & Henly, under review). The telephone questionnaire precedes an in-depth interview protocol and is not used to produce scores or measure quality. Tailored to HBCC providers, the questionnaire asks about provider flexibility and nonstandard child care arrangements.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: 2 features

    –   Group size and ratios: 1 item–V12 asks, "What is the most number of children you take care of on any given day of the week?"

    –   Hours of operation: 9 items–V20–V28 include questions about the provider's hours of care, including overnight and weekend care

2. Provider–child relationships: 1 feature

    –   Continuity of care: 1 item–V9 asks, "How long, on average, do children stay with you? [IF CENTER] in your classroom?"

3. Provider–family relationships: 1 feature

    –   Flexibility: 7 items–V24–V30 include questions about flexibility in the provider's child care hours, including overnight and weekend care and taking care of children while they are sick

4. Conditions for operations and sustainability: 3 features

    –   Work-family balance: 6 items–V31–V36 include questions about the number of days the provider takes off for illness/holidays and if the provider is paid for those days

    –   Managing multiple roles in the home: 6 items–V15–V20 include questions about the number of and relationship to other children whom the provider cares for, including his or her own children

    –   Business practices: 3 items–V38–V40 include questions about the provider's use of assistants and relationship to assistants

5. Provider characteristics: 2 features

    –   Years of experience: 3 items–V2–V4 include questions about the provider's experience in child care

    –   Economic well-being: 5 items–V41–V45 include questions about the provider's non–child care work and responsibilities

6. Neighborhood characteristics: 0 features

Methods of scoring and interpretability

The Work-Child Care Fit—Provider Telephone Questionnaire is a 50-item questionnaire and does not yield scores or measure quality. Rather, it provides an understanding of the context that may influence quality, particularly in nontraditional care. Work-Child Care Fit includes yes/no, multiple-choice, and open-response questions.

Development sample

The Work-Child Care Fit—Provider Telephone Questionnaire is a 50-item questionnaire developed for the Study of Work-Child Care Fit—Provider Sub-Study. The broader study, which is the Study of Work-Child Care Fit, is a qualitative study of working mothers with nonstandard work schedules and their child care arrangements (Henly & Lambert, 2005). The study describes the challenges faced by working parents when piecing together last-minute child care or when they are unexpectedly called in to work. The sample includes 54 low-wage, working mothers employed in retail in Chicago. The Provider Sub-Study is based on interviews with 29 child care providers who are FCC and FFN providers and center-based teachers.

Reliability

- Internal consistency reliability: Information not available.
- Alternate form reliability: Information not available.
- Test-retest reliability: Information not available.
- Generalizability: Information not available.
- Inter-rater reliability: Information not available.

Validity

- Content validity: Information not available.
- Construct validity: Information not available.
- Convergent/discriminant validity:
    – Concurrent validity: Information not available.
    – Predictive validity: Information not available.

Strengths

- Includes questions about features of providers schedules, including overnight and weekend care.
- Provides information not assessed in other measures, for example, non–child care help provided to families, flexibility of care, motivation for providing care, and business practices in HBCC settings.
- Used in HBCC settings, including with FFN and relative providers.

Limitations

- Used only in a small sample of HBCC settings.

Key considerations for HBCC

This profile includes items only from the study instrument's initial telephone questionnaire with HBCC-specific items about provider schedules. The Work-Child Care Fit–Provider Telephone Questionnaire is a 50-item questionnaire that is not used to produce scores or measure quality.

The Work-Child Care Fit–Provider Telephone Questionnaire has been used only in a small sample of HBCC settings. Research is needed on the scale's psychometric properties in HBCC settings to understand how the scale relates to quality in HBCC settings.

Supports for quality improvement that are associated with measure

No supports available.

References

Bromer, J. & Henly, J. R. (under review). Developing an expanded view of child care quality: The work-family support roles of child care providers in diverse settings.

Bromer, J., & Henly, J. R. (2009). The work-family support roles of child care providers across settings. *Early Childhood Research Quarterly, 24*(3), 271–288.

Henly, Julia R., & Lambert, Susan J. (2005). Nonstandard work and child-care needs of low-income parents. 473–92 in *Work, family, health, and well-being,* edited by Suzanne M. Bianchi, Lynne M. Casper, and Rosalind Berkowitz King. Mahwah, NJ: Erlbaum.

B. Indicators of Home-Based Child Care Quality

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Contents

Quality STARS, Alabama

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2019

Differentiated by provider type: Same

HBCC provider types included: FCC

Participation requirements: Voluntary

Setting: Multiple care settings

Alternative pathways for providers: None

Alignment with HBCCSQ conceptual framework

Home setting and learning environments:
3 features; FCCERS features

Provider–child relationships: FCCERS features

Provider–family relationships: 2 features; BAS features

Conditions for operations and sustainability:
1 feature; BAS features

Provider characteristics: 2 features; BAS features

Neighborhood characteristics: 0 features

Rating

Structure: Block

Number of levels: 5

Supports to prepare for rating process:
Materials provided, consultation, financial supports

Assessors: Information not available

Methods for assessing ratings on indicators:
Self-report, direct observation, document review

Performance

Validation study completed: No

QRIS profile narrative

Description

Quality STARS is Alabama's statewide QRIS. Quality STARS was first formally introduced for home-based child care (HBCC) providers in 2019 after piloting the program with HBCC providers from 2017–2018. Indicators are the same for center-based and family child care (FCC) programs. Despite having the same indicators, the Environment Rating Scale (ERS) tool (Family Child Care Environment Rating Scale [FCCERS] for HBCC providers versus Early Childhood Environment Rating Scale [ECERS] and/or the Infant/Toddler Environment rating Scale [ITERS] for center-based providers) and administration scale (Business Administration Scale for Family Child Care [BAS] for HBCC providers versus Program Administration Scale [PAS] for center-based providers) used to assess the programs vary by program type. Participation is voluntary.

Rating process and supports

Rating is structured as a block with five levels. Programs that participate in Quality STARS are able to receive technical assistance from a dedicated enhancement specialist and receive materials based on the needs of the program. Programs are also eligible for financial incentives.

Validity

Information not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
    –   Measure: *FCCERS*
    –   Health and nutrition: Level 2. Learning Environment and Curriculum–Indicator 1.
    –   Structured activities: Level 1. Learning Environment and Curriculum–Indicator 1
    –   Curriculum: Level 1. Learning Environment and Curriculum–Indicator 1
2. Provider–child relationships:
    –   Measure: *FCCERS*
    –   No additional indicators are aligned with this quality component.
3. Provider–family relationships:
    –   Measure: *BAS*
    –   Reciprocal communication:
        o   Level 3. Family Involvement and Community Partnerships–Indicator 1
        o   Level 4. Family Involvement and Community Partnerships–Indicator 1
    –   Providing parent education:
        o   Level 1. Parent/Family Engagement and Community Partnerships
        o   Level 2. Parent/Family Engagement and Community Partnerships

4. Conditions for operations and sustainability:

   – Measure: *BAS*

   – Business practices:

     o Level 1. Management and Administrative Practices

     o Level 2. Management and Administrative Practices–Indicators 1 and 2

     o Level 3. Management and Administrative Practices–Indicators 1 and 2

     o Level 4. Management and Administrative Practices

     o Level 5. Management and Administrative Practices

5. Provider characteristics:

   – Measure: *BAS*

   – Education level:

     o Level 2. Staff Qualifications and Professional Development

     o Level 3. Staff Qualifications and Professional Development–Indicator 1

     o Level 4. Staff Qualifications and Professional Development

     o Level 5. Staff Qualifications and Professional Development

   – Prior training:

     o Level 1. Staff Qualifications and Professional Development

     o Level 3. Staff Qualifications and Professional Development–Indicator 2

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

Alabama Quality STARS. (n.d.) *Getting started*. https://alabamaqualitystars.org/getting-started/.

Alabama Quality STARS. (n.d.). *Family and group day care homes best practice rubric documents.* Child Care Services Division, Alabama Department of Human Resources. https://alabamaqualitystars.org/family-and-group-day-care-homes-best-practice-rubric-documents/.

National Center on Early Childhood Quality Assurance. (n.d.). *QRIS resource guide: Alabama*. Administration for Children and Families, U.S. Department of Health and Human Services. https://ecquality.acf.hhs.gov/states/alabama.

Learn & Grow, Alaska

Characteristics
HBCC pilot status: Completed
HBCC introduction date: 2016
Differentiated by provider type: Same
HBCC provider types included: FCC
Participation requirements: Voluntary
Setting: Multiple care settings
Alternative pathways for providers: None

Alignment with HBCCSQ conceptual framework
Home setting and learning environments: FCCERS features
Provider–child relationships: FCCERS features
Provider–family relationships: 0 features
Conditions for operations and sustainability: 0 features
Provider characteristics: 1 feature
Neighborhood characteristics: 0 features

Rating
Structure: Hybrid
Number of levels: 5
Supports to prepare for rating process: Consultation, trainings, financial supports
Assessors: FCCERS-3 observers trained by an official tool anchor, online through the tool publisher, and in-house by an unofficial trainer
Methods for assessing ratings on indicators: Direct observation, document review, rating or rubric, training

Performance
Validation study completed: No

QRIS profile narrative

Description

Learn & Grow is Alaska's statewide QRIS. It was piloted in 2007 and formally introduced to HBCC providers in 2016. The indicators are the same for center-based and FCC providers. However, an appropriate program assessment tool (FCCERS-3 for HBCC providers versus ITERS-3, ECERS-3, School-Age Child Environment Rating Scale−Updated Edition [SACERS-U], or Classroom Assessment Scoring System [CLASS] for center-based providers) is used for each setting. For the levels currently implemented, the program assessment is used only for quality improvement. Specific scores are not required. Participation is voluntary.

Rating process and supports

Rating is structured as a hybrid model with five levels; however, only the first two levels, which are structured as blocks, have been implemented so far. Programs have access to technical assistance and relationship-based professional development. Programs also have access to free trainings and financial incentives.

Validity

Information not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS-3*
   – No additional indicators are aligned with this quality component.

2. Provider–child relationships:
   – Measure: *FCCERS-3*
   – No additional indicators are aligned with this quality component.

3. Provider–family relationships: No indicators are aligned with this quality component.

4. Conditions for operations and sustainability: No indicators are aligned with this quality component.

5. Provider characteristics:
   – Prior training:
     o Level 1: Early Childhood Educator (ECE) Qualifications & Professional Development
     o Level 2: Early Childhood Educator (ECE) Qualifications & Professional Development

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles*. https://qualitycompendium.org/view-state-profiles.

Learn & Grow. (2020). *Learn and Grow program guide.* Thread Alaska. https://www.threadalaska.org/learn-and-grow/wp-content/uploads/sites/3/2020/11/Learn-Grow-Program-Guide_FINAL.pdf.

Learn & Grow. (n.d.). *Learn & Grow for my program*. Thread Alaska. https://www.threadalaska.org/learn-and-grow/for-educators/for-my-program.

Quality First, Arizona

Characteristics
HBCC pilot status: Completed
HBCC introduction date: 2009
Differentiated by provider type: Some overlap
HBCC provider types included: FCC
Participation requirements: Voluntary
Setting: HBCC only
Alternative pathways for providers: Several options to meet education requirements, including years of experience

Alignment with HBCCSQ conceptual framework
Home setting and learning environments: 4 features; FCCERS features
Provider–child relationships: 4 features; FCCERS and CLASS features
Provider–family relationships: 1 feature
Conditions for operations and sustainability: 1 feature
Provider characteristics: 2 features
Neighborhood characteristics: 0 features

Rating
Structure: Hybrid
Number of levels: 5
Supports to prepare for rating process: Consultation, coaching, trainings, financial supports
Assessors: FCCERS-R and CLASS observers are trained in person by an official tool anchor and online through the tool publisher
Methods for assessing ratings on indicators: Direct observation, document review, training

Performance
Validation study completed: Yes
Type of validation study: Convergent validity
Size of validation study: 774 center-based programs and 148 FCC programs

QRIS profile narrative

Description

Quality First is Arizona's statewide QRIS. It was piloted in 2009 and formally implemented in 2011. Although standards overlap, indicators and requirements differ for FCC and center-based programs. Participation is voluntary for all programs. Quality First is currently evaluating a field test of a redesigned model.

Rating process and supports

Rating is structured as a hybrid model with star ratings based on five levels: rising star, progressing star, quality, quality plus, and highest quality. To meet the requirements for the first two levels, programs must meet the ERS (FCCERS for FCC) Average Program Score. To achieve higher star ratings, programs must meet the ERS average program score, a CLASS average program score, and an assessment of the additional indicators (Quality First Points Scale Assessment). Supports such as coaching, financial incentives, trainings, and specialized assistance are available for providers who participate in Quality First.

Validity

A validation study of Quality First analyzed administrative data from 922 programs (148 were FCC) participating in Quality First and collected additional data from 205 Quality First programs, 17 of which were FCC programs. The study found that most of the seven quality items were significantly correlated with each other and had an acceptable Cronbach's alpha value (0.70) indicating that the seven items generally measure a single underlying construct.

The study also found that higher star ratings were generally associated with higher measures of quality on various tools, including higher ERS scores and specific CLASS domains. When analyzed separately, higher-rated FCC programs had significantly greater mean FCCERS-R scores than lower-rated programs. Furthermore, FCC programs with higher star ratings generally had higher CLASS scores; however, results varied by CLASS domain. The researchers concluded that results for FCC programs should be interpreted with caution due to the small sample size of FCC programs at each level. Furthermore, the study did not include an independent measure of quality for FCC homes.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS-R*
   – Group size and ratios: Administrative Practices–Ratios and Group Sizes (Indicators 2b, 4b, 6b)
   – Structured activities: Curriculum and Child Assessment–Curriculum (Indicator 2b)
   – Curriculum: Curriculum and Child Assessment–Curriculum (Indicators 2b, 4b, 6b)
   – Support for diversity and individualizing: Curriculum and Child Assessment–Curriculum (Indicator 6b)

2. Provider–child relationships:

    – Measures: *FCCERS-R, CLASS*

    – Support for emotional development:

        o Curriculum and Child Assessment–Child Assessment (Indicators 2c, 4c, 6c)

        o Curriculum and Child Assessment–Curriculum (Indicator 4b)

    – Support for cognitive development:

        o Curriculum and Child Assessment–Child Assessment (Indicators 2c, 4c, 6c)

        o Curriculum and Child Assessment–Curriculum (Indicator 4b)

    – Support for social development and peer interactions:

        o Curriculum and Child Assessment–Child Assessment (Indicators 2c, 4c, 6c)

        o Curriculum and Child Assessment–Curriculum (Indicator 4b)

    – Support for physical health and development:

        o Curriculum and Child Assessment–Child Assessment (Indicators 2c, 4c, 6c)

        o Curriculum and Child Assessment–Curriculum (Indicator 4b)

3. Provider–family relationships:

    – Reciprocal communication: Curriculum and Child Assessment–Child Assessment (Indicators 2c, 4c, 6c)

4. Conditions for operations and sustainability:

    – Business practices: Administrative Practices: Retention (Indicators 2c, 4c, 6c)

5. Provider characteristics:

    – Education level: Staff qualifications: Education and Experience (Indicators 2c, 4c, 6c)

    – Years of experience: Staff qualifications: Education and Experience (Indicators 2c, 4c, 6c)

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Child Trends. (2019). *Quality First validation study and redesign field test.* https://www.childtrends.org/project/quality-first-validation-study-and-redesign-field-test.

Epstein, D., Hegseth, D., Friese, S., Miranda, B., Gebhart, T., Partika, A., & Tout, K. (2017). *Quality First: Arizona's Early Learning Quality Improvement and Rating System implementation and validation study.* Chapel Hill, NC: Child Trends.

Quality First. (2020). *Participant guide.* https://qualityfirstaz.com/wp-content/uploads/2020/07/Participant-Guide-SFY21.pdf?x99262.

Better Beginnings, Arkansas

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2010

Differentiated by provider type: Some overlap

HBCC provider types included: FCC, FFN

Participation requirements: Mandatory if receiving CCDF subsidies

Setting: HBCC only

Alternative pathways for providers: Accelerated or automatic rating available for accredited programs (including NAFCC accredited), Head Start/Early Head Start, school-operated early childhood programs, and public pre-K programs

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 3 features; FCCERS features

Provider–child relationships: 1 feature; FCCERS features

Provider–family relationships: 1 feature

Conditions for operations and sustainability: 1 feature

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Rating

Structure: Block

Number of levels: 3

Supports to prepare for rating process: Consultation, online toolkits

Assessors: FCCERS observers are trained in person by an official tool anchor and online through the tool publisher

Methods for assessing ratings on indicators: Self-report, direct observation, document review, rating or rubric, training

Performance

Validation study completed: No

QRIS profile narrative

Description

Better Beginnings is the statewide QRIS for Arkansas. Better Beginnings was piloted in 2009 and formally introduced in 2010. FCC and legally license-exempt home-based providers are eligible to participate. Many indicators are the same for center-based and HBCC providers; however, some indicators differentiate by program type. Participation is mandatory for programs receiving Child Care and Development Fund (CCDF) subsidies.

Rating process and supports

Rating is structured as a block with three levels. An accelerated rating process is available for FCC programs accredited through the National Association for Family Child Care (NAFCC). Participating programs have access to technical assistance through consultants, as well as online toolkits to help them gather and document the information required for the certification process.

Validity

No information is available. The Quality Compendium (Build Initiative & Child Trends, 2019) indicates that the University of Arkansas has conducted a study, but the report is not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS*
   – Organized environment:
      o Level 2. Learning Environment–Indicator 1
      o Level 3. Learning Environment–Indicator 1
   – Structured activities:
      o Level 1. Learning Environment–Indicator 1
      o Level 1. Learning Environment–Indicator 2
      o Level 2. Learning Environment–Indicator 2
   – Curriculum: Level 3. Learning Environment–Indicator 3
2. Provider–child relationships:
   – Measure: *FCCERS*
   – Support for physical health and development: Level 2. Learning Environment–Indicator 3
3. Provider–family relationships:
   – Providing parent education:
      o Level 1. Child Health & Development–Indicator 2
      o Level 2. Child Health & Development–Indicators 1 and 2
      o Level 3. Child Health & Development–Indicator 1

4. Conditions for operations and sustainability:
   – Business practices:
     o Level 1. Administration–Indicator 1
     o Level 2. Administration–Indicator 1
     o Level 3. Administration–Indicator 1

5. Provider characteristics:
   – Education level: Provider/Staff Qualifications/Professional Development (Levels 1−3)
   – Prior training:
     o Level 1. Administration–Indicator 1
     o Level 2. Administration–Indicator 2
     o Provider/Staff Qualifications/Professional Development (Levels 1−3)

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

Better Beginnings. (2010). *Better Beginnings rule book*. Division of Child Care and Early Childhood, Arkansas Department of Human Services Education. https://arbetterbeginnings.com/sites/default/files/BB-Rule-Book.pdf.

The Build Initiative & Child Trends. (2019). *State profiles*. https://qualitycompendium.org/view-state-profiles.

Quality Counts California

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2012

Differentiated by provider type: Some overlap

HBCC provider types included: FCC

Participation requirements: Voluntary

Setting: HBCC only

Alternative pathways for providers: Programs do not need an independent ERS assessment if they are nationally accredited; different options are used to meet education requirements

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 2 features; FCCERS features

Provider–child relationships: 5 features; FCCERS and CLASS features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Rating

Structure: Hybrid

Number of levels: 5

Supports to prepare for rating process: Consultation, coaching, training, communities of practice

Assessors: FCCERS-R assessors are certified by the regional ERS anchor or state master anchor; CLASS observers are certified on the CLASS tools.

Methods for assessing ratings on indicators: Self-report, direct observation, document review, rating or rubric, training

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: (1) 365 center-based programs and 107 FCC programs; (2) 166 center-based and 343 FCC programs

QRIS profile narrative

Description

Quality Counts California is California's statewide QRIS, which is implemented at the county or regional level. It was first implemented in 2012 and piloted from 2012 to 2016. All local QRIS are aligned with the Quality Continuum Framework and a common rating matrix; however, some local modifications are allowed. In the Common Rating Matrix, the indicators for center-based and FCC programs are mostly the same, however, there are some differences with minimum qualifications for center-based lead teachers vs. FCC program directors and additional indicators for center-based programs related to ratios and group size beyond licensing regulations and director qualifications. Participation is voluntary.

Rating process and supports

Rating is structured as a hybrid model with five levels. The first level is structured as a block; the other levels are achieved through points. Local QRIS can choose to add additional elements to Levels 2 and 5 and can determine if Level 2 is blocked or based on points. Specific local supports vary but supports are available for continuous improvement to programs that participate in Quality Counts.

Validity

A validation study was conducted from 2014 to 2016 in 16 counties in California that participated in the pilot. A total of 472 child care programs with full and complete ratings were studied, including 107 FCC programs. Internal consistency and correlations between items were low for both centers and FCC programs. The researchers concluded that the QRIS ratings represented several types of program quality instead of a single dimension, and that items were not redundant.

Among the FCC sample, moderate nonparametric correlations were found between the QRIS elements and the overall QRIS rating. "Among [family child care homes] FCCHs, the Effective Teacher-Child Interactions: CLASS (CLASS) is the element most weakly correlated with the overall QRIS rating (Spearman's ρ = 0.35), a low to moderate correlation. This element also has limited variability among FCCHs, which contributes to its relatively weak correlation with QRIS ratings. Other element scores are more strongly correlated with the overall QRIS rating (Spearman's ρ ranging from 0.53 to 0.62)" (Quick, Hawkinson et al., 2016, p. 53). These correlations likely have shared method variance—the element for the CLASS was part of the QRIS and not independently rated.

Some preliminary evidence suggests that CLASS Pre-K Instructional Support and Program Quality Assessment (PQA) Adult-Interaction Scale scores were positively associated with higher QRIS levels for centers (175 sites were included); however, the differences were small, and few were significant. Less variation is found in the rating levels for HBCCs, so separate results are not provided in the report.

The study (Quick, Hawkinson et al., 2016) found mixed results on the relationships between ratings and child outcomes in centers (132 sites were included). The only significant association was executive function (peg tapping), with more positive gains in scores for children in higher-

rated programs. Findings indicated no association between positive gains in math and literacy for children who attended higher- rated programs than those who attended lower-rated programs.

In a supplemental validation study (Quick, Holod et al., 2016), researchers found that variation in ratings increased over time; however, centers continued to receive higher ratings than FCC programs, on average. Internal consistency of ratings also improved over time. Furthermore, the supplemental study found positive relationships between QRIS level and certain CLASS domain scores in both centers and FCC homes. In an analysis of 166 center-based programs, the researchers found a positive relationship between QRIS level and the CLASS Instructional Support and Emotional Support domain scores. The researchers also found a positive relationship between QRIS level and all three CLASS domain scores for FCC homes (343 programs included); however, the CLASS ratings used for the FCC home analysis were based on extant scores collected as part of the rating process and not independent observations collected by the study team.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS-R*
   – Group size and ratios: Core 3. Element 5. Ratios and Group Size
   – Curriculum: Child Development and School Readiness−Child Observation

2. Provider–child relationships:
   – Measures: *FCCERS-R, CLASS*
   – Support for emotional development: Core 1. Element 1. Child Observation
   – Support for cognitive development: Core 1. Element 1. Child Observation
   – Support for social development and peer interactions: Core 1. Element 1. Child Observation
   – Support for physical health and development: Core 1. Element 1. Child Observation
   – Support for language and literacy: Core 1. Element 1. Child Observation

3. Provider–family relationships: No indicators are aligned with this quality component.

4. Conditions for operations and sustainability: No indicators are aligned with this quality component.

5. Provider characteristics:
   – Education level: Core 2. Element 3. Minimum Qualifications for Lead Teacher/FCCH
   – Prior training: Core 2. Element 3. Minimum Qualifications for Lead Teacher/FCCH

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Quick, H. E., Hawkinson, L. E., Holod, A., Anthony, J., Meunchow, S., Parrish, D., Martin, A., Weinberg, E., Lee, D. H., Cannon, J. S., Karoly, L. A., Zellman, G. L., Faxon-Mills, S., Ashely, N. M., Berglund, T., & Haggard, M. S. (2016)*. Independent evaluation of California's Race to the Top-Early Learning Challenge Quality Rating and Improvement System: Technical report*. San Mateo, CA: American Institutes for Research.

Quick, H. E., Holod, A., Lee, D. H., Weinberg, E., Meunchow, S., & Hawkinson, L. E. (2016). Independent evaluation of California's Race to the Top-Early Learning Challenge Quality Rating and Improvement System: Supplemental validation study report. San Mateo, CA: American Institutes for Research.

Quality Counts California. (2017). *Rating matrix with elements and points for consortia Common Tiers 1, 3, and 4.* https://drive.google.com/file/d/1ZFdg5lWzXm_aLSs9GojAdOBdDZRkbOTb/view.

Colorado Shines

Characteristics

HBCC pilot status: No pilot

HBCC introduction date: 2015

Differentiated by provider type: Some overlap

HBCC provider types included: FCC

Participation requirements: Auto enroll at the first level for licensed providers

Setting: HBCC only

Alternative pathways for providers: Alternative pathways to Levels 3 and 4 for accredited programs and Head Start/Early Head Start; multiple options to meet qualification requirements, including years of experience

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 7 features; FCCERS features

Provider–child relationships: 1 feature; FCCERS and CLASS features

Provider–family relationships: 5 features

Conditions for operations and sustainability: 2 features

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Rating

Structure: Hybrid

Number of levels: 5

Supports to prepare for rating process: Consultation, coaching, financial supports

Assessors: FCCERS and CLASS observers are trained in person by an official tool anchor

Methods for assessing ratings on indicators: Self-report, direct observation, document review, training

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: 188 child care centers and 38 FCC programs

QRIS profile narrative

Description

Colorado Shines is Colorado's statewide QRIS. It was formally introduced in 2015 without being piloted. There is some overlap between the indicators for FCC and center-based programs. Licensed programs are automatically enrolled in Colorado Shines at Level 1. It is optional for providers to move up the levels.

Rating process and supports

Rating is structured as a hybrid model with five levels. Providers who participate have access to financial incentives and supports, such as relationship-based coaching. There is an alternative rating pathway for programs accredited by an approved national accrediting organization.

Validity

The Colorado Shines Validation Study was conducted between 2015 and 2017 and included observations from 38 FCC programs and 188 centers. The validation study authors concluded that the Colorado Shines categories were grounded in research, inter-rater reliability procedures were aligned with the recommended best practices, and meaningful differences in observed quality on the ERS scales were found between higher-rated compared to lower-rated programs. Centers at Levels 3 to 5 had significantly greater ERS scores than programs rated at a Level 2 for all tools. Findings for FCC programs show similar results; programs at Levels 3−5 scored 5.2 on average compared to the average score of 3.3 for Level 2 programs. Despite this significant difference between lower and higher quality programs, the sample size for FCC programs was small and thus the findings should be interpreted with caution.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS*
   – Group size and ratios: Category IV. Indicators 3a–c. Ratio and Group Size
   – Outdoor spaces: Category V. Indicator 7. Child Health Promotion
   – Health and nutrition: Category V. Indicators 1 and 2. Child Health Promotion
   – Safety: Category V. Indicator 4. Child Health Promotion
   – Curriculum: Category IV. Indicators 1 and 2. Curriculum
   – Support for diversity and individualizing: IV. Learning Environment−Child Assessment
   – Cultural and linguistic congruence: Category VI. Indicator 1. Home Language
2. Provider–child relationships:
   – Measure: *FCCERS, CLASS*
   – Support for physical health and development: Category V. Indicator 5. Child Health Promotion

3. Provider–family relationships:
    – Reciprocal communication: Category II. Indicators 6 and 7. Engagement of Families
    – Providing parent education:
        o Category II. Indicators 8 and 9. Engagement of Families
        o Category V. Indicator 6. Child Health Promotion
    – Promoting a sense of community and connection: Category II. Indicator 3. Sensitivity to Diversity
    – Cultural and linguistic match with families: Category II. Indicator 1. Home Language
    – Facilitating and connecting child care patchwork for families:
        o Category II. Indicators 4–5. Transitions
        o Category II. Indicator 11. Engagement with Community
4. Conditions for operations and sustainability:
    – Business practices:
        o Category III. Indicators 3 and 4. Business Administration
    – Access to professional resources:
        o Category I. Indicators 5a−c. On-Going Professional Development
        o Category VI. Indicators 2–3. Additional Professional Staff
        o Category VI. Indicator 4. Professional Leadership
5. Provider characteristics:
    – Education level: Category I. Indicators 2−3. Family Child Care Qualifications
    – Prior training: Category I. Indicators 2−3. Family Child Care Qualifications
6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Colorado Shines. (2015). *Program guide*. Office of Early Childhood, Colorado Department of Human Services. https://www.coloradoshines.com/resource/1440607605000/asset_pdfs1/asset_pdfs1/ColoradoShinesProgramGuide.pdf.

Daily, S., Soli, M., Lin, V. Perkins, V. Bultnick, E. Cleveland, J., & Maxwell, K. (2017). *Colorado Shines* validation study *2015−2017 final report.* Child Trends. https://www.childtrends.org/publications/colorado-shines-validation-study-2015-2017.

Stars for Early Success, Delaware

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2008

Differentiated by provider type: Some overlap

HBCC provider types included: FCC

Participation requirements: Mandatory for Early Head Start-Child Care Partnership programs

Setting: HBCC only

Alternative pathways for providers: Alternative rating pathway for National Association for the Education of Young Children (NAEYC)-accredited programs, Head Start programs, and Early Childhood Assistance programs

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 3 features; FCCERS features

Provider–child relationships: FCCERS features

Provider–family relationships: 3 features

Conditions for operations and sustainability: 1 feature

Provider characteristics: 2 features

Neighborhood characteristics: 2 features

Rating

Structure: Hybrid

Number of levels: 5

Supports to prepare for rating process: Consultation, coaching, modeling, observation, trainings, financial supports

Assessors: FCCERS observers are trained in person by an official tool anchor

Methods for assessing ratings on indicators: Direct observation, training

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: 127 child care centers, 42 FCC programs, and 12 public schools

QRIS profile narrative

Description

Stars for Early Success is Delaware's statewide QRIS. It was piloted in 2007 and formally introduced in 2008. There is some overlap between the indicators for center-based and FCC programs. Participation is voluntary for most but mandatory for Early Head Start-Child Care Partnership programs.

Rating process and supports

Rating is structured as a hybrid model with five levels. The first two levels are blocks; the following three are achieved through points. There are also essential standards that are mandatory, depending on the level. An alternative rating pathway is in place for National Association for the Education of Young Children (NAEYC)-accredited, Head Start, and Early Childhood Assistance programs, which can enter at a higher level.

Programs that participate are assigned a technical assistant, who guides the program through the quality improvement process using various strategies, including consultation, coaching, modeling, observation, and trainings. Programs can also request a practice assessment. Additional supports, such as early childhood mental health consultations and financial incentives, are also available.

Validity

A 2013–2016 validation study collected data from 181 child care programs, including 42 FCC programs. The study found that alternative measures of quality, including PQA, several CLASS subscales (for example, the Toddler CLASS Emotional and Behavioral Support scores), and the Arnett Caregiver Interactions Scale (CIS), generally increased as star ratings increased. However, these differences were mostly modest, and only the increases in average PQA and CLASS Pre-K Instructional support scores were statistically significant.

Furthermore, the study found mixed results when examining the relationship between star ratings and children's outcomes. Children in higher-rated programs did not demonstrate any statistically significant gains from fall to spring on the Woodcock-Johnson (WJ)–Letter Word Identification, WJ–Applied Problems, the Devereaux Early Childhood Assessment (DECA)–Absence of Behavior problems, and executive function (Head, Toes, Knees, Shoulders) scores. The only significant finding were the gains in executive function of children in Star 5 programs compared to children in Starting with Stars or Star 2 programs. That being said, higher scores on the Qualifications and Professional Development domain were associated with significant but modest increases in average WJ–Letter Word Identification and WJ–Applied Problems scores. The analyses did not distinguish by program type.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS*
   – Structured activities: Learning Environment and Curriculum–Standard LC3
   – Curriculum: Learning Environment and Curriculum–Standards LC1 and LC2
   – Support for diversity and individualizing: Family and Community Partnerships–Standards FC1, FS1 and Learning Environment and Curriculum–Standard LC5

2. Provider–child relationships:
   – Measure: *FCCERS*
   – No additional indicators are aligned with this quality component.

3. Provider–family relationships:
   – Reciprocal communication: Family and Community Partnerships–Standard FC3
   – Promoting a sense of community and connection: Family and Community Partnerships–Standard FS3
   – Facilitating and connecting child care patchwork for families: Family and Community Partnerships–Standard FS5

4. Conditions for operations and sustainability:
   – Business practices: Management and Administration–Standards MO1, MO2, and MF1

5. Provider characteristics:
   – Education level: Qualifications and Professional Development–Standards QE1 and QE2
   – Prior training: Qualifications and Professional Development–Standards QT1 and QT2

6. Neighborhood characteristics:
   – Schools: Family and Community Partnerships–Standard FP1
   – Other community centers: Family and Community Partnerships–Standard FP2

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Delaware Stars. (2014). *Family child care standards*. Delaware Institute for Excellence in Early Childhood. https://www.delawarestars.udel.edu/wp-content/uploads/2018/10/FCCStandards7.1.2014R.pdf.

Karoly, L. A., Schwartz, H. L., Setodji, C. M., & Hass, A. C. (2016). *Evaluation of Delaware Stars for early success*. Santa Monica, CA: RAND Corporation. https://doi.org/10.7249/RR1426.

Capital Quality, District of Columbia

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: Completed	**Home setting and learning environments:** FCCERS features
HBCC introduction date: 2016	**Provider–child relationships:** FCCERS features
Differentiated by provider type: Different	**Provider–family relationships:** 0 features
HBCC provider types included: FCC	**Conditions for operations and sustainability:** 0 features
Participation requirements: Mandatory if receiving CCDF subsidies	**Provider characteristics:** 0 features
Setting: HBCC only	**Neighborhood characteristics:** 0 features
Alternative pathways for providers: None	

Rating	Performance
Structure: Points	**Validation study completed:** No
Number of levels: 4	
Supports to prepare for rating process: Consultation	
Assessors: Independent contractors are used to conduct FCCERS—R and CLASS observations	
Methods for assessing ratings on indicators: Direct observation	

QRIS profile narrative

Description

Capital Quality is the District of Columbia's QRIS. Capital Quality was piloted in 2016 and fully implemented in 2018. Quality ratings are based solely on the FCCERS-R for FCC homes or the appropriate ERS tool and/or CLASS observation for other program types. Participation is mandatory for programs with children receiving CCDF subsidies.

Rating process and supports

Rating is based on points, with four levels (Developing, Progressing, Quality, and High Quality). For FCC programs, points are awarded based on the program's ERS observation over two years. Each provider participates in a continuous quality improvement process and works with a quality facilitator.

Validity

Information not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
    –   Measure: *FCCERS-R*
    –   No additional indicators are aligned with this quality component.
2. Provider–child relationships:
    –   Measure: *FCCERS-R*
    –   No additional indicators are aligned with this quality component.
3. Provider–family relationships: No indicators are aligned with this quality component.
4. Conditions for operations and sustainability: No indicators are aligned with this quality component.
5. Provider characteristics: No indicators are aligned with this quality component.
6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles*. https://qualitycompendium.org/view-state-profiles.

Office of the State Superintendent of Education. (2019). *Capital quality framework webinar: Child development homes/child development expanded homes*. https://osse.dc.gov/sites/default/files/dc/sites/osse/documents/Child%20Development%20Homes_Child%20Development%20Expanded%20Homes%20Webinar%20Presentation.pdf.

Office of the State Superintendent of Education. (2020). *A guide to Capital Quality*. Updated version available at https://osse.dc.gov/page/capital-quality-qris.

Guiding Stars of Duval, Florida–Duval County

Characteristics
HBCC pilot status: No pilot
HBCC introduction date: 2007
Differentiated by provider type: Same
HBCC provider types included: FCC
Participation requirements: Voluntary
Setting: Multiple care settings
Alternative pathways for providers: None

Alignment with HBCCSQ conceptual framework
Home setting and learning environments: 1 feature
Provider–child relationships: CLASS features
Provider–family relationships: 0 features
Conditions for operations and sustainability: 1 feature
Provider characteristics: 2 features
Neighborhood characteristics: 0 features

Rating
Structure: Points
Number of levels: 5
Supports to prepare for rating process: Consultation, trainings, financial supports
Assessors: CLASS observers are trained in person by an official tool anchor and online through the tool publisher
Methods for assessing ratings on indicators: Direct observation, document review, rating or rubric, training

Performance
Validation study completed: No

QRIS profile narrative

Description

Guiding Stars of Duval is the QRIS in Duval County, Florida, which is only used in Duval County. Florida does not have a statewide QRIS. It was piloted with preschools; however, it was introduced in 2007 without being piloted with FCC providers. All indicators are the same for center-based and FCC programs. Participation is voluntary and available to providers who maintain a current School Readiness contract (state program for low-income families, funded primarily by the federal CCDF block grant).

Rating process and supports

Rating is based on a point system with five levels. Ratings are based on three standards: Program Personnel, Program Assessment, and Program Content. The points for the program assessment standard are derived from a CLASS observation. Points for the program content standard are awarded based on the provider's School Readiness health and safety reports and participation in the statewide School Readiness child assessment system. Providers may receive bonus points if accredited through an agency approved by the state of Florida. Programs that participate have access to technical assistance, professional development trainings, and financial incentives.

Validity

Information not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:

    – Safety: Child Well-Being and Child Assessment

2. Provider–child relationships:

    – Measure: *CLASS*

    – No additional indicators are aligned with this quality component.

3. Provider–family relationships: No indicators are aligned with this quality component.

4. Conditions for operations and sustainability:

    – Access to professional resources: Bonus Points–Accreditation

5. Provider characteristics:

    – Education level: Staff Qualifications and Professional Development–Director, Lead Teachers, Assistant Teachers

    – Prior training: Staff Qualifications and Professional Development–Director, Lead Teachers, Assistant Teachers, Training Hours/Professional Development

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Guiding Stars of Duval. (2020). *Documentation guide for providers*. Early Learning Coalition of Duval. https://www.elcduval.org/wp-content/uploads/2020/07/Guiding-Stars-4.0-Guide-Revised-July-20203.pdf.

Guiding Stars of Duval. (2019). *History of Guiding Stars of Duval*. Early Learning Coalition of Duval. https://www.elcduval.org/wp-content/uploads/2019/08/historyofguidingstars.pdf.

Strong Minds, Florida–Palm Beach County

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2004

Differentiated by provider type: Same

HBCC provider types included: FCC

Participation requirements: Voluntary

Setting: Multiple care settings

Alternative pathways for providers: None

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 0 features

Provider–child relationships: CLASS features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Rating

Structure: Block

Number of levels: 4

Supports to prepare for rating process: Consultation, professional development, financial supports

Assessors: CLASS observers are trained online through the tool publisher

Methods for assessing ratings on indicators: Direct observation

Performance

Validation study completed: No

QRIS profile narrative

Description

Strong Minds is the QRIS for Palm Beach County, Florida, which is only used in Palm Beach County. Florida does not have a statewide QRIS. The QRIS in Palm Beach County was formally introduced in 2004 after being piloted. Strong Minds is a new and revised model. Child care programs that participate in Strong Minds must agree to serve children who receive School Readiness (state program for low-income families, funded primarily by the federal CCDF block grant) and/or Early Head Start/Head Start care. Indicators are the same for center-based and FCC programs.

Rating process and supports

Rating is structured as a block with four levels: Emerging, Promising, In-Network Tier 1, and In-Network Tier 2. Ratings are based solely on the CLASS assessment score. Programs participating in Strong Minds have access to technical assistance, professional development, career advising, and financial incentives, depending on their level of quality.

Validity

Evaluations studies are reported in the Quality Compendium (The Build Initiative & Child Trends, 2019), but information on validity was not found publicly.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments: No indicators are aligned with this quality component.

2. Provider–child relationships:

   – Measure: *CLASS*

   – No additional indicators are aligned with this quality component.

3. Provider–family relationships: No indicators are aligned with this quality component.

4. Conditions for operations and sustainability: No indicators are aligned with this quality component.

5. Provider characteristics: No indicators are aligned with this quality component.

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Children's Services Council. (2019). *Strong Minds provider manual*. Retrieved from https://www.cscpbc.org/.

Quality Rated, Georgia

Characteristics

HBCC pilot status: No pilot

HBCC introduction date: 2012

Differentiated by provider type: Same

HBCC provider types included: FCC

Participation requirements: Mandatory if receiving CCDF subsidies

Setting: Multiple care settings

Alternative pathways for providers: Multiple pathways to meet education/professional development requirements

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 6 features; FCCERS features

Provider–child relationships: 1 feature; FCCERS features

Provider–family relationships: 1 feature

Conditions for operations and sustainability: 1 feature

Provider characteristics: 3 features

Neighborhood characteristics: 0 features

Rating

Structure: Points

Number of levels: 3

Supports to prepare for rating process: Consultation, peer support, trainings

Assessors: FCCERS observers are trained in person by an official tool anchor

Methods for assessing ratings on indicators: Self-report, direct observation, document review, rating or rubric, training

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: 181 center-based programs and 158 FCC homes

QRIS profile narrative

Description

Quality Rated is Georgia's statewide QRIS. Even though the system was piloted in 2011, no FCC providers were included in the pilot. Quality Rated was formally introduced to all providers in 2012. All indicators for the structural quality component are the same for center-based and HBCC providers. The process quality score is measured using the appropriate ERS tool (FCCERS-R for HBCC providers versus ITERS-3, ECERS-3, or SACERS-U for center-based providers). Participation is voluntary for most providers but is mandatory for providers receiving CCDF subsidies.

Rating process and supports

Rating is structured as a points system with three levels. To receive a rating, programs first submit an online portfolio with evidence that their program is aligned to the five structural quality standards. Once the online portfolio is accepted, programs may schedule an ERS observation. The final rating is determined based on points earned through the portfolio and the program's average ERS score. A program can receive bonus points for approved national accreditations, such as the NAFCC accreditation.

Programs that enroll must complete the Quality Rated Orientation. Programs may choose to participate in the Peer Support Network (PSN) and have access to other recommended trainings and technical assistance.

Validity

A 2016−2018 validation study included 339 child care programs, 158 of which were FCC providers. The study found that higher-rated programs generally had higher Toddler CLASS scores (an independent measure of quality) than lower-rated programs. However, this evidence was not consistent across levels. In the two Toddler CLASS domains—Emotional and Behavior Support and Engaged Support for Early Learning—3-star FCC programs scored higher than 2-star but not higher than 1-star FCC programs. There were too few 0-star programs to include them in these analyses. Providers in 3-star FCC programs also spoke more words per minute based on the LENA Adult Word Count than providers in 1- and 2-star programs, but there were no significant differences in the length of utterances or word variety by star rating.

The study also found that preschoolers in 3-star center programs had stronger early math skills (measured by WJ-IV Applied Problems and Counting Bears) than peers in lower-rated center programs, but there were no significant differences by star ratings for preschoolers in FCC programs. Star ratings were not related to infants' and toddlers' language acquisition on measures of the LENA Snapshot for centers or FCCs, nor was there a relationship between children's expressive vocabulary (WJ-IV Picture-Vocabulary for preschoolers or Child Development Inventory—Toddler for toddlers) or early literacy skills as measured by the WJ-IV Letter-Word Identification Test (preschoolers only). There were also no significant differences between higher- and lower-rated FCC programs in preschoolers' executive function (Head-Toes-Knees-Shoulders). Preschoolers in 3-star FCC programs had stronger social skills than their counterparts in 2-star programs, and FCC providers in 3-star programs also reported fewer behavioral concerns for preschoolers than FCC providers in 1-star programs.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS-R*
   – Group size and ratios: Standard 5. Teacher to Student Ratios
   – Health and nutrition: Standard 2. Indicator 1. Nutrition and Physical Activity Assessment and Improvement Plan
   – Safety: Standard 2. Indicator 2. CPR/First Aid
   – Curriculum: Standard 4. Indicator 1. Points for Curriculum
   – Support for diversity and individualizing: Standard 4. Indicator 2. Lesson Plans and Accommodations for Children with Individual Needs
   – Cultural and linguistic congruence: Standard 4. Indicator 1. Curriculum

2. Provider–child relationships:
   – Measure: *FCCERS-R*
   – Support for physical health and development: Standard 2. Child Nutrition and Physical Activity

3. Provider–family relationships:
   – Reciprocal communication: Standard 3. Indicator 3. Family Involvement/Support and Conferences

4. Conditions for operations and sustainability:
   – Access to professional resources: Bonus Points–National Accreditation

5. Provider characteristics:
   – Education level: Standard 1.A. Director/Program Administrator Education and Professional Development and Standard 1.B. Teacher Education and Professional Development
   – Prior training: Standard 1.A. Director/Program Administrator Education and Professional Development and Standard 1.B Teacher Education and Professional Development
   – Years of experience: Standard 1.A. Director/Program Administrator Education and Professional Development

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Early, D. M., Maxwell, K. L., Blasberg, A., Miranda, B., Orfali, N. S., Li, W., Bultnick, E., & Gebhart, T. (2019). *Quality Rated validation study report #4: Quality Rated star ratings and independent measures of quality, children's growth, and work climate*. Bethesda, MD: Child Trends.

Quality Rated. (2019). *Quality Rated child care program manual*. Bright from the Start: Georgia Department of Early Care and Learning. https://qualityrated.decal.ga.gov/Content/Documents/PM_ProgramManual.pdf.

Quality Rated. (2012). *Rating rubric*. Bright from the Start: Georgia Department of Early Care and Learning. https://qualityrated.decal.ga.gov/Content/Documents/PM_RatingRubric.pdf.

Head Start Program Performance Standards

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: No pilot	**Home setting and learning environments:** 11 features
HBCC introduction date: Information not available	**Provider–child relationships:** 6 features
Differentiated by provider type: Not applicable	**Provider–family relationships:** 5 features
HBCC provider types included: FCC	**Conditions for operations and sustainability:** 1 feature
Participation requirements: Mandatory for Head Start/Early Head Start	**Provider characteristics:** 2 features
Setting: Multiple care settings	**Neighborhood characteristics:** 3 features
Alternative pathways for providers: Not applicable	

Rating	Performance
Structure: Not applicable	**Validation study completed:** No
Number of levels: Not applicable	
Supports to prepare for rating process: Head Start training and technical assistance system	
Assessors: Information not available	
Methods for assessing ratings on indicators: Information not available	

Standards profile narrative

Description

Head Start Program Performance Standards guide Head Start agencies that provide services to low-income children and families. Head Start and Early Head Start must meet the Head Start Program Performance Standards and the requirements set forth in the Head Start Act of 2007. The Head Start standards for FCC (§1302.23 Family Child Care Option) were designed specifically for use in licensed HBCC programs serving children from birth to 5 years. The FCC standards are aligned with the standards for center-based programs. Programs are given flexibility in how they meet the standards and encouraged to use data to track progress toward their goals yet also must meet minimum requirements.

Participation for licensed HBCC providers is mandatory for Head Start programs and voluntary for other providers, who can choose to meet the standards if they prefer.

Rating process and supports

Information not available.

Validity

A validation study has not been conducted; however, the revised 2016 Head Start Program Performance Standards are based on findings from scientific research and extensive consultation with experts, which demonstrates content validity.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Group size and ratios: Ratios and group size
   – Indoor spaces: Learning environment
   – Outdoor spaces: Learning environment
   – Health and nutrition: Child nutrition, child health status and care
   – Safety: Safety practices
   – Organized environment: Teaching and the learning environment
   – Family-like setting: Setting
   – Routines: Learning environment
   – Curriculum: Curricula
   – Support for diversity and individualizing: Determining community strengths, needs, and resources.
   – Cultural and linguistic congruence: Education and Child Development Services: Teaching and the learning environment

2. Provider–child relationships:

   – Support for emotional development: Education and Child Development Services: Teaching and the learning environment

   – Support for cognitive development: Education and Child Development Services: Teaching and the learning environment

   – Support for social development and peer interactions: Education and Child Development Services: Teaching and the learning environment

   – Support for physical health and development: Education and Child Development Services: Teaching and the learning environment

   – Support for language and literacy: Education and Child Development Services: Teaching and the learning environment

   – Close provider–child relationships: Education and Child Development Services: Teaching and the learning environment

3. Provider–family relationships:

   – Trust: Education and Child Development Services: Teaching and the learning environment

   – Reciprocal communication: Collaboration and communication with parents

   – Providing parent education: Parent and family engagement in education and child development services

   – Promoting a sense of community and connection: Family partnership services

   – Cultural and linguistic match with families: Collaboration and communication with parents; effective teaching and learning practices

4. Conditions for operations and sustainability:

   – Access to professional resources: Management system

5. Provider characteristics:

   – Education level: Staff qualifications and competency requirements

   – Prior training: Staff qualifications and competency requirements

6. Neighborhood characteristics:

   – Libraries: Community partnerships and coordination with other early childhood and education programs

   – Roads and traffic: Safety practices

   – Litter and pollution: Safety practices

References

Administration for Children and Families. (2016). *New Head Start Program Performance Standards*. U.S. Department of Health and Human Services, Administration for Children and Families. https://www.acf.hhs.gov/archive/blog/2016/09/new-head-start-program-performance-standards.

Office of Head Start. (2016). *Head Start Program Performance Standards*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/hspps-appendix.pdf.

Steps to Quality, Idaho

Characteristics

HBCC pilot status: No pilot

HBCC introduction date: 2010

Differentiated by provider type: Same

HBCC provider types included: FCC

Participation requirements: Voluntary

Setting: Multiple care settings

Alternative pathways for providers: Nationally accredited programs are eligible for an accelerated rating; multiple options for meeting education/professional development requirements

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 7 features; FCCERS features

Provider–child relationships: 3 features; FCCERS features

Provider–family relationships: 3 features

Conditions for operations and sustainability: 2 features

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Rating

Structure: Block

Number of levels: 6

Supports to prepare for rating process: Consultation, coaching

Assessors: FCCERS observers are trained in person by an official tool anchor and online through the tool publisher; semi-annual trainings are also conducted by the assessment specialist

Methods for assessing ratings on indicators: Self-report, direct observation, document review, rating or rubric, training

Performance

Validation study completed: No

QRIS profile narrative

Description

Steps to Quality is Idaho's statewide QRIS. It was formally introduced in 2010 without being piloted. The indicators for center-based and FCC providers are the same. Participation in Idaho's QRIS is voluntary.

Rating process and supports

Rating is a block structure with six steps (that is, levels). The sixth step is accreditation. Providers who participate have access to coaches, consultants, resource specialists, and grant opportunities. Nationally accredited programs are eligible for an accelerated rating pathway.

Validity

Information not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS*
   – Group size and ratios: Steps 3−5: Curriculum and Instruction
   – Health and nutrition: Steps 1−3. Health, Safety, and Wellness
   – Safety: Steps 1−2: Health, Safety, and Wellness
   – Supportive program policies: Step 3: Child Development
   – Routines: Step 5: Curriculum and Instruction
   – Structured activities: Step 2: Child Development
   – Support for diversity and individualizing: Steps 4−5: Inclusion and Diversity

2. Provider–child relationships:
   – Measure: *FCCERS*
   – Support for cognitive development: Step 5: Child Development
   – Support for physical health and development: Step 3: Health, Safety, and Wellness
   – Support for language and literacy: Step 5: Child Development

3. Provider–family relationships:
   – Reciprocal communication: Steps 2−5: Partnerships with Families and Communities
   – Providing parent education: Step 5: Health, Safety, and Wellness
   – Promoting a sense of community and connection: Step 3: Partnerships with Families and Communities

4. Conditions for operations and sustainability:
   – Business practices: Steps 1−4: Business Practices
   – Access to professional resources: Step 2: Health, Safety, and Wellness

5. Provider characteristics:

   – Education level: Steps 1−5: Business Practices

   – Prior training: Steps 1−5: Business Practices

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Steps to Quality. (2019). Steps to Quality: *A participant handbook for Idaho's Quality Rating and Improvement System for home- and center-based childcare*. https://idahostars.org/portals/61/Docs/Providers/STQ/STQ_Part_Handbook.pdf.

ExceleRate Illinois

Characteristics
HBCC pilot status: No pilot
HBCC introduction date: 2015
Differentiated by provider type: Some overlap
HBCC provider types included: FCC
Participation requirements: Auto enroll at the first level for licensed providers; mandatory if receiving CCDF subsidies
Setting: HBCC only
Alternative pathways for providers: Programs accredited by an ExceleRate Illinois-approved body may use accreditation as evidence that standards have been met

Alignment with HBCCSQ conceptual framework
Home setting and learning environments: 5 features; FCCERS and CCAT-R features
Provider–child relationships: 2 features; FCCERS features
Provider–family relationships: 3 features
Conditions for operations and sustainability: 2 features; BAS features
Provider characteristics: 2 features
Neighborhood characteristics: 0 features

Rating
Structure: Block
Number of levels: 4
Supports to prepare for rating process: Self-assessment training, consultation
Assessors: State-approved assessors are trained in BAS, CCAT-R, and FCCERS-R
Methods for assessing ratings on indicators: Self-report, direct observation, document review, checklist, training

Performance
Validation study completed: No

QRIS profile narrative

Description

ExceleRate Illinois is Illinois's statewide QRIS. HBCC-specific indicators were introduced in 2015 without prior piloting. ExceleRate Illinois has some overlap between indicators for center-based providers and HBCC providers, and it focuses on family child care providers for HBCC indicators. Indicators were designed specifically for use in HBCC programs only.

Participation at the first level is done through automatic enrollment for licensed HBCC providers; participation at higher levels is voluntary. Additionally, participation at the first level is mandatory for all programs serving children who receive subsidies through the Child Care and Development Fund.

Rating process and supports

Rating is structured as a block with four levels: Licensed, Bronze, Silver, and Gold. Programs that pursue bronze, silver, or gold levels receive access to support to guide programs through the process, including technical assistance, on-site visits, and training. Programs may use accreditation from a state-approved accreditation organization to show evidence for many of the ExceleRate Illinois standards.

Validity

Information not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
    –   Measure: *FCCERS-R, CCAT-R (Health and Safety Checklist only)*
    –   Group size and ratios: Ratios
    –   Indoor spaces: Daily activities and interactions
    –   Safety: Safety and health of environment
    –   Curriculum: Classroom curriculum
    –   Cultural and linguistic congruence: Linguistically and culturally appropriate practice
2. Provider–child relationships:
    –   Measure: *FCCERS-R*
    –   Support for social development and peer interactions: Interactions between providers and children
    –   Support for mixed-age peer interactions: Classroom curriculum
3. Provider–family relationships:
    –   Reciprocal communication: Family-provider communication and collaboration
    –   Promoting a sense of community and connection: Connecting and supporting families
    –   Cultural and linguistic match with families: Family-provider communication and collaboration

4. Conditions for operations and sustainability:

    –   Measure: *BAS (only used for business indicators)*

    –   Business practices: Business administration

    –   Access to professional resources: Ongoing professional development

5. Provider characteristics:

    –   Education level: FCC provider qualifications

    –   Prior training: FCC provider qualifications

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

ExceleRate Illinois. (2018). *The Licensed Family Child Care ExceleRate Illinois Overview Chart*. Illinois Network of Child Care Resource and Referral Agencies (INCCRRA). https://www.excelerateillinoisproviders.com/docman/resources/52-fcc-overview-chart/file.

Paths to QUALITY, Indiana

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: Completed	**Home setting and learning environments:** 8 features
HBCC introduction date: 2008	**Provider–child relationships:** 5 features
Differentiated by provider type: Some overlap	**Provider–family relationships:** 1 feature
HBCC provider types included: FCC	**Conditions for operations and sustainability:** 2 features
Participation requirements: Mandatory for programs receiving state pre-K funding	**Provider characteristics:** 3 features
Setting: HBCC only	**Neighborhood characteristics:** 0 features
Alternative pathways for providers: Accelerated rating process for accredited programs; multiple pathways for meeting education requirements	

Rating	Performance
Structure: Block	**Validation study completed:** Yes
Number of levels: 4	**Type of validation study:** Convergent validity
Supports to prepare for rating process: Self-assessment training, consultation	**Size of validation study:** 95 centers and 169 FCC homes; 221 children in licensed child care centers, licensed FCC homes, and registered child care ministries
Assessors: Raters are trained on the Paths to QUALITY checklist by an official tool anchor	
Methods for assessing ratings on indicators: Self-report, direct observation, document review	

QRIS profile narrative

Description

Paths to QUALITY is Indiana's statewide QRIS. It was piloted from 2000−2007 and became operational in 2008. Paths to QUALITY has some overlap between indicators for center-based and FCC providers. Participation is voluntary for most providers; however, it is mandatory for providers receiving specific sources of funding, such as state pre-K funding (which HBCC providers can receive in Indiana).

Rating process and supports

Rating is structured as a block with four levels (Health and Safety, Learning Environments, Planned Curriculum, and National Accreditation). To meet Level 1, providers must have a current license in good standing. To meet Level 4, providers must be nationally accredited.

Programs that are enrolled are eligible for technical assistance with a coach. There are also financial incentives for programs that participate and move through the levels, including financial support for moving through the accreditation process.

Validity

A 2011 evaluation (Elicker et al., 2011), which included 95 centers and 169 FCC homes, found that QRIS ratings were significantly positively associated with CIS and ERS scores—as scores increased, so did ratings. A two-year longitudinal study on child outcomes (Elicker et al., 2018) included 221 children from low-income families using CCDF vouchers. Although the exact number of children in FCC programs was not reported, children were sampled based on child care type to obtain approximately equal numbers in licensed child care centers, licensed FCC homes, and registered child care ministries.[4]

Classrooms rated at Levels 3 and 4 generally had higher levels of classroom quality, as measured by the CLASS, than lower-rated classrooms. However, the results varied by domain and time period. For example, for toddlers, higher-rated classrooms had significantly greater Emotional and Behavioral Support scores during the first two time periods, but not the third. Toddlers in higher-rated programs showed greater gains in early learning skills over the two-year study, but not social skills. All preschoolers gained in school readiness, measured by the Bracken School Readiness Assessment, and language comprehension, but those in Level 3 and 4 care did not show significantly greater gains compared with children in lower-rated or unrated care.

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[4] "Child care ministries" refers to "child care operated by a church or religious ministry that is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code." Indiana Code IC 12-7-2-28.8.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:

    – Indoor spaces: Level 2. Indicator 12a/b. The home is arranged and utilizes enough materials and activities to provide a variety of age and developmentally appropriate interest centers that invite children's explorations.

    – Outdoor spaces: Level 2. Indicator 11b. Outdoor play time

    – Safety: Level 2. Indicator 8. A written emergency plan is established and implemented.

    – Organized environment: Level 2. Indicator 12. The home is arranged and utilizes enough materials and activities to provide a variety of age and developmentally appropriate interest centers that invite children's explorations.

    – Routines: Level 2. Indicator 11a. Daily schedule provides ample time for child-directed choices with activities and materials geared to the age, interests, and abilities of each child.

    – Unstructured activities:

        o Level 2. Indicator 11. Daily schedule provides ample time for child-directed choices, with activities and materials geared to the age, interests, and abilities of each child.

        o Level 3. Indicator 8. Children are actively engaged throughout the day in making choices about activities and materials.

    – Curriculum: Level 3. Indicator 6. A written curriculum

    – Support for diversity and individualizing: Level 3. Indicator 9. Plans and environmental accommodations for children with special needs are evident.

2. Provider–child relationships:

    – Support for emotional development: Level 2. Indicator 10. The home is welcoming, nurturing, and safe for children to have interactions and experiences that promote their physical, social, and emotional well-being.

    – Support for cognitive development: Level 3. Indicator 7. Children's physical, cognitive, language, literacy, math, and creative development is supported.

    – Support for social development and peer interactions:

        o Level 2. Indicator 10. The home is welcoming, nurturing, and safe for children to have interactions and experiences that promote their physical, social, and emotional well-being.

- Support for physical health and development:

  o Level 2. Indicator 10. The home is welcoming, nurturing, and safe for children to have interactions and experiences that promote their physical, social, and emotional well-being.

  o Level 3. Indicator 7. Children's physical, cognitive, language, literacy, math, and creative development is supported.

- Support for language and literacy:

  o Level 2. Indicator 13. Children are read to daily and encouraged to explore books and other print materials.

  o Level 3. Indicator 7. Children's physical, cognitive, language, literacy, math, and creative development is supported.

3. Provider–family relationships:

- Reciprocal communication: Level 2. Indicator 7. A system is in place for communicating pertinent information to families, both daily and at an annual family conference for each child.

4. Conditions for operations and sustainability:

- Business practices: Level 2. Indicator 9. Written policies and a child care contract are established and implemented with families.

- Access to professional resources:

  o Level 2. Indicator 1. Lead caregiver is a member of a nationally recognized early childhood organization.

  o Level 4. Accreditation by a Bureau of Child Care-approved, nationally recognized accrediting body has been achieved and maintained.

5. Provider characteristics:

- Education level:

  o Level 2. Indicator 5. Lead caregiver will have a current Child Development Associate (CDA) or equivalent certificate; OR an early childhood degree or equivalent degree; OR have completed 45 clock hours of educational training in early childhood education within the past three years, leading to a CDA or an early childhood/child development degree.

  o Level 3. Indicator 3. Lead caregiver will have a current CDA or equivalent certificate; OR an early childhood degree or equivalent degree; OR have completed 60 clock hours of educational training leading to an early childhood/child development degree or CDA credential within the past three years.

  o Level 4. Indicator 1. Lead caregiver has a current CDA or equivalent; OR an CCEE degree or equivalent degree.

    – Prior training:

        o Level 2. Indicator 5. Lead caregiver has a current CDA or equivalent certificate; OR an early childhood degree or equivalent degree; OR has completed 45 clock hours of educational training in early childhood education within the past three years, leading to a CDA or an early childhood/child development degree.

        o Level 2. Indicator 6. At least 50 percent of caregivers, including the lead caregiver, annually participate in a minimum of 15 clock hours of educational or in-service training focused on topics relevant to early childhood.

        o Level 3. Indicator 4. At least 50 percent of caregivers, including the lead caregiver, annually participate in a minimum of 20 clock hours of educational or in-service training focused on topics relevant to early childhood.

    – Years of experience: Level 3. Indicator 2. Lead caregiver has at least 12 months of experience as a caregiver in a licensed child care setting.

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Elicker, J., Langill, C.C., Ruprecht, K.M., Lewsader, J., & Anderson, T. (2011)*. Evaluation of Paths to QUALITY, Indiana's Child Care Quality Rating and Improvement System: Final report.* West Lafayette, IN: Center for Families, Purdue University. https://docs.lib.purdue.edu/cffpub/45/.

Elicker, J., Lane, S., Gold, Z.S., Mishra, A., & Christ, S. (2018). *Final report: Paths to QUALITY evaluation*. West Lafayette, IN: Center for Families, Purdue University. https://docs.lib.purdue.edu/cffpub/70/.

Paths to Quality. (n.d.). *Levels of quality*. Indiana Family & Social Services Administration. https://www.in.gov/fssa/pathstoquality/info-for-families/levels-of-quality/.

Paths to Quality. (n.d.). *Program incentives*. Indiana Family & Social Services Administration. https://www.in.gov/fssa/pathstoquality/info-for-programs/program-incentives/.

Paths to Quality. (2008). *Standards for participation in Indiana: Licensed child care home*. Indiana Family & Social Services Administration. https://www.in.gov/fssa/pathstoquality/files/HomesPTQStandards.pdf.

Iowa's Quality Rating System

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: No pilot	**Home setting and learning environments:** 5 features; FCCERS features
HBCC introduction date: 2006	**Provider–child relationships:** FCCERS features
Differentiated by provider type: Some overlap	**Provider–family relationships:** 3 features
HBCC provider types included: FCC	**Conditions for operations and sustainability:** 1 feature
Participation requirements: Voluntary	**Provider characteristics:** 3 features
Setting: HBCC only	**Neighborhood characteristics:** 0 features
Alternative pathways for providers: Multiple options to meet qualification requirements, including years of experience	

Rating	Performance
Structure: Hybrid	**Validation study completed:** Yes
Number of levels: 5	**Type of validation study:** Content validity
Supports to prepare for rating process: Consultation, training	**Size of validation study:** 173 center-based programs and 84 FCC homes
Assessors: FCCERS-R observers are trained in person by an official tool anchor	
Methods for assessing ratings on indicators: Self-report, direct observation, rating or rubric, training	

QRIS profile narrative

Description

Iowa's statewide Quality Rating System was formally introduced in 2006 without being piloted. Most indicators overlap for center-based and FCC programs; however, some indicators are tailored to program type. Participation is voluntary.

Rating process and supports

Rating is structured as a hybrid model with five levels. Level 1 is achieved by meeting registration or licensing standards. Starting at Level 2, providers can receive a Quality Rating System Achievement Bonus.

Validity

A 2013 evaluation of Iowa's Quality Rating System analyzed administrative data from 257 participating child care programs, including 84 FCC programs. The evaluation found that its components are grounded in research and match other systems. An analysis of the individual indicators revealed that only a few indicators lacked variability. According to the authors, programs showed variability on most indicators, showing that most were working as intended to differential quality. Finally, FCC programs received, on average, lower ratings than centers, suggesting that the system may work differently in FCC and center-based programs. The Quality Rating System was not validated with independent measures of quality or child outcomes.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:

   – Measure: *FCCERS-R*

   – Health and nutrition: Nutrition and Physical Activity: Levels 1–5

   – Safety: Environment: Level 3. Indicator 12, Environment: Level 4. Indicator 10, and Environment: Level 5. Indicator 9

   – Supportive program policies: Teaching and Learning: Level 1. Indicator 9, Teaching and Learning: Level 2. Indicator 10, Teaching and Learning: Level 2. Indicator 11, Environment: Level 1. Indicator 10, Environment: Level 2. Indicator 13, Environment: Level 2. Indicator 14, and Environment: Level 3. Indicator 13

   – Routines: Teaching and Learning: Level 2. Indicator 9

   – Support for diversity and individualizing: Teaching and Learning: Level 3. Indicator 10, Teaching and Learning: Level 4. Indicator 8, Teaching and Learning: Level 5. Indicator 7, and Environment: Level 2. Indicator 12

2. Provider–child relationships:

   – Measure: *FCCERS-R*

   – No additional indicators are aligned with this quality component.

3. Provider–family relationships:

    – Reciprocal communication: Family and Community Partnerships: Level 1. Indicator 6, Family and Community Partnerships: Level 2. Indicators 6, and Family and Community Partnership Activity Options[a] (Levels 1–5)

    – Promoting a sense of community and connection: Family and Community Partnership Activity Options[a] (Levels 1–5)

    – Cultural and linguistic match with families: Family and Community Partnership Activity Options[a] (Levels 1−5) and Family and Community Partnerships: Level 3. Indicator 5

4. Conditions for operations and sustainability:

    – Access to professional resources: Family and Community Partnership Activity Options[a] (Levels 1−5)

5. Provider characteristics:

    – Education level: Provider Qualifications: Levels 1−5

    – Prior training: Professional Development: Levels 1−5, Nutrition and Physical Activity: Level 1. Indicator 1, and Teaching and Learning: Level 1. Indicator 8

    – Years of experience: Provider Qualifications: Levels 1−5

6. Neighborhood characteristics: No indicators are aligned with this quality component.

[a] At least one Family and Community Partnership Activity applies to this feature. At each level, the program needs to complete one to five activities, depending on the level.

References

The Build Initiative & Child Trends. (2019). *State profiles*. https://qualitycompendium.org/view-state-profiles.

Iowa Department of Human Services. (2013). *Iowa Quality Rating System evaluation*. https://dhs.iowa.gov/sites/default/files/Iowas_Qualit_Rating_System_for_CCP_2013.pdf?082120202008.

Iowa Department of Human Services. (2019). *IQ4K homes−draft*. https://dhs.iowa.gov/sites/default/files/IQ4K_Homes_Draft%20(1).pdf?103020201953.

Kentucky All STARS

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: Completed	**Home setting and learning environments:** 3 features; FCCERS features
HBCC introduction date: 2017	
Differentiated by provider type: Same	**Provider–child relationships:** FCCERS features
HBCC provider types included: FCC	**Provider–family relationships:** 3 features
Participation requirements: Mandatory for programs receiving public funds	**Conditions for operations and sustainability:** 2 features
Setting: Multiple care settings	**Provider characteristics:** 3 features
Alternative pathways for providers: Different education and years of experience options to meet levels of Kentucky Career Lattice; preschool/Head Start programs can enter at Level 3	**Neighborhood characteristics:** 1 feature

Rating	Performance
Structure: Hybrid	**Validation study completed:** No
Number of levels: 5	
Supports to prepare for rating process: Consultation, coaching	
Assessors: FCCERS-R observers are trained by an official tool anchor	
Methods for assessing ratings on indicators: Self-report, direct observation, document review, training	

QRIS profile narrative

Description

All STARS is Kentucky's statewide QRIS. Kentucky's first QRIS system, STARS for KIDS NOW, was introduced in 2001. The new system was piloted in 2015 before being formally introduced in 2017. Indicators are the same for center-based and FCC programs. The only difference between program types is the ERS tool used to assess the program (FCCERS-R for HBCC programs and ECERS-R, ITERS-R, or SACERS-R for center-based programs). Participation is mandatory for any program receiving local, state, or federal funding. Any licensed program that participates enters at 1 star.

Rating process and supports

Rating is structured as a hybrid model with five levels. The first two levels are structured as blocks; Levels 3−5 are achieved by obtaining points. Level 1 is achieved by meeting regulatory requirements. Programs that participate in Kentucky All STARS will receive coaching and technical assistance from a ChildCare Aware coach.

Validity

Information not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:

    – Measure: *FCCERS−R*

    – Group size and ratios: Classroom and Instructional Quality

    – Curriculum: Classroom and Instructional Quality

    – Support for diversity and individualizing: Classroom and Instructional Quality

2. Provider–child relationships:

    – Measure: *FCCERS−R*

    – No additional indicators are aligned with this quality component.

3. Provider–family relationships:

    – Reciprocal communication: Family and Community Engagement

    – Promoting a sense of community and connection: Family and Community Engagement

    – Facilitating and connecting child care patchwork for families: Family and Community Engagement

4. Conditions for operations and sustainability:

    – Business practices: Administrative and Leadership Practices

    – Access to professional resources: Administrative and Leadership Practices

5. Provider characteristics:

   – Education level: Staff Qualifications and Professional Development

   – Prior training: Staff Qualifications and Professional Development

   – Years of experience: Staff Qualifications and Professional Development

6. Neighborhood characteristics:

   – Other community centers: Family and Community Engagement

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Kentucky All STARS. (2017). *Frequently asked questions (FAQ)*. Governor's Office of Early Childhood. https://kentuckyallstars.ky.gov/Documents/FAQ+Feb+2017.pdf.

Kentucky All STARS. (n.d.). *Hybrid system: Kentucky All STARS standards of quality*. Governor's Office of Early Childhood. https://kentuckyallstars.ky.gov/Documents/RatingSystem.pdf.

Quality for ME, Maine

Characteristics

HBCC pilot status: No pilot

HBCC introduction date: 2008

Differentiated by provider type: Some overlap

HBCC provider types included: FCC

Participation requirements: Mandatory if receiving CCDF subsidies or Head Start/Early Head Start funding

Setting: HBCC only

Alternative pathways for providers: Multiple options for meeting staff qualifications requirements

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 5 features

Provider–child relationships: 5 features

Provider–family relationships: 2 features

Conditions for operations and sustainability: 2 features

Provider characteristics: 3 features

Neighborhood characteristics: 0 features

Rating

Structure: Block

Number of levels: 4

Supports to prepare for rating process: Consultation, communities of practice

Assessors: Information not available

Methods for assessing ratings on indicators: Self-report, document review, training

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: 142 center-based programs and 113 FCC homes

QRIS profile narrative

Description

Quality for ME is Maine's statewide QRIS. It was formally introduced in 2008 without being piloted. Indicators are similar for FCC and center-based programs; however, some indicators differ by program type. Participation is mandatory for programs with children receiving CCDF subsidies and Head Start/Early Head Start funding.

Rating process and supports

Rating is structured as a block with four levels. Programs that participate have access to supports such as technical assistance, including on-site consultation and resources to help meet the Quality for ME requirements.

Validity

An evaluation of Quality for ME was conducted between 2008 and 2011; it included 142 centers and 113 FCC homes (Lahti et al., 2011). Findings indicated that ERS ratings were positively correlated with QRIS standards (Karoly 2014). Although the report itself could not be located, an Office of Planning, Research and Evaluation (OPRE) brief that reviewed QRIS evaluations in four states, including Maine (Lahti et al., 2013), concluded that there were no significant differences in ECERS-R scores across levels based on analysis of variance. Rather, observed ECERS-R quality was highly variable within each level.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:

    –   Safety: Compliance History/Licensing Status: Step 1. Indicator 2, Compliance History/Licensing Status: Step 2. Indicator 2, Compliance History/Licensing Status: Step 3. Indicator 2, and Compliance History/Licensing Status: Step 4. Indicator 2

    –   Organized environment: Learning Environment/Developmentally Appropriate Practice: Step 1. Indicator 3 and Learning Environment/Developmentally Appropriate Practice: Step 2. Indicator 3

    –   Supportive program policies: Administrative policies and procedures. Step 2. Indicator 13

    –   Routines: Learning Environment/Developmentally Appropriate Practice: Step 2. Indicator 3

    –   Curriculum: Learning Environment/Developmentally Appropriate Practice: Step 2. Indicator 4, Learning Environment/Developmentally Appropriate Practice: Step 3. Indicator 3, and Learning Environment/Developmentally Appropriate Practice: Step 3. Indicators 3–4

2. Provider–child relationships:

   – Support for emotional development: Authentic Assessment. Steps 2–4

   – Support for cognitive development: Authentic Assessment. Steps 2–4

   – Support for social development and peer interactions: Authentic Assessment. Steps 2–4

   – Support for physical health and development: Authentic Assessment. Steps 2–4

   – Support for language and literacy: Authentic Assessment. Steps 2–4

3. Provider–family relationships:

   – Reciprocal communication: Parent/Family Involvement: Step 3. Indicators 7–8

   – Promoting a sense of community and connection: Parent/Family Involvement: Step 4. Indicator 7

4. Conditions for operations and sustainability:

   – Business practices: Administrative Policies and Procedures: Step 2. Indicators 11–12, Administrative Policies and Practices: Step 4. Indicator 6

   – Access to professional resources: Program Evaluation: Step 4. Indicator 4

5. Provider characteristics:

   – Education level: Staffing and Professional Development: Steps 1–4

   – Prior training: Staffing and Professional Development: Steps 1–4

   – Years of experience: Staffing and Professional Development: Steps 1–4

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Karoly, L. (2014). Validation studies for early learning and care Quality Rating and Improvement Systems: A Review of the Literature. WR-1051-DOEL. Santa Monica, CA: RAND Corporation. https://www.rand.org/pubs/working_papers/WR1051.html.

Lahti, M., Cobo-Lewis, A., Dean, A., Rawlings, S., Sawyer, E., and Zollitsch, B. (2011). *Maine's Quality for Me—child care Quality Rating and Improvement System (QRIS): Final evaluation report.* Edmund S. Muskie School of Public Service, University of Southern Maine. Submitted to ME, Dept. of Health and Human Services.

Lahti, M., Sabol, T., Starr, R., Langill, C., & Tout, K. (2013). *Validation of Quality Rating and Improvement Systems (QRIS): Examples from four states.* Research-to-Policy, Research-to-Practice Brief OPRE 2013-036. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Quality for ME. (n.d.). *Quality for ME standards: FCC programs*. Office of Child and Family Services, Maine Department of Health and Human Services. https://www.maine.gov/future/sites/maine.gov.dhhs/files/documents/ocfs/ec/occhs/documents/quality_standards_fcc.doc.

Quality for ME. (n.d.). *Quality for ME: Maine's Quality Rating and Improvement System*. Office of Child and Family Services, Maine Department of Health and Human Services. https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20Quality%20Rating%20Improvement%20System%20Revised%20Document%201-14-19_0.pdf.

Maryland EXCELS

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2013

Differentiated by provider type: Same

HBCC provider types included: FCC

Participation requirements: Mandatory if receiving CCDF subsidies

Setting: Multiple care settings

Alternative pathways for providers: Alternative pathway for accredited programs and school-operated CCEE; multiple options to meet qualification requirements

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 8 features; FCCERS features

Provider–child relationships: 3 features; FCCERS features

Provider–family relationships: 2 features

Conditions for operations and sustainability: 2 features

Provider characteristics: 2 features

Neighborhood characteristics: 1 feature

Rating

Structure: Block

Number of levels: 5

Supports to prepare for rating process: Consultation, professional development, financial incentives

Assessors: FCCERS-R assessors are trained using a rubric-based approach; training is ongoing

Methods for assessing ratings on indicators: Self-report, direct observation, document review, rating or rubric, training

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: 256 center-based programs and 99 FCC programs in cycle one; 250 center-based programs and 95 FCC programs in cycle two

QRIS profile narrative

Description

EXCELS is the statewide QRIS for Maryland. It became operational in 2013 after being piloted from 2012–2013. Indicators are the same for center-based and FCC programs. Starting at Level 4, programs are required to have a complete program assessment (FCCERS-R for FCC or ECERS-R, ITERS-R, SACERS-R, or CLASS for centers). However, assessment is used for quality improvement only; no specific score is required. Participation is mandatory for programs with children receiving CCDF subsidies.

Rating process and supports

Rating is structured as a block with five levels. Programs that participate have access to supports, such as targeted technical assistance, professional development, and financial incentives.

Validity

A validation study from 2014–2016 looked at 355 programs in cycle one and 345 child care programs in cycle two, including 99 and 95 FCC providers in the two cycles, respectively. The study found no difference in CLASS scores between levels. It found some differences between levels in certain subscales of the ECERS-R and FCCERS-R. For the FCCERS-R, five subscales (space and furnishings, listening and talking, activities, program structure, and parents and provider) were significantly and positively correlated with EXCELS ratings.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:

    –   Measure: *FCCERS-R*

    –   Health and nutrition: Indicator ADM 3. CACFP (Child and Adult Care Food Program) (Levels 3–5) and Indicator ADM 4. Nutritious Meals and Snacks (Levels 3–5)

    –   Organized environment: Indicator DAP 2. Learning Materials (Levels 2–5)

    –   Supportive program policies: Indicator ADM 1. Information and Policies (Levels 1–5) and Indicator ADM 2. Receipt of Policies (Levels 4–5)

    –   Structured activities: Indicator DAP 1. Environment (Levels 1–5) and Indicator DAP 5. Planning (Levels 2–5)

    –   Unstructured activities: Indicator DAP 1. Environment (Levels 1–5)

    –   Curriculum: Indicator DAP 4. Curriculum (Levels 2–5)

    –   Support for diversity and individualizing: Indicator DAP 1. Environment (Levels 3–5), Indicator DAP 2. Learning Materials (Levels 2–5), Indicator DAP 5. Planning (Levels 2–5), and Indicator DAP 6. Implementation (Level 1)

    –   Cultural and linguistic congruence: Indicator DAP 1. Environment (Levels 3–5) and Indicator DAP 2. Learning Materials (Levels 4–5)

2. Provider–child relationships:

    – Measure: *FCCERS-R*

    – Support for emotional development: Indicator DAP 3. Positive Guidance (Levels 1–5)

    – Support for social development and peer interactions: Indicator DAP 3. Positive Guidance (Levels 1–5) and Indicator DAP 6. Implementation (Levels 2–5)

    – Support for language and literacy: Indicator DAP 6. Implementation (Levels 2–5)

3. Provider–family relationships:

    – Reciprocal communication: Indicator ADM 5. Family Engagement (Levels 2–5) and Indicator ADM 6. Family Conferences (Levels 1−5)

    – Facilitating and connecting child care patchwork for families: Indicator ADM 7. Individualized Family Service Plan/Individualized Education Plan (Levels 1–5) and Indicator ADM 15. Transition Plan (Levels 3–5)

4. Conditions for operations and sustainability:

    – Business practices: Indicator ADM 10. Staff Policies and Handbook (Levels 2–5), Indicator ADM 11. Staff Receipt of Handbook (Levels 4–5), and Indicator ADM 12. Salary and Benefits (Levels 3–5)

    – Access to professional resources: Indicator ACR 1. Accreditation (Levels 2–5)

5. Provider characteristics:

    – Education level: Indicator STF 1. Education/Experience (Levels 1–5)

    – Prior training: Indicator STF 1. Education/Experience (Levels 1–5)

6. Neighborhood characteristics:

    – Libraries: Indicator ADM 14. Use of community resources (Levels 4–5)

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Maryland EXCELS. (2014). *Family child care standards*. https://marylandexcels.org/wp-content/uploads/2015/12/Family-Child-Care-Standards-March-2014.pdf.

Swanson, C., Carran, D., Guttman, A., Wright, T., Murray, M., Alexander, C., & Nunn, J. (2017). *Maryland EXCELS validation study*. Baltimore, MD: Johns Hopkins University.

Massachusetts Quality Rating and Improvement System

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2011

Differentiated by provider type: Some overlap

HBCC provider types included: FCC

Participation requirements: Mandatory if receiving CCDF subsidies or Head Start/Early Head Start funding

Setting: Multiple care settings

Alternative pathways for providers: None

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 6 features; FCCERS features

Provider–child relationships: 3 features; FCCERS features

Provider–family relationships: 3 features; BAS features

Conditions for operations and sustainability: 3 features; BAS features

Provider characteristics: 2 features; BAS features

Neighborhood characteristics: 0 features

Rating

Structure: Block

Number of levels: 4

Supports to prepare for rating process: Self-assessment training, consultation

Assessors: Direct child assessors trained in Peabody Picture Vocabulary Test, Woodcock–Johnson Tests of Achievement

Methods for assessing ratings on indicators: Self-report, report from others (health consultant), direct observation, document review, checklist, rating or rubric, training

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: Information not available

QRIS profile narrative

Description

The Massachusetts Quality Rating and Improvement System (MA QRIS) is the statewide QRIS system for Massachusetts. A pilot was completed in 2010–2011. MA QRIS has some overlap in indicators for center-based and HBCC providers; it focuses on FCC providers for HBCC indicators. Indicator content was piloted with FCC providers and with center-based providers.

Participation at the first level is mandatory for programs serving children receiving CCDF subsidies, state pre-K funding, Head Start/Early Head Start funding, and other streams of funding, or participating in grant programs.

Rating process and supports

The MA QRIS includes four levels and uses a block rating structure. It serves the entire mixed-delivery system, which includes center-based, public preschool, and license-exempt early education programs, FCC, and afterschool/out-of-school time programs. Supports include self-assessment training and consultation.

Validity

A 2014 validation study, which included centers only, found significant associations between 68 percent of the QRIS criteria and the proportions of programs at different levels. The study also found significant associations between ERS scores and higher levels of quality for preschool and infant/toddler classrooms. In addition, it found significant associations between CIS scores and quality for preschool classrooms, but not for infant and toddler classrooms.

Preschool children in Level 3 showed significantly greater improvement in their Peabody Picture Vocabulary Test (PPVT) scores between fall and spring than those in Level 2, and showed significantly greater developmental gains in DECA Attachment Subscale scores than did those in Level 1. By contrast, toddlers showed significant improvement in all outcomes in both Levels 1 and 2. These change scores were significantly different among DECA levels only for the Attachment Subscale, where children in Level 1 programs showed significantly greater gains.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS−R*
   – Indoor spaces: Safe, Healthy Indoor and Outdoor Environments (Levels 2–4)
   – Outdoor spaces: Safe, Healthy Indoor and Outdoor Environments (Levels 2–4)
   – Safety: Safe, Healthy Indoor and Outdoor Environments (Level 2)
   – Curriculum: Curriculum, Assessment, and Diversity (Levels 2–4)
   – Support for diversity and individualizing: Curriculum, Assessment, and Diversity (Level 2)
   – Cultural and linguistic congruence: Curriculum, Assessment, and Diversity (Level 2)

2. Provider–child relationships:

   – Measure: *FCCERS−R*

   – Support for cognitive development: Teacher-Child Relationships and Interactions (Level 3)

   – Support for language and literacy: Curriculum, Assessment, and Diversity (Levels 2, 4)

   – Close provider–child relationships: Teacher-Child Relationships and Interactions (Level 3)

3. Provider–family relationships:

   – Measure: *BAS*

   – Reciprocal communication: Family and Community Engagement (Levels 2−3)

   – Promoting a sense of community and connection: Family and Community Engagement (Levels 2−3)

   – Cultural and linguistic match with families: Family and Community Engagement (Levels 3−4)

4. Conditions for operations and sustainability:

   – Measure: *BAS*

   – Family support for caregiver: Family and Community Engagement (Levels 2–4)

   – Business practices: Leadership, Management, and Administration (Level 2)

   – Access to professional resources: Designated Program Administrator Qualifications and Professional Development (Level 4)

5. Provider characteristics:

   – Measure: *BAS*

   – Education level: Designated Program Administrator Qualifications and Professional Development (Levels 2–4)

   – Years of experience: Designated Program Administrator Qualifications and Professional Development (Levels 2–4)

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Roberts, J., (2017.) Massachusetts Quality Rating and Improvement System (QRIS) validation study final report. MA: Wellesley Center for Women and UMASS Donahue Center. https://www.mass.gov/files/2017-08/Revised%20Validation%20Study%20ReportfinalFORMATTED.pdf.

Great Start to Quality, Michigan

Characteristics

HBCC pilot status: No pilot

HBCC introduction date: 2011

Differentiated by provider type: Some overlap

HBCC provider types included: FCC

Participation requirements: Mandatory for programs receiving pre-K funding

Setting: HBCC only

Alternative pathways for providers: Accelerated rating is available for certain programs (e.g., Head Start)

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 5 features; FCC PQA features

Provider–child relationships: FCC PQA features

Provider–family relationships: 4 features

Conditions for operations and sustainability: 2 features

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Rating

Structure: Points

Number of levels: 5

Supports to prepare for rating process: Consultation, coaching, professional development, financial supports

Assessors: Assessors are trained on each version of the PQA by the tool developer

Methods for assessing ratings on indicators: Self-report, direct observation, document review, rating or rubric, training

Performance

Validation study completed: Yes

Type of validation study: Construct and convergent validity

Size of validation study: 182 child care programs, including 52 licensed group child care homes and 58 registered FCC homes

QRIS profile narrative

Description

Great Start to Quality is the statewide QRIS system for Michigan; it was formally introduced in 2011 for licensed FCC and center-based programs. Great Start to Quality has some overlap between indicators for center-based and FCC providers. Participation is voluntary for most programs; however, it is mandatory for programs receiving state pre-K funding (which HBCC providers can receive in Michigan).

Rating process and supports

Rating is based on points, with five levels. Points are awarded in multiple ways through a self-assessment survey and an on-site observation. Self-assessment surveys at levels 1, 2, or 3 are validated at random. To receive a 4- or 5-level rating, the self-assessment survey must be validated. Participating programs may receive support from local resource centers through coaching, consultation, and professional development. Financial incentives are also available.

Head Start, Early Head Start, and Great Start Readiness programs, as well as those accredited by NAEYC, are eligible to receive a 4-star rating based solely on the self-assessment survey. To receive a 5-star rating, the self-assessment survey must be validated at that star rating.

Validity

A 2018 validation study (Iruka et al., 2018) examined 182 child care programs, including 52 licensed group child care homes and 58 registered FCC homes. The researchers found that programs at higher star ratings scored better on global measures of quality (ERS).[5] Although there were no differences by program type in total ERS scores, FCC homes scored higher than centers on the ERS subscales for language and literacy and learning activities. Great Start to Quality star ratings in HBCC had moderate correlations with the FCCERS-R ($r = 0.38$ for the total score; $r = 0.25$ to 0.39 across FCCERS-R subscales).

The researchers also found that the self-assessment survey did not measure quality as well as had been intended. The validation study conducted multiple analyses to assess the survey's reliability and validity, including estimating agreement across external raters and the self-reports, Cronbach's alpha, correlations, factor analyses, and Rasch (item response theory [IRT]) with the full sample of centers and homes. (An exception was the Administration and Management scale, which was estimated separately because overlapping items were absent.) More than "two-thirds of programs' self-ratings matched the ratings they received through independent observations of quality"; the remaining programs rated themselves more positively than the independent raters (Iruka et al., 2018, p. 36). Alphas with the full universe of self-assessment surveys were consistently above 0.80 (0.81 for homes); however, the alpha values for individual program quality domains varied more. The factor analysis and Rasch analysis did not identify the five hypothesized factors. Person separation reliability was lower for four of the domains, indicating that they "are not sensitive enough to measure differences between high-

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[5] The center-based programs were also observed with the CLASS. No significant differences were found, though there was a trend ($p < 0.10$) in the difference between low Great Start to Quality star ratings (ratings 1, 2, and 3 combined) and high ones (ratings 4 and 5 combined).

and low-quality respondents" (Iruka et al., 2018, p. 33). The study identified 17 items in these domains that did not distinguish levels of quality. For example, most of the items for Administration and Management for HBCC had "yes" responses, and 73 percent of respondents received the maximum score on this set of items. The study investigators recommended streamlining the measure by excluding items that do not provide information. The streamlined approach would have three levels. Using the responses to these items from their self-assessment survey, the majority of HBCC providers would be at mid-level, and fewer programs would be in the low level relative to the original scoring approach. The researchers noted that the streamlined approach works best for those HBCC providers clearly differentiating low, middle, and high quality programs, as confirmed with the independent FCCERS-R observation. However, some construct-relevant indicators might no longer be included. Researchers recommended dropping some items because they are included in licensing, which would limit measuring the quality in license-exempt HBCC providers. Thus far, Michigan has not decided to use the streamlined approach and retains five levels of quality.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCC PQA*
   – Group size and ratios: Environment–Ratios
   – Indoor spaces: Environment–Physical Environment
   – Health and nutrition: Environment–Health Environment
   – Routines: Curriculum and Instruction–Curriculum
   – Curriculum: Curriculum and Instruction–Curriculum

2. Provider–child relationships:
   – Measure: *FCC PQA*
   – No additional indicators are aligned with this quality component.

3. Provider–family relationships:
   – Reciprocal communication: Family and Community Partnerships–Family Partnerships and Family Strengthening
   – Providing parent education: Family and Community Partnerships–Family Partnerships and Family Strengthening
   – Promoting a sense of community and connection: Family and Community Partnerships–Community Partnerships
   – Facilitating and connecting child care patchwork for families: Family and Community Partnerships–Community Partnerships

4. Conditions for operations and sustainability:
   – Business practices: Administration and Management
   – Access to professional resources:
     o Staff Qualifications and Professional Development–Other Staffing
     o Family and Community Partnerships–Community Partnerships

5. Provider characteristics:

   – Education level and prior training:

       o Staff Qualifications and Professional Development–Administrator/Director Qualifications

       o Staff Qualifications and Professional Development–Lead Provider/Educator/Teacher Qualifications

       o Staff Qualifications and Professional Development–Assistant Provider/Educator/Teacher Qualifications

       o Staff Qualifications and Professional Development–Professional Development

       o Staff Qualifications and Professional Development–Other Staffing

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles*. https://qualitycompendium.org/view-state-profiles.

Great Start to Quality. (2019). *Great Start to Quality program quality indicators guidance document for family/group homes with assistants*. Office of Great Start, Michigan Department of Education. https://greatstarttoquality.org/guidance-documents/.

Iruka, I. U., Faria, A. M., Claxton, J., Tucker-Bradway, N., Andrade, F., Pan, J., Markley, C., Hardin, B., Bruner, R., Nyhof, E., & Khan, S. (2018). *Great Start to Quality validations study final report*. Ypsilanti, MI: HighScope Educational Research Foundation.

Parent Aware, Minnesota

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2007

Differentiated by provider type: Same

HBCC provider types included: FCC

Participation requirements: Voluntary

Setting: Multiple care settings

Alternative pathways for providers:
Accelerated rating available for accredited center-based and family child care programs, Head Start/Early Head Start, and school-operated early childhood programs

Alignment with HBCCSQ conceptual framework

Home setting and learning environments:
8 features

Provider–child relationships: 0 features

Provider–family relationships: 3 features

Conditions for operations and sustainability:
0 features

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Rating

Structure: Hybrid

Number of levels: 4

Supports to prepare for rating process:
Consultation, coaching

Assessors: Information not available

Methods for assessing ratings on indicators:
Self-report, direct observation, rating or rubric, training

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: 325 Parent Aware-rated programs, including 55 licensed and 2 accredited FCC programs

QRIS profile narrative

Description

Parent Aware is Minnesota's statewide QRIS. It was formally introduced in 2007 for licensed FCC programs as well as center-based programs. Parent Aware has the same indicators for both types of providers. The only difference is that center-based programs are assessed using the CLASS, whereas FCC programs are not. Indicators that use results of the CLASS apply only to center-based programs. Participation is voluntary for all programs.

Rating process and supports

Rating is structured as a hybrid model with four levels. Providers that participate receive support from a Quality Coach and Professional Development Advisor to prepare for the rating. Levels 1 and 2 are structured as blocks with required indicators, whereas Levels 3 and 4 are achieved through both points and required indicators. A streamlined rating process is available for accredited programs.

Validity

A validation study of 325 child care programs, including 55 licensed and 2 accredited FCC programs, was conducted from 2013–2015. A total of 1,181 children participated in the child assessment activities. Researchers found that observed quality in center-based programs (measured by the ECERS-R) was higher for 3- and 4-star programs on average, compared to 1- and 2-star programs; however, no significant differences were found on the FCCERS-R between FCC programs with high and low star ratings.

The researchers also investigated whether the development of preschool children varied by Parent Aware ratings and found that children in higher-rated programs made significant gains in social competence and persistence from fall to spring, compared to children in lower-rated programs. This analysis did not distinguish by program type.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:

   – Indoor spaces: Standard T3. Indicator 2. Learning environment (2-star rating required)

   – Health and nutrition: Standard H1. Indicator 2. Health and safety practices (2-star rating required), Standard H2. Indicator 3a. Healthy food (for points), Standard H2. Indicator 3b. Sharing information about healthy food (for points), and Standard H2. Indicator 3c. Nutrition and active play (for points)

   – Safety: Standard H1. Indicator 2. Health and safety practices (2-star rating required)

   – Routines: Standard T1. Indicator 1. Routines (1-star rating required)

   – Structured activities: Standard T1. Indicator 2. Lesson plans (2-star rating required)

   – Curriculum: Standard T1. Indicator 3a. Curriculum use (3-star rating required)

   – Support for diversity and individualizing: Standard A1. Indicator 3e. Planning for children with special needs (for points)

   – Cultural and linguistic congruence: Standard T3. Indicator 3. Cultural responsiveness (for points)

2. Provider–child relationships: No indicators are aligned with this quality component.

3. Provider–family relationships:

   – Reciprocal communication: Standard R1. Indicator 1. Asks and listens to families (1-star rating required), Standard R1. Indicator 2. Shares information with families (2-star rating required), and Standard R1. Indicator 3b. Family input (for points)

   – Promoting a sense of community and connection: Standard R1. Indicator 3a. Family involvement (for points)

   – Facilitating and connecting child care patchwork for families: Standard T4. Indicator 2. Kindergarten transition plan (2-star rating required) and Standard T4. Indicator 3. Kindergarten transition activities (for points)

4. Conditions for operations and sustainability: No indicators are aligned with this quality component.

5. Provider characteristics:

   – Education level: Standard P1. Indicator 3b. Education for leadership (for points), Standard P2. Indicator 3a. Career lattice achievements (required, for points), and Standard P2. Indicator 3b. Highly qualified (for points)

   – Prior training: Standard P2. Indicator 3a. Career lattice achievements (required, for points) and Standard P1. Indicator 3a. Specialized credential (for points)

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Parent Aware. (n.d.). *Full-rating resources*. Minnesota Department of Human Services. https://www.parentaware.org/programs/full-rating-resources/#/.

Parent Aware. (2020). *Parent Aware rating guide*. Updated version available at https://www.parentaware.org/wp-content/uploads/2021/08/Full-Rating-QDP-July-2021_FINAL.pdf.

Parent Aware. (n.d.). *Program accreditations*. Minnesota Department of Human Services. https://www.parentaware.org/learn/program-accreditations/#/.

Tout, K., Cleveland, J., Li, W., Starr, R., Soli, M., & Bultnick, E. (2016). *The Parent Aware evaluation: Initial validation report*. Minneapolis, MN: Child Trends.

Best Beginnings STARS to Quality, Montana

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2010

Differentiated by provider type: Same

HBCC provider types included: FCC

Participation requirements: Voluntary

Setting: Multiple care settings

Alternative pathways for providers: None

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 4 features; FCCERS features

Provider–child relationships: 2 features; FCCERS features

Provider–family relationships: 3 features; BAS features

Conditions for operations and sustainability: BAS features

Provider characteristics: 1 feature; BAS features

Neighborhood characteristics: 3 features

Rating

Structure: Block

Number of levels: 5

Supports to prepare for rating process: Mentoring, coaching, consultation, professional development advising

Assessors: Information not available

Methods for assessing ratings on indicators: Self-report, direct observation, document review

Performance

Validation study completed: No

QRIS profile narrative

Description

Best Beginnings STARS to Quality is Montana's statewide QRIS. HBCC indicators were introduced in 2010 with piloting occurring from 2010-2014. Best Beginnings STARS to Quality standards are the same for center-based providers and HBCC providers.

Participation for HBCC providers is voluntary.

Rating process and supports

Rating is structured as a block with five levels: Star 1, Star 2, Star 3, Star 4, and Star 5. Programs that pursue Star levels 1-5 receive access to support to guide programs through the process, including technical assistance, mentoring, coaching, consultation, professional development advising

Validity

Information not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS-R*
   – Routines: High Quality Supportive Environments
   – Structured activities: High Quality Supportive Environments
   – Unstructured activities: High Quality Supportive Environments
   – Curriculum: High Quality Supportive Environments
2. Provider–child relationships:
   – Measure: *FCCERS-R*
   – Support for emotional development: High Quality Supportive Environments
   – Support for social development and peer interactions: High Quality Supportive Environments
3. Provider–family relationships:
   – Measure: *BAS*
   – Reciprocal communication: Family/Community Partnerships
   – Promoting a sense of community and connection: Family/Community Partnerships
   – Cultural and linguistic match with families: Family/Community Partnerships
4. Conditions for operations and sustainability:
   – Measure: *BAS*
   – No additional indicators are aligned with this quality component.

5. Provider characteristics:

   – Measure: *BAS*

   – Prior training: Education, Qualifications & Training

6. Neighborhood characteristics:

   – Libraries: Family/Community Partnerships

   – Other community centers: Family/Community Partnerships

   – Social cohesion among neighbors: Family/Community Partnerships

References

The Build Initiative & Child Trends. (2019). *State profiles*. https://qualitycompendium.org/view-state-profiles.

Best Beginnings STARS to Quality Montana. (2020). *Best Beginnings STARS to Quality Family and Group Standards of Quality*. Montana Department of Public Health and Human Services (DPHHS). https://dphhs.mt.gov/assets/ecfsd/childcare/STARS/FamilyGroupStandards.pdf.

National Accreditation Commission (NAC) for Early Care and Education Programs Accreditation Standards

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: No pilot	**Home setting and learning environments:** 7 features
HBCC introduction date: Information not available	**Provider–child relationships:** 4 features
Differentiated by provider type: Not applicable	**Provider–family relationships:** 4 features
HBCC provider types included: FCC	**Conditions for operations and sustainability:** 1 feature
Participation requirements: Voluntary	**Provider characteristics:** 2 features
Setting: Multiple care settings	**Neighborhood characteristics:** 0 features
Alternative pathways for providers: Not applicable	

Rating	Performance
Structure: Not applicable	**Validation study completed:** No
Number of levels: Not applicable	
Supports to prepare for rating process: Information not available	
Assessors: Information not available	
Methods for assessing ratings on indicators: Direct observation, document review, other (interview)	

Standards profile narrative

Description

National Accreditation Commission (NAC) for Early Care and Education Programs accreditation standards are committed to excellence through promoting leadership development and enhancing program quality. Since 1984, Early Learning Leaders have been serving child care directors, owners, and administrators. The standards were designed specifically for use in child care and early education programs, and intended for use in center-based programs. During the Self-Study phase, parents, staff, and administrators evaluate the strengths and weaknesses of the program as they apply to the standards of the NAC. The program's administrative procedures are reviewed using the Administrator's Report, and classroom practices are assessed using the Classroom Observation. Parent and staff surveys are conducted, the Formal Education and Ongoing Training Log is compiled, and supporting documentation is gathered and organized as required in the Document Organization. After critical self-examination of procedures and practices, the program makes improvements. The program has a minimum of six months and a maximum of two years to complete the Self-Study and request an onsite visit. Upon enrollment, programs receive an Accreditation Manual that they will use throughout the Self-Study and the first two years of accreditation.

Indicators were not designed specifically for use in HBCC programs. Participation for licensed HBCC providers is voluntary.

Rating process and supports

Programs request a validation visit only when they are satisfied that improvements have been made and commission standards met. Certain requirements must be met, and documents submitted to be considered for a visit. During the visit, the validator(s) will review documents, sample children and staff files, and verify parent and staff surveys to confirm the program's ratings as reported in the final copy of the Administrator's Report. The validator(s) observe classrooms to verify the ratings of settings as recorded in the final copies of the Classroom Observation. After completing these tasks, the validator conducts an exit interview with the director. During this time, each standard and/or indicator found to be without sufficient supporting evidence is reviewed and the director is given an opportunity to make a written response.

The Administrator's Report, each Classroom Observation, written validator comments, and recorded director responses from the onsite visit are mailed to the association's office by the validator. Commission early childhood experts closely review all documentation, and commission rules are applied to determine the award, deferral, or denial of accreditation. The commission may take up to four months after the validation visit to inform the program about the accreditation decision.

Validity

Information not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
    –   Group size and ratios: Administration
    –   Outdoor spaces: Curriculum
    –   Health and nutrition: Health and Safety
    –   Safety: Health and Safety
    –   Routines: Curriculum
    –   Curriculum: Curriculum
    –   Support for diversity and individualizing: Curriculum

2. Provider–child relationships:
    –   Support for emotional development: Teacher and Children Interactions
    –   Support for social development and peer interactions: Teacher and Children Interactions
    –   Support for physical health and development: Curriculum
    –   Support for language and literacy: Curriculum

3. Provider–family relationships:
    –   Trust: Teacher and Children Interactions
    –   Reciprocal communication: Family Engagement
    –   Providing parent education: Family Engagement
    –   Promoting a sense of community and connection: Family Engagement

4. Conditions for operations and sustainability:
    –   Family support for caregiver: Health and Safety

5. Provider characteristics:
    –   Education level: Administration
    –   Prior training: Administration

6. Neighborhood characteristics: No indicators are aligned with this quality component.

Reference

Association for Early Learning Leaders and National Accreditation Commission for Early Care and Education Programs. (2020). *Commission standards overview*. Association for Early Learning Leaders and National Accreditation Commission for Early Care and Education Programs. https://www.earlylearningleaders.org/accreditation/accreditation_standards/.

National AfterSchool Association (NAA) Standards

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: No pilot	**Home setting and learning environments:** 12 features
HBCC introduction date: Information not available	**Provider–child relationships:** 4 features
Differentiated by provider type: Not applicable	**Provider–family relationships:** 2 features
HBCC provider types included: FCC	**Conditions for operations and sustainability:** 1 feature
Participation requirements: Voluntary	**Provider characteristics:** 1 feature
Setting: Multiple care settings	**Neighborhood characteristics:** 0 features
Alternative pathways for providers: Not applicable	

Rating	Performance
Structure: Not applicable	**Validation study completed:** No
Number of levels: Not applicable	
Supports to prepare for rating process: Information not available	
Assessors: Information not available	
Methods for assessing ratings on indicators: Information not available	

Standards profile narrative

Description

The National AfterSchool Association (NAA) is the voice of the afterschool profession. NAA is a national membership organization for professionals who work with and on behalf of children and youth during out-of-school time. NAA's mission is to promote development, provide education, and encourage advocacy for the out-of-school-time community to further the afterschool profession. Indicators were designed for multiple care settings (including HBCC and center based).

Participation for HBCC providers is voluntary.

Rating process and supports

Information is not available.

Validity

Information is not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Group size and ratios: Administration
   – Indoor spaces: Indoor Environment
   – Outdoor spaces: Outdoor Environment
   – Health and nutrition: Safety, Health, and Nutrition
   – Safety: Safety, Health, & Nutrition
   – Supportive program policies: Administration
   – Hours of operation: Administration
   – Routines: Activities
   – Structured activities: Activities
   – Unstructured activities: Activities
   – Support for diversity and individualizing: Administration
   – Cultural and linguistic congruence: Activities

2. Provider–child relationships:
   – Support for social development and peer interactions: Human Relationships
   – Support for mixed-age peer interactions: Human Relationships
   – Close provider–child relationships: Human Relationships
   – Close child–child relationships: Human Relationships

3. Provider–family relationships:

   – Reciprocal communication: Human Relationships

   – Cultural and linguistic match with families: Administration

4. Conditions for operations and sustainability:

   – Access to professional resources: Administration

5. Provider characteristics:

   – Years of experience: Administration

6. Neighborhood characteristics: No indicators are aligned with this quality component.

Reference

National AfterSchool Association. (2020). *ARQ: Advancing and recognizing quality: NAA's program improvement and accreditation system*. http://naaweb.org/images/NAAStandards.pdf.

National Association for the Education of Young Children (NAEYC) Early Learning Standards and Accreditation Criteria

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: No pilot	**Home setting and learning environments:** 11 features
HBCC introduction date: Information not available	**Provider–child relationships:** 6 features
Differentiated by provider type: Not applicable	**Provider–family relationships:** 5 features
HBCC provider types included: FCC	**Conditions for operations and sustainability:** 1 feature
Participation requirements: Voluntary	**Provider characteristics:** 2 features
Setting: Multiple care settings	**Neighborhood characteristics:** 3 features
Alternative pathways for providers: Not applicable	

Rating	Performance
Structure: Not applicable	**Validation study completed:** No
Number of levels: Not applicable	
Supports to prepare for rating process: Information not available	
Assessors: Information not available	
Methods for assessing ratings on indicators: Information not available	

Standards profile narrative

Description

The National Association for the Education of Young Children (NAEYC) is a professional membership organization that works to promote high quality early learning for all young children, birth through age 8, by connecting early childhood practice, policy, and research. Indicators were designed for multiple care settings (including HBCC and center based).

Participation for HBCC providers is voluntary.

Rating process and supports

Information is not available.

Validity

Information is not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Group size and ratios: Ratios and group size
   – Indoor spaces: Learning environment
   – Outdoor spaces: Learning environment
   – Health and nutrition: Child nutrition, child health status and care
   – Safety: Safety practices
   – Organized environment: Teaching and the learning environment
   – Family-like setting: Setting
   – Routines: Learning environment
   – Curriculum: Curricula
   – Support for diversity and individualizing: Determining community strengths, needs, and resources
   – Cultural and linguistic congruence: Purpose

2. Provider–child relationships:
   – Support for emotional development: Purpose
   – Support for cognitive development: Purpose
   – Support for social development and peer interactions: Purpose
   – Support for physical health and development: Purpose
   – Support for language and literacy: Teaching and the learning environment
   – Close provider–child relationships: Purpose

3. Provider–family relationships:

    – Trust: Teaching and the learning environment

    – Reciprocal communication: Collaboration and communication with parents

    – Providing parent education: Parent and family engagement in education and child development services

    – Promoting a sense of community and connection: Family partnership services

    – Cultural and linguistic match with families: Collaboration and communication with parents

4. Conditions for operations and sustainability:

    – Access to professional resources: Management system

5. Provider characteristics:

    – Education level: Staff qualifications and competency requirements

    – Prior training: Staff qualifications and competency requirements

6. Neighborhood characteristics:

    – Libraries: Community partnerships and coordination with other early childhood and education programs

    – Roads and traffic: Safety practices

    – Litter and pollution: Safety practices

Reference

National Association for the Education of Young Children. (2020). *The 10 NAEYC program standards.* https://www.naeyc.org/our-work/families/10-naeyc-program-standards.

National Association for Family Child Care (NAFCC) Accreditation Quality Standards

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: Completed	**Home setting and learning environments:** 12 features
HBCC introduction date: 1982	**Provider–child relationships:** 8 features
Differentiated by provider type: Not applicable	**Provider–family relationships:** 7 features
HBCC provider types included: FCC	**Conditions for operations and sustainability:** 6 features
Participation requirements: Voluntary	**Provider characteristics:** 0 features
Setting: HBCC only	**Neighborhood characteristics:** 1 feature
Alternative pathways for providers: Not applicable	

Rating	Performance
Structure: Not applicable	**Validation study completed:** Yes
Number of levels: Not applicable	**Type of validation study:** Content validity
Supports to prepare for rating process: Self-assessment training, consultation	**Size of validation study:** Information not available
Assessors: NAFCC trained observers	
Methods for assessing ratings on indicators: Self-report, report from others (parents), direct observation	

Standards profile narrative

Description

Started in 1982, the National Association for Family Child Care (NAFCC) is the only national professional association dedicated to promoting high quality early childhood experiences in the unique environment of FCC programs. Indicators were designed specifically for use in HBCC programs only.

Participation for licensed HBCC providers is voluntary.

Rating process and supports

NAFCC administers the only national accreditation system designed specifically for FCC providers. Accreditation is awarded to FCC providers who meet the eligibility requirements and the Quality Standards for NAFCC Accreditation. Such providers achieve this high level of quality through a process that examines all aspects of the FCC program—that is, relationships, the environment, developmental learning activities, safety, health, and professional and business practices. The process consists of six components: (1) self-study, (2) application, (3) observation, (4) decision, (5) update, and (6) re-accreditation.

Validity

The NAFCC accreditation standards were revised in 2017 after a lengthy process that included consensus building with providers, parents, and early childhood experts. The results show strong content validity. The standards are often the highest QRIS ratings and serve as an alternative rating pathway.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Indoor spaces: Home Environment
   – Outdoor spaces: Home Environment
   – Health and nutrition: Nutrition and Food Preparation
   – Safety: Safety and Health
   – Organized environment: Home Environment
   – Supportive program policies: Business Contracts and Policies
   – Hours of operation: Business Contracts and Policies
   – Family-like setting: Home Environment
   – Routines: Schedules and Routines
   – Curriculum: The Provider's Activities
   – Support for diversity and individualizing: Respecting Differences
   – Cultural and linguistic congruence: Respecting Differences

2. Provider–child relationships:

   – Support for emotional development: Self-Esteem and Self-Awareness

   – Support for cognitive development: Cognitive Development

   – Support for social development and peer interactions: Social and Self-Development

   – Support for mixed-age peer interactions: The Children with Each Other

   – Support for physical health and development: Physical Development

   – Support for language and literacy: Literacy

   – Close provider–child relationships: Relationships

   – Close child–child relationships: The Children with Each Other

3. Provider–family relationships:

   – Trust: Trust and Respect

   – Close relationships, co-parenting, and boundary setting: The Provider's Family

   – Reciprocal communication: Communication and Involvement

   – Providing parent education: Continuing Education and Support

   – Promoting a sense of community and connection: Family and Community Engagement

   – Cultural and linguistic match with families: Language and Communication

   – Flexibility: The Provider's Family

4. Conditions for operations and sustainability:

   – Working alone, isolation: Qualifications of Substitutes

   – Work-family balance: The Provider's Family

   – Family support for caregiver: Family and Community Engagement

   – Managing multiple roles in the home: The Provider's Family

   – Business practices: Professional and Business Practices

   – Access to professional resources: Resource and Referral

5. Provider characteristics: No indicators are aligned with this quality component.

6. Neighborhood characteristics:

   – Collective efficacy around care of children: Belonging to a Group

Reference

National Association for Family Child Care. (2017). *Quality standards for accreditation*. Salt Lake City, UT: National Association for Family Child Care. https://nafcc.org/accreditation/.

National Early Childhood Program Accreditation (NECPA) Standards

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: Completed	**Home setting and learning environments:** 12 features
HBCC introduction date: 1991	
Differentiated by provider type: Not applicable	**Provider–child relationships:** 7 features
HBCC provider types included: FCC	**Provider–family relationships:** 4 features
Participation requirements: Voluntary	**Conditions for operations and sustainability:** 1 feature
Setting: Multiple care settings	**Provider characteristics:** 3 features
Alternative pathways for providers: Not applicable	**Neighborhood characteristics:** 0 features

Rating	Performance
Structure: Not applicable	**Validation study completed:** No
Number of levels: Not applicable	
Supports to prepare for rating process: Information not available	
Assessors: Information not available	
Methods for assessing ratings on indicators: Information not available	

Standards profile narrative

Description

The National Early Childhood Program Accreditation (NECPA) Standards were developed in 1991 when leading industry professionals of the National Child Care Association envisioned a valid and reputable accreditation choice that promoted all eligible programs in raising their quality bar, bringing tangible benefits and experiences to the lives of the children and families they served each day. Indicators were designed for multiple care settings (including HBCC and center based).

Participation for HBCC providers is voluntary.

Rating process and supports

Information is not available.

Validity

Information is not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:

    – Group size and ratios: Director, Teacher, and Staff Qualifications and Development

    – Indoor spaces: Director, Teacher, and Staff Qualifications and Development

    – Outdoor spaces: Director, Teacher, and Staff Qualifications and Development

    – Health and nutrition: Director, Teacher, and Staff Qualifications and Development

    – Safety: Director, Teacher, and Staff Qualifications and Development

    – Organized environment: Curriculum

    – Hours of operation: Supervision

    – Family-like setting: Developmental Program

    – Routines: Curriculum

    – Curriculum: Curriculum

    – Support for diversity and individualizing: Developmental Program

    – Cultural and linguistic congruence: Developmental Program

2. Provider–child relationships:

   – Support for emotional development: Curriculum

   – Support for cognitive development: Curriculum

   – Support for social development and peer interactions: Curriculum

   – Support for mixed-age peer interactions: Curriculum

   – Support for physical health and development: Curriculum

   – Support for language and literacy: Curriculum

   – Close child–child relationships: Developmental Program

3. Provider–family relationships:

   – Reciprocal communication: Teacher-Child Interactions and Care

   – Providing parent education: Staff-Family-Community Partnerships

   – Promoting a sense of community and connection: Staff-Family-Community Partnerships

   – Cultural and linguistic match with families: Staff-Family-Community Partnerships

4. Conditions for operations and sustainability:

   – Access to professional resources: Director, Teacher, and Staff Qualifications and Development

5. Provider characteristics:

   – Education level: Staff Qualifications and Competency Requirements

   – Prior training: Staff Qualifications and Competency Requirements

   – Years of experience: Staff Qualifications and Competency Requirements

6. Neighborhood characteristics: No indicators are aligned with this quality component.

Reference

National Early Childhood Program Accreditation. (2019). *Standards book and resource guide, edition 2.* https://necpa.net/wp-content/uploads/2019/10/NECPA-2017-Resource-Guide-and-Standards-Book-SB-Edition-2.pdf.

Step Up to Quality, Nebraska

Characteristics
HBCC pilot status: No pilot
HBCC introduction date: 2014
Differentiated by provider type: Some overlap
HBCC provider types included: FCC
Participation requirements: Voluntary
Setting: HBCC only
Alternative pathways for providers: Nationally accredited programs and Head Start/Early Head Start are eligible to participate at Step 3

Alignment with HBCCSQ conceptual framework
Home setting and learning environments: 4 features; FCCERS features
Provider–child relationships: FCCERS features
Provider–family relationships: 2 features
Conditions for operations and sustainability: 1 feature
Provider characteristics: 2 features
Neighborhood characteristics: 0 features

Rating
Structure: Hybrid
Number of levels: 5
Supports to prepare for rating process: Training, consultation, coaching, financial supports, financial incentives
Assessors: FCCERS-R observers are trained online through the tool publisher and in person by an official tool anchor
Methods for assessing ratings on indicators: Self-report, direct observation, document review, training

Performance
Validation study completed: No

QRIS profile narrative

Description

Step Up to Quality is Nebraska's statewide QRIS. It was formally introduced to FCC programs in 2014 without being piloted. Indicators are mostly the same for center-based and FCC programs; however, there are some differences. FCC programs are not assessed using the CLASS, and the ERS changes depending on the type of program (FCCERS-R for FCC and ECERS-3 or ITERS-3 for centers). Additionally, there are a few indicators specific to program type. Participation is voluntary for FCC providers.

Rating process and supports

Rating is a hybrid model with five levels or steps. Steps 1 and 2 are achieved by enrolling in the program and completing orientation and required trainings. Programs begin to earn points from quality standards for Steps 3 through 5. Programs that participate in Step Up to Quality have access to supports such as coaching and professional development and training. Programs also have access to incentive bonuses and financial support.

Validity

The BUILD Compendium indicates that a 2017 evaluation by APA Denver examined program ratings linked to quality, but the study is not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   - Measure: *FCCERS-R*
   - Health and nutrition: Standard 1A. Training–Indicator 11, Standard 5. Program Administration–Indicator 8, and Standard 1B. Curriculum, Learning and Staff Supports–Indicator 5
   - Curriculum: Standard 1B. Curriculum, Learning and Staff Supports
   - Support for diversity and individualizing: Standard 2. Child Outcomes–Indicator 7
   - Cultural and linguistic congruence: Standard 4. Family Engagement + Partnerships–Indicator 1

2. Provider–child relationships:
   - Measure: *FCCERS-R*
   - No additional indicators are aligned with this quality component.

3. Provider–family relationships:
   - Reciprocal communication: Standard 2. Child Outcomes–Indicator 4, Standard 2. Child Outcomes–Indicator 5, and Standard 4. Family Engagement + Partnerships
   - Facilitating and connecting child care patchwork for families: Standard 2. Child Outcomes–Indicator 6

4. Conditions for operations and sustainability:
   - Business practices: Standard 5. Program Administration

5. Provider characteristics:

   – Education level: Standard 3. Professional Development + Ongoing Training

   – Prior training: Standard 1A. Training, Standard 1B. Curriculum, Learning and Staff Supports–Indicator 3, Standard 1B. Curriculum, Learning and Staff Supports–Indicator 3, and Standard 3. Professional Development + Ongoing Training

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles*. https://qualitycompendium.org/view-state-profiles.

Nebraska Department of Education. (2020). *Step Up to Quality program guide*. Updated version available at https://cdn.education.ne.gov/wp-content/uploads/2019/02/Program-Guide-8.18.21.pdf.

Nevada Silver State Stars QRIS

Characteristics

HBCC pilot status: No pilot

HBCC introduction date: 2017

Differentiated by provider type: Different

HBCC provider types included: FCC

Participation requirements: Mandatory enrollment at the first level for some providers

Setting: HBCC only

Alternative pathways for providers: Accredited programs or Head Start/Early Head Start programs are not required to meet the additional quality indicators but still must meet the required criteria for the level they hope to achieve

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 4 features; FCCERS features

Provider–child relationships: 1 feature; FCCERS features

Provider–family relationships: 3 features

Conditions for operations and sustainability: 1 feature

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Rating

Structure: Hybrid

Number of levels: 5

Supports to prepare for rating process: Self-assessment training, consultation

Assessors: Internal QRIS administrator(s)

Methods for assessing ratings on indicators: Direct observation, verification by outside entities (e.g., training registry, university transcripts)

Performance

Validation study completed: In progress

Type of validation study: Information not available

Size of validation study: Information not available

QRIS profile narrative

Description

Nevada Silver State Stars QRIS is the statewide QRIS system for Nevada. HBCC-specific indicators were formally introduced statewide in 2017. Nevada Silver State Stars QRIS has different indicators for center-based and HBCC providers, and focuses on FCC providers for HBCC indicators. Indicators were designed specifically for use in HBCC programs only.

Participation at the first level is mandatory for programs with children receiving CCDF subsidies and state pre-K funding, and programs with children receiving Head Start/Early Head Start funding.

Rating process and supports

Rating is structured as hybrid, with five levels (1–5 stars). Programs receive access to support to guide them through the process, including self-assessment training and consultation.

Validity

The Year 8 Silver Stars report by the Nevada Institute for Children's Research and Policy (n.d.) indicated that an evaluation was underway on outcomes for children who participated in centers with higher ratings (those with 4 or 5 stars) compared to those in centers with lower ratings (2 stars or less). Child outcomes included measures of receptive vocabulary and verbal ability, pre-verbal skills, pre-math skills, and social-emotional development. A full validation study of the model is due to be completed in 2020-2021.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS*
   – Health and nutrition: Safety & Health
   – Safety: Safety & Health
   – Support for diversity and individualizing: Relationships & Environment
   – Cultural and linguistic congruence: Relationships & Environment
2. Provider–child relationships:
   – Measure: *FCCERS*
   – Support for physical health and development: Safety & Health
3. Provider–family relationships:
   – Providing parent education: Relationships & Environment
   – Promoting a sense of community and connection: Relationships & Environment
   – Cultural and linguistic match with families: Relationships & Environment
4. Conditions for operations and sustainability:
   – Business practices: Professional & Business Practices

5. Provider characteristics: No indicators are aligned with this quality component.

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Davidson, D., Haboush-Deloye, A., & Osterholt, A. E. (n.d.) *Silver State Stars: Quality Rating Improvement System project year eight report.* Las Vegas: NV: Nevada Institute for Children's Research and Policy.

Licensed Plus, New Hampshire

Characteristics

HBCC pilot status: No pilot

HBCC introduction date: 2005

Differentiated by provider type: Some overlap

HBCC provider types included: FCC

Participation requirements: Auto enroll at the first level for licensed providers

Setting: HBCC only

Alternative pathways for providers: Accelerated pathway for programs going through the accreditation process

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 3 features

Provider–child relationships: 0 features

Provider–family relationships: 1 feature

Conditions for operations and sustainability: 1 feature

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Rating

Structure: Block

Number of levels: 3

Supports to prepare for rating process: Consultation, coaching

Assessors: Programs are responsible for submitting their own Family Day Care Rating Scale (FDCRS)

Methods for assessing ratings on indicators: Self-report, direct observation, document review, rating or rubric

Performance

Validation study completed: No

QRIS profile narrative

Description

Licensed Plus is New Hampshire's statewide QRIS. It was first formally introduced in 2005 and updated in 2014. A new and enhanced system was piloted in 2018, with plans to fully implement in 2021. This profile will report on the standards and indicators from the 2014 revision. There is some overlap between indicators for center-based and FCC programs. Programs are required to have a complete program assessment (FDCRS for FCC or ECERS, ITERS, SACERS, ECERS-R, ITERS-R for centers). However, it is used for quality improvement only, and no specific score is required.

Rating process and supports

New Hampshire has three levels of quality: "Licensed," "Licensed Plus," and "Accreditation." The Licensed Plus quality rating system has only one level, which is achieved when 16 of the 22 possible standards are met. There are two pathways for achieving the Licensed Plus level, however—a standard pathway and an accelerated pathway—for providers going through the accreditation process.

Validity

Information not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:

    –   Supportive program policies: Parent/Family Involvement–Standard 9

    –   Curriculum: Learning Environment–Standards 6 and 7

    –   Support for diversity and individualizing: Children with Special Needs–Standard 13

2. Provider–child relationships: No indicators are aligned with this quality component.

3. Provider–family relationships:

    –   Reciprocal communication: Parent/Family Involvement–Standards 10 and 11 and Program Evaluation–Standard 19

4. Conditions for operations and sustainability:

    –   Business practices: Administration and Business Practices–Standards 2B, 3, and 4 and Staff Qualifications and Compensation–Standards 16 and 18

5. Provider characteristics:

    –   Education level: Staff Qualifications and Compensation–Standard 17

    –   Prior training: Learning Environment–Standard 5 and Professional Development–Standards 14 and 15

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Kirby, G., Boller, K., & Tout, K. *New Hampshire Quality Rating System: QRIS profile*. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Licensed Plus. (2014). *New Hampshire Licensed Plus Quality designation – Option 1 standards*. Child Development Bureau, Division for Children, Youth, and Families, New Hampshire Department of Health and Human Services. https://www.dhhs.nh.gov/dcyf/licensedplus/documents/option1standards.pdf.

QRIS Task Force. (2018). *The proposed new and enhanced QRIS*. Child Development Bureau, Division for Children, Youth, and Families, New Hampshire Department of Health and Human Services. https://www.dhhs.nh.gov/dcyf/cdb/documents/proposed-new-qris.pdf.

Grow NJ Kids, New Jersey

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2014

Differentiated by provider type: Different

HBCC provider types included: FCC

Participation requirements: Voluntary

Setting: HBCC only

Alternative pathways for providers: Administrators from the NJ Department of Human Services and Department of Education use the information and findings provided by the NJ Center for Quality Ratings to make a determination of rating level

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 8 features; FCCERS features

Provider–child relationships: 1 feature; FCCERS features

Provider–family relationships: 2 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 1 feature

Neighborhood characteristics: 0 features

Rating

Structure: Hybrid

Number of levels: 5

Supports to prepare for rating process: Self-assessment training, consultation

Assessors: Administrators from the NJ Department of Human Services and Department of Education use the information and findings provided by the NJ Center for Quality Ratings to make a determination of the rating level

Methods for assessing ratings on indicators: Self-report, direct observation, rating or rubric, orientation

Performance

Validation study completed: In progress

Type of validation study: Information not available

Size of validation study: Information not available

QRIS profile narrative

Description

Grow NJ Kids is the statewide QRIS system for New Jersey. HBCC-specific indicators were piloted and formally introduced in 2015. Grow NJ Kids has different indicators for center-based and HBCC providers, and focuses on FCC providers for HBCC indicators. Indicators were designed specifically for use in HBCC programs only. HBCC providers are rated with the FCCERS-R.

Participation at the first level is voluntary.

Rating process and supports

Rating is structured as a hybrid, with five levels. Programs that pursue levels three, four, and five receive access to support for guiding programs through the process, including self-assessment training and consultation.

Validity

On its website, the National Institute for Early Education Research indicates that it is conducting a validation study of the aspects of Grow NJ Kids that promote program quality and enhance children's outcomes. No further information is available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS-R*
   – Outdoor spaces: Safe, Healthy Learning Environment
   – Health and nutrition: Safe, Healthy Learning Environment
   – Safety: Safe, Healthy Learning Environment
   – Hours of operation: Administration and Management
   – Routines: Family and Community Engagement
   – Unstructured activities: Family and Community Engagement
   – Curriculum: Curriculum and Learning Environment
   – Cultural and linguistic congruence: Curriculum and Learning Environment
2. Provider–child relationships:
   – Measure: *FCCERS-R*
   – Support for language and literacy: Curriculum and Learning Environment
3. Provider–family relationships:
   – Promoting a sense of community and connection: Family Engagement and Partnerships
   – Cultural and linguistic match with families: Curriculum and Learning Environment
4. Conditions for operations and sustainability: No indicators are aligned with this quality component.

5. Provider characteristics:

   – Prior training: Workforce/Professional Development

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

National Institute for Early Education Research. (2020). New Brunswick, NJ: Rutgers, The State University of New Jersey. http://nieer.org/about/current-projects#newjersey.

Child Care Connection. (2016). *Steps to quality: A Grow NJ Kids family child care initiative.* Year two report. https://www.childcareconnection-nj.org/files/doc/docs/_19720.pdf.

FOCUS on Young Children's Learning, New Mexico

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Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2018

Differentiated by provider type: Different

HBCC provider types included: FCC

Participation requirements: Mandatory if receiving IDEA funding

Setting: HBCC only

Alternative pathways for providers: None

</td>
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Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 4 features

Provider–child relationships: 2 features

Provider–family relationships: 1 feature

Conditions for operations and sustainability: 0 features

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

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Rating

Structure: Block

Number of levels: 4

Supports to prepare for rating process: Self-assessment training, consultation

Assessors: State agency provides verification process with program managers/monitors (quality, pre-K, home visiting teams)

Methods for assessing ratings on indicators: Self-report, document review

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Performance

Validation study completed: No

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QRIS profile narrative

Description

FOCUS on Young Children's Learning is the statewide QRIS system for New Mexico. HBCC-specific indicators were formally introduced in 2018, with piloting occurring from 2012–2017. FOCUS on Young Children's Learning has different indicators for center-based and HBCC providers, and focuses on FCC providers for HBCC indicators. Indicators were designed specifically for use in HBCC programs only.

Participation at the first level is voluntary for all programs except those with children receiving Individuals with Disabilities Education Act funding.

Rating process and supports

Rating is structured as a block, with four levels (2–5 stars). Programs receive access to support for guiding them through the process, including self-assessment training and consultation.

Validity

The 2014 validation study of Aim High, the FOCUS predecessor, found that 5-star accreditation was not consistent because the accreditation entities (for example, NAEYC) changed their standards. The study also concluded that a weakness of the system was its reliance on the ERS scales only. In addition, programs had a difficult time in maintaining quality after "graduating" from AIM High consultation. FCC validity was not addressed. The full report could not be found. In addition, a 2017 validation study was planned, but no data are available. A 2013 study indicated no significant gains for child outcomes.

Aim High ended on December 31, 2017.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
    – Group size and ratios: Ratios and Group Size
    – Curriculum: Intentional Teaching
    – Support for diversity and individualizing: Full Participation of Each Child
    – Cultural and linguistic congruence: Full Participation of Each Child
2. Provider–child relationships:
    – Support for emotional development: Full Participation of Each Child
    – Support for social development and peer interactions: Full Participation of Each Child
3. Provider–family relationships:
    – Reciprocal communication: Full Participation of Each Child
4. Conditions for operations and sustainability: No indicators are aligned with this quality component.

5. Provider characteristics:

   –   Education level: Professional Qualifications

   –   Prior training: Professional Qualifications

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles*. https://qualitycompendium.org/view-state-profiles.

Rea, A. R., Wong, M., & Daley, S. (2014). *New Mexico FOCUS–TQRIS*. BUILD Conference Summer 2014.

QUALITYstarsNY, New York

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2012

Differentiated by provider type: Different

HBCC provider types included: FCC

Participation requirements: Voluntary

Setting: HBCC only

Alternative pathways for providers: NAFCC accreditation

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 12 features; FCCERS features

Provider–child relationships: 6 features; FCCERS features

Provider–family relationships: 5 features; BAS features

Conditions for operations and sustainability: 2 features; BAS features

Provider characteristics: 3 features; BAS features

Neighborhood characteristics: 0 features

Rating

Structure: Points

Number of levels: 5

Supports to prepare for rating process: Self-assessment training, consultation

Assessors: Information not available

Methods for assessing ratings on indicators: Self-report, document review, rating or rubric

Performance

Validation study completed: No

QRIS profile narrative

Description

QUALITYstarsNY is the statewide QRIS system for New York. HBCC-specific indicators were formally introduced in 2012 with prior piloting occurring from 2010–2012. QUALITYstarsNY has different indicators for center-based and HBCC providers. Indicators were designed specifically for use in HBCC programs only, and HBCC providers are also rated with the FCCERS-R.

Participation at the first level is voluntary.

Rating process and supports

Rating is structured as points, with five levels (1–5 stars). Programs that pursue a rating receive access to support for guiding them through the process, including self-assessment training and consultation.

Validity

A 2011 evaluation of the pilot (Stephens et al., 2011) aimed to assess the ease and efficiency of the process of the QUALITYstarsNY application, documentation, and assessment system under a variety of community conditions (high support, low support, geographical variations, program setting types, varying demographic characteristics of children). The evaluation did not address the validity of the indicators, and no further research is currently available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
    – Measure: *FCCERS-R*
    – Indoor spaces: Physical Well-being & Health (PH)
    – Outdoor spaces: Physical Well-being & Health (PH)
    – Health and nutrition: Physical Well-being & Health (PH)
    – Safety: Physical Well-being & Health (PH)
    – Organized environment: Program Planning (PPL)
    – Hours of operation: Program Planning (PPL)
    – Routines: Home Environment (HE)
    – Structured activities: Physical Well-being & Health (PH)
    – Unstructured activities: Physical Well-being & Health (PH)
    – Curriculum: Curriculum Planning & Implementation (CPI)
    – Support for diversity and individualizing: Curriculum Planning & Implementation (CPI)
    – Cultural and linguistic congruence: Curriculum Planning & Implementation (CPI)

2. Provider–child relationships:

   – Measure: *FCCERS-R*

   – Support for emotional development: Curriculum Planning & Implementation (CPI)

   – Support for cognitive development: Curriculum Planning & Implementation (CPI)

   – Support for social development and peer interactions: Curriculum Planning & Implementation (CPI)

   – Support for physical health and development: Curriculum Planning & Implementation (CPI)

   – Support for language and literacy: Curriculum Planning & Implementation (CPI)

   – Close provider–child relationships: Policies & Procedures (PP)

3. Provider–family relationships:

   – Measure: *BAS*

   – Trust: Communication (C)

   – Reciprocal communication: Communication (C)

   – Promoting a sense of community and connection: Communication (C)

   – Cultural and linguistic match with families: Family Involvement & Support (FIS)

   – Facilitating & connecting child care patchwork: Transitions (T)

4. Conditions for operations and sustainability:

   – Measure: *BAS*

   – Business practices: Administrative Self-Assessment (ASA)

   – Access to professional resources: Communication (C)

5. Provider characteristics:

   – Measure: *BAS*

   – Education level: Provider & Assistant Qualifications (PAQ)

   – Prior training: Provider & Assistant Qualifications (PAQ)

   – Years of experience: Provider & Assistant Qualifications (PAQ)

6. Neighborhood characteristics: No indicators are aligned with this quality component.

Additional notes

A Provisional Rating is issued to a site based on QUALITYstarsNY's review of the site's standards inventory and documentation. QUALITYstarsNY uses the Provisional Rating to determine which sites will receive independent ERS observations (those assigned a Provisional Rating of 3 stars or higher).

An Active Rating is issued to a site once its independent ERS observation has been conducted. The Active Rating is determined by adding the points earned in the Provisional Rating to those earned in the independent ERS observation.

Programs earning Provisional Ratings of 1 and 2 stars are not eligible for ERS—their Provisional Rating becomes their Active Rating.

Sites with Provisional Ratings of 3 stars and higher will receive an ERS assessment. To receive an Active Rating at the 3-star level or higher, a QUALITYstarsNY site must have an independent ERS observation and obtain a minimum average score of 4.25 or higher.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Stephens, S. A, Kreader, J. L., Smith, S., & McCabe, L. A. (2011). *QualitystarsNY: Field test evaluation report executive summary*. NY: Center for Assessment and Policy Development, National Center for Children in Poverty, Columbia University, Cornell University. https://qualitystarsny.org/wp-content/uploads/2020/03/QUALITYstarsNY-Field-Test-Full-Evaluation-Report-4-19-2011.pdf.

Star Rated License System, North Carolina

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: Completed	**Home setting and learning environments:** FCCERS features
HBCC introduction date: 1999	
Differentiated by provider type: Different	**Provider–child relationships:** FCCERS features
HBCC provider types included: FCC	**Provider–family relationships:** 0 features
Participation requirements: Voluntary	**Conditions for operations and sustainability:** 0 features
Setting: HBCC only	
Alternative pathways for providers: None	**Provider characteristics:** 3 features
	Neighborhood characteristics: 0 features

Rating	Performance
Structure: Points	**Validation study completed:** No
Number of levels: 5	
Supports to prepare for rating process: Fees paid, self-assessment training, consultation	
Assessors: Individual(s) within the QRIS managing organization responsible for assigning ratings only	
Methods for assessing ratings on indicators: Self-report, direct observation, document review	

QRIS profile narrative

Description

Star Rated License System is the statewide QRIS system for North Carolina. HBCC-specific indicators were formally introduced in 1999, with a pilot occurring from 1999–2000. Star Rated License System has different indicators for center-based and HBCC providers, and focuses on FCC providers for HBCC indicators. Indicators were designed specifically for use in HBCC programs only.

Participation at the first level for all programs is currently voluntary.

Rating process and supports

Rating is structured as points, with five levels (1–5 stars). Programs receive access to support for guiding programs through the process, including paying fees, self-assessment training, and consultation.

Validity

A 2002 evaluation assessed implementation. No information on validity is available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS*
   – No other indicators are aligned with this quality component.
2. Provider–child relationships:
   – Measure: *FCCERS*
   – No other indicators are aligned with this quality component.
3. Provider–family relationships: No indicators are aligned with this quality component.
4. Conditions for operations and sustainability: No indicators are aligned with this quality component.
5. Provider characteristics:
   – Education level: Education Requirement
   – Prior training: Education and Professional Development Requirement
   – Years of experience: Education Requirement
6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

North Carolina Division of Child Development and Early Education. (March 2019). *Rated license for family child care homes.* https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/F/Fcch_star_chart.pdf.

Bright & Early ND, North Dakota

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2014

Differentiated by provider type: Same

HBCC provider types included: FCC

Participation requirements: Voluntary

Setting: Multiple care settings

Alternative pathways for providers: None

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 3 features; FCCERS features

Provider–child relationships: 4 features; FCCERS features

Provider–family relationships: 0 features

Conditions for operations and sustainability: 0 features

Provider characteristics: 0 features

Neighborhood characteristics: 0 features

Rating

Structure: Block

Number of levels: 4

Supports to prepare for rating process: Self-assessment training, consultation

Assessors: Information not available

Methods for assessing ratings on indicators: Self-report, direct observation, document review, checklist

Performance

Validation study completed: No

QRIS profile narrative

Description

Bright & Early ND is North Dakota's statewide QRIS. HBCC indicators were introduced in 2014 with prior piloting occurring from 2010-2012. Bright & Early ND standards are the same for center-based providers and HBCC providers. HBCC providers are rated with the FCCERS-R.

Participation for HBCC providers is voluntary.

Rating process and supports

Rating is structured as a block with four levels: Step 1, Step 2, Step 3, and Step 4. Programs that pursue Step levels 1-4 receive access to support to guide programs through the process, including technical assistance, mentoring, coaching, consultation, professional development advising, and peer-to-peer.

Validity

Information not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS-R*
   – Health and nutrition: Space and Materials
   – Safety: Health and Safety
   – Curriculum: Activities and Experiences

2. Provider–child relationships:
   – Measure: *FCCERS-R*
   – Support for emotional development: Relationships and Interactions
   – Support for cognitive development: Relationships and Interactions
   – Support for social development and peer interactions: Relationships and Interactions
   – Close child–child relationships: Relationships and Interactions

3. Provider–family relationships: No indicators are aligned with this quality component.

4. Conditions for operations and sustainability: No indicators are aligned with this quality component.

5. Provider characteristics: No indicators are aligned with this quality component.

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Bright & Early ND North Dakota. (2020). *Bright & Early ND Playbook*. Bright & Early North Dakota. Updated version available at https://www.brightnd.org/files/pdf/brightnd-playbook-2021-to-2022.pdf.

Step Up To Quality, Ohio

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2004

Differentiated by provider type: Some overlap

HBCC provider types included: FCC

Participation requirements: Mandatory for some

Setting: Multiple care settings

Alternative pathways for providers: Providers with multiple programs may receive an immediate rating for a new program when a majority of their programs are highly rated; the new program receives the lowest rating received by the other programs

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 9 features; FCCERS features

Provider–child relationships: 6 features; FCCERS features

Provider–family relationships: 2 features

Conditions for operations and sustainability: 2 features

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Rating

Structure: Hybrid

Number of levels: 5

Supports to prepare for rating process: Self-assessment training, consultation

Assessors: Assessors complete a 6-month reliability training and each assessment is done by 2 assessors to ensure peer reliability

Methods for assessing ratings on indicators: Self-report, direct observation, document review, checklist, training

Performance

Validation study completed: Yes

Type of validation study: Content and convergent validity

Size of validation study: 81 programs, including 17 FCC programs

QRIS profile narrative

Description

Step Up To Quality is the statewide QRIS in Ohio, developed in 2004 and piloted from 2004–2006. Eligible programs include licensed center-based and FCC programs. It is composed of five levels, and programs progress through a hybrid rating structure. Step Up To Quality has some overlap between indicators for center-based and HBCC providers, and it focuses on FCC providers for HBCC indicators. Indicators were designed for use in multiple care settings. HBCC providers are also rated with the FCCERS-R.

Participation at the first level is voluntary for licensed HBCC providers but became mandatory as of July 1, 2020 for programs receiving public funds and serving children using CCDF subsidies. In addition, all publicly funded early childhood programs were required to participate by July 1, 2020, including CCEE, preschool special education, and subsidized child care.

Rating process and supports

The QRIS is a comprehensive system, with ratings of 1–5. It builds on the standards with each rating and consists of blocks at early levels and points at later levels. Programs are provided with assistance in preparing and submitting documentation, self-assessment training, and consultation.

Validity

A 2016 validation study of 81 programs, including 17 FCC programs, found relatively high face and content validity. In addition, on average, higher ratings for centers were associated with higher scores on the ERS, CLASS, and ELLCO, but these differences were not significant. Overall FCCERS mean scores were higher (one point or more) for higher-rated than lower-rated homes, but these differences were not significant. Similar patterns emerged in the CHELLO and the CIS.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
    – Measure: *FCCERS-R*
    – Group size and ratios: Ratio/Group Size and Accreditation (optional extra points)
    – Health and nutrition: Communication and Engagement
    – Supportive program policies: Family and Community Partnerships
    – Hours of operation: Ratio/Group Size and Accreditation (optional extra points)
    – Family-like setting: Family and Community Partnerships
    – Routines: Learning and Development
    – Structured activities: Learning and Development
    – Unstructured activities: Learning and Development
    – Curriculum: Curriculum and Planning

2. Provider–child relationships:

   – Measure: *FCCERS-R*

   – Support for emotional development: Learning and Development

   – Support for cognitive development: Learning and Development

   – Support for social development and peer interactions: Learning and Development

   – Support for physical health and development: Learning and Development

   – Support for language and literacy: Learning and Development

   – Close provider–child relationships: Communication and Engagement

3. Provider–family relationships:

   – Reciprocal communication: Communication and Engagement

   – Promoting a sense of community and connection: Communication and Engagement

4. Conditions for operations and sustainability:

   – Business practices: Administrative and Leadership Practices

   – Access to professional resources: Staff Management

5. Provider characteristics:

   – Education level: Staff Qualifications and Professional Development

   – Prior training: Staff Qualifications and Professional Development

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles*. https://qualitycompendium.org/view-state-profiles.

Compass Evaluation and Research, in partnership with Westat, Inc. (2016). *Ohio's SUTQ validation study results February 2017*. Durham, NC: Compass Evaluation and Research, Inc. http://education.ohio.gov/getattachment/Topics/Early-Learning/Step-Up-To-Quality-SUTQ/SUTQValidationStudy2017.pdf.aspx.

Reaching for the Stars, Oklahoma

Characteristics

HBCC pilot status: No pilot

HBCC introduction date: 1998

Differentiated by provider type: Different

HBCC provider types included: FCC

Participation requirements: Auto enroll at the first level for licensed providers; mandatory if receiving CCDF subsidies

Setting: HBCC only

Alternative pathways for providers: Compliance with Head Start performance standards is considered equivalent to accreditation

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 3 features; FCCERS features

Provider–child relationships: 2 features; FCCERS features

Provider–family relationships: 1 feature

Conditions for operations and sustainability: 2 features

Provider characteristics: 3 features

Neighborhood characteristics: 0 features

Rating

Structure: Block

Number of levels: 4

Supports to prepare for rating process: Consultation

Assessors: 3-hour observation of the environmental quality of the family child care home using FCCERS-R

Methods for assessing ratings on indicators: Document review, rating or rubric

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: 189 FCC programs

QRIS profile narrative

Description

Oklahoma's Reaching for the Stars is a statewide QRIS that began in 1998 without prior piloting. It has different indicators for center-based and HBCC providers, and focuses on FCC providers for HBCC indicators. Indicators were designed specifically for use in HBCC programs only.

Participation at the first level is done through automatic enrollment for licensed HBCC providers. In addition, participation at the first level is mandatory for all programs serving children who receive CCDF subsidies.

Three-star centers and homes meet Star 1, 1+, and 2 criteria, and must have national accreditation from a Child Care Services-approved source or be a Head Start program in compliance with performance standards.

Rating process and supports

Rating is structured as a block, with four levels (Star 1, Star 1+, Star 2, and Star 3). Programs that pursue Star 1, Star 1+, Star 2, and Star 3 receive access to supports that guide programs through the process, including consultation.

Validity

A 2004 study of 189 FCC programs found that higher-rated programs had significantly higher scores on the Caregiver Interaction Scale and the FDCRS. The study also found significant differences between higher and lower ratings on three FDCRS subscales: space and furnishings, basic care, and learning activities.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS-R*
   – Indoor spaces: Learning Environment (1+, 2, 3)
   – Outdoor spaces: Learning Environment (1+, 2, 3)
   – Structured activities: Learning Environment (1+, 2, 3)

2. Provider–child relationships:
   – Measure: *FCCERS-R*
   – Support for emotional development: Family Engagement (2, 3)
   – Support for language and literacy: Learning Environment (1+, 2, 3)

3. Provider–family relationships:
   – Reciprocal communication: Family Engagement (2, 3)

4. Conditions for operations and sustainability:

   – Business practices: Administrative (1+, 2, 3)

   – Access to professional resources: Administrative (1+, 2, 3)

5. Provider characteristics:

   – Education level: Director, Personnel, and Primary Caregiver Qualifications (2, 3)

   – Prior training: Director, Personnel, and Primary Caregiver Qualifications (2, 3)

   – Years of experience: Director, Personnel, and Primary Caregiver Qualifications (2, 3)

6. Neighborhood characteristics: No indicators are aligned with this quality component.

Additional notes

Licensing staff must have completed a monitoring visit in the previous four months as part of a program's application process to verify quality of environment and criteria. Licensing staff report any concerns or misinformation regarding a program's environment and staff to the Stars Outreach Specialist for consideration regarding its rating.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Dunn, L., Dykstra, S., & Norris, D. (November 2003). *"Reaching for the Stars" center validation study executive summary*. Norman, OK: ECCO. http://www.okdhs.org/OKDHS%20PDF%20Library/ReachingForTheStarsCenterValidationStudyExecutiveSummary_dcc_05092007.pdf.

Norris, D., & Dunn, L. (August, 2004). *"Reaching for the Stars" family child care home validation study final report*. OK: Early Childhood Collaborative of Oklahoma: An OSU/OU Partnership. http://www.okdhs.org/OKDHS%20Report%20Library/ReachingForTheStarsFamilyChildCareValidationStudyFinalReport_dcc_05092007.pdf.

Oklahoma Human Services. (n.d.). *Reaching for the Stars. QRIS resources*. QRIS. http://www.okdhs.org/services/cc/Pages/StarResources.aspx/Reaching for the Stars for Family.

Spark, Oregon

Characteristics

HBCC pilot status: In progress

HBCC introduction date: 2013

Differentiated by provider type: Different

HBCC provider types included: FCC

Participation requirements: Enroll at the first level for licensed providers; mandatory if receiving Head Start/Early Head Start funding

Setting: HBCC only

Alternative pathways for providers: Programs accredited by a Spark-approved body may use accreditation for a streamlined portfolio

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 8 features

Provider–child relationships: 6 features

Provider–family relationships: 3 features

Conditions for operations and sustainability: 2 features

Provider characteristics: 3 features

Neighborhood characteristics: 0 features

Rating

Structure: Block

Number of levels: 5

Supports to prepare for rating process: Self-assessment training, consultation

Assessors: Cross-agency staff who have obtained inter-rater reliability review the portfolios and assign the ratings

Methods for assessing ratings on indicators: Self-report, direct observation, document review, checklist, training

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: 312 center-based programs (no FCC included)

QRIS profile narrative

Description

Oregon's Quality Rating and Improvement System (Spark) started in 2013 with piloting occurring from 2013 to present. Spark has different indicators for center-based providers and HBCC providers, and it focuses on family child care providers for HBCC indicators. Indicators were designed specifically for use in HBCC programs only.

Participation at the first level is done through automatic enrollment for licensed HBCC providers; participation at higher levels is voluntary. Additionally, participation at the first level is mandatory for all Head Start/Early Head Start programs.

Rating process and supports

Rating is structured as block with five levels (licensed, C2Q, 3-5 star). Programs that pursue bronze, silver, or gold levels receive access to support to guide programs through the process, including technical assistance, on-site visits, and training.

Validity

Findings from this first validation study of Oregon's QRIS suggest that the QRIS differentiates the quality of the interactions that young children have with the adults that care for them in regulated programs. Yet, differences tended to be small, and only apparent when contrasting programs rated 3-star or higher to those at level 1 or 2. They did not find evidence that programs rated 4- or 5-star provided higher quality care than those rated 3-star. No FCCs were included in validation.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
    – Group size and ratios: Children's Learning and Development
    – Indoor spaces: Children's Learning and Development
    – Outdoor spaces: Children's Learning and Development
    – Health and nutrition: Health and Safety
    – Safety: Health and Safety
    – Routines: Children's Learning and Development
    – Curriculum: Children's Learning and Development
    – Cultural and linguistic congruence: Children's Learning and Development

2. Provider–child relationships:

    –   Support for emotional development: Children's Learning and Development

    –   Support for cognitive development: Children's Learning and Development

    –   Support for social development and peer interactions: Children's Learning and Development

    –   Support for mixed-age peer interactions: Children's Learning and Development

    –   Support for physical health and development: Children's Learning and Development

    –   Support for language and literacy: Children's Learning and Development

3. Provider–family relationships:

    –   Reciprocal communication: Family Partnerships

    –   Promoting a sense of community and connection: Family Partnerships

    –   Cultural and linguistic match with families: Children's Learning and Development

4. Conditions for operations and sustainability:

    –   Business practices: Administration and Business Practices

    –   Access to professional resources: Family Partnerships

5. Provider characteristics:

    –   Education level: Personnel Qualifications

    –   Prior training: Personnel Qualifications

    –   Years of experience: Personnel Qualifications

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Lipscomb, S., Weber, R.B, Green, B.T., & Patterson, L.B. (2017). *Oregon's quality rating improvement system (QRIS) validation study one: Associations with observed program quality*. Portland State University and Oregon State University.

Oregon Spark. (2014). *Oregon Spark Standards for Family Based Child Care Programs* . Oregon's Early Learning Division, Oregon Department of Education.

Keystone STARS, Pennsylvania

Characteristics

HBCC pilot status: Completed (for revision)

HBCC introduction date: 2002; revision 2017

Differentiated by provider type: Some overlap

HBCC provider types included: FCC

Participation requirements: Auto enroll at the first level for licensed providers

Setting: Multiple care settings

Alternative pathways for providers: Accreditation by approved accrediting body (e.g., NAFCC)

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 7 features; FCCERS features

Provider–child relationships: 4 features; FCCERS features

Provider–family relationships: 4 features; BAS features

Conditions for operations and sustainability: 3 features; BAS features

Provider characteristics: 2 features; BAS features

Neighborhood characteristics: 0 features

Rating

Structure: Hybrid

Number of levels: 4

Supports to prepare for rating process: Fees paid

Assessors: Staff from the Bureau Early Learning Resource Center awarding STAR Levels are known as the STARS Designators. The STARS Designators are responsible for ensuring the program has successfully shown evidence in meeting the requested STAR level performance standards after the Quality Coach makes the initial determination.

Methods for assessing ratings on indicators: Self-report, direct observation, document review, rating or rubric

Performance

Validation study completed: No

QRIS profile narrative

Description

Pennsylvania's Keystone STARS is a statewide Quality Rating and Improvement System that began in 2002 with a revised version piloted in 2017. Keystone STARS has large overlap between indicators for center-based providers and HBCC providers. The HBCC providers are rated with the FCCERS-R and BAS.

Participation at the first level is based on licensing with automatic enrollment for licensed HBCC providers. Participation at higher levels is voluntary. Additionally, participation at the first level is automatic for licensed group-based programs, stand-alone state-funded preschool programs known as Pre-K Counts, PA Dept. of Education licensed private academic schools, stand-alone school district-based preschool programs, and Head Start/Early Head Start licensed programs.

Rating process and supports

Rating is structured as hybrid with blocks at all four STAR levels. Programs receive access to support to guide programs through the process, including mentoring, coaching, consultation, and professional development advising. Programs may voluntarily participate in activities to obtain STAR levels 2, 3, or 4.

Validity

Information not available.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
    –   Measure: *FCCERS-R*
    –   Health and nutrition: Partnerships with Families and Communities
    –   Safety: Early Childhood Education Program
    –   Organized environment: Leadership and Management
    –   Structured activities: Early Childhood Education Program
    –   Unstructured activities: Early Childhood Education Program
    –   Curriculum: Early Childhood Education Program
    –   Cultural and linguistic congruence: Early Childhood Education Program
2. Provider–child relationships:
    –   Measure: *FCCERS-R*
    –   Support for emotional development: Early Childhood Education Program
    –   Support for social development and peer interactions: Early Childhood Education Program
    –   Support for physical health and development: Partnerships with Families and Communities
    –   Support for language and literacy: Early Childhood Education Program

3. Provider–family relationships:

    – Measure: *BAS*

    – Reciprocal communication: Partnerships with Families and Communities

    – Providing parent education: Partnerships with Families and Communities

    – Promoting a sense of community and connection: Partnerships with Families and Communities

    – Cultural and linguistic match with families: Partnerships with Families and Communities

4. Conditions for operations and sustainability:

    – Measure: *BAS*

    – Family support for caregiver: Partnerships with Families and Communities

    – Business practices: Leadership and Management

    – Access to professional resources: Partnerships with Families and Communities

5. Provider characteristics:

    – Measure: *BAS*

    – Education level: Certification and Compliance

    – Prior training: Certification and Compliance

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles*. https://qualitycompendium.org/view-state-profiles.

Pennsylvania Keystone STARS. (2019). *Keystone STARS Program Manual,* Pennsylvania's Office of Child Development and Early Learning, Pennsylvania Department of Education and the Pennsylvania Department of Human Services. https://www.pakeys.org/keystone-stars/.

BrightStars, Rhode Island

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2009

Differentiated by provider type: Different

HBCC provider types included: FCC

Participation requirements: Mandatory at the first level for some licensed providers

Setting: HBCC only

Alternative pathways for providers: None

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 10 features

Provider–child relationships: 1 feature

Provider–family relationships: 1 feature

Conditions for operations and sustainability: 0 features

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Rating

Structure: Block

Number of levels: 5

Supports to prepare for rating process: Consultation

Assessors: Individual(s) within the QRIS managing organization responsible for assigning ratings only

Methods for assessing ratings on indicators: Direct observation, document review, rating or rubric

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: 71 centers (no FCC included)

QRIS profile narrative

Description

BrightStars is a statewide QRIS operating in Rhode Island. It started in 2009, with a prior pilot occurring from 2008–2009. BrightStars has different indicators for center-based and HBCC providers, and focuses on FCC providers for HBCC indicators. Indicators were designed specifically for use in HBCC programs only.

Participation at the first level is mandatory for all programs with children receiving CCDF subsidies, state pre-K funding, or Head Start/Early Head Start funding.

Rating process and supports

Rating is structured as block, with five levels (1–5). Programs that pursue Levels 1–5 receive access to support for guiding programs through the process, including several types of consultation—mentoring, coaching, and professional development advising.

Validity

A 2016 validation study (Maxwell et al., 2016) included 71 centers but not FCC. The results showed high internal consistency for the standards (Cronbach's alpha = 0.97). In addition, higher ratings were associated with higher scores on all three domains for the pre-K CLASS and for two domains (Emotional and Behavioral Support and Engaged Support for Learning) on the Toddler CLASS.

The study found no significant differences in fall to spring scores on WJ III standard scores for math, preliteracy, and expressive vocabulary for preschool children, but there were significant increases in executive function skills (the pencil tapping test), as well as teacher reports of social competence (Social Competence and Behavior Evaluation−Short Form) and learning behaviors (Preschool Learning Behaviors). Anxiety-withdrawal and anger-aggression remained the same.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Group size and ratios: Enrollment & Staffing (Levels 2–5)
   – Indoor spaces: Health, Safety & Nutrition (Levels 2–5)
   – Outdoor spaces: Health, Safety & Nutrition (Levels 2–5)
   – Health and nutrition: Health, Safety & Nutrition (Levels 2–5)
   – Safety: Health, Safety & Nutrition (Levels 2–5)
   – Routines: Early Learning & Development (Levels 2–5)
   – Structured activities: Health, Safety & Nutrition (Levels 2–5)
   – Curriculum: Early Learning & Development (Levels 3–5)
   – Support for diversity and individualizing: Health, Safety & Nutrition (Levels 2–5)
   – Cultural and linguistic congruence: Health, Safety & Nutrition (Levels 2–5)

2. Provider–child relationships:

    – Support for emotional development: Early Learning & Development (Levels 2–5)

3. Provider–family relationships:

    – Promoting a sense of community and connection: Family Engagement (Levels 2–5)

4. Conditions for operations and sustainability: No indicators are aligned with this quality component.

5. Provider characteristics:

    – Education level: Staff Qualifications & Ongoing Professional Development (Levels 3–5)

    – Prior training: Staff Qualifications & Ongoing Professional Development (Levels 2–5)

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Maxwell, K. L., Blasberg, A., Early, D. M., Li, W., & Orfali, N. (2016). *Evaluation of Rhode Island's BrightStars child care center and preschool quality framework*. Chapel Hill, NC: Child Trends. http://www.brightstars.org/uploads/RI_BrightStars_Evaluation_Full_Report_2016.pdf.

Texas Rising Star

Characteristics

HBCC pilot status: No pilot

HBCC introduction date: 2015

Differentiated by provider type: Some overlap

HBCC provider types included: FCC

Participation requirements: Mandatory if receiving CCDF subsidies, state pre-K funding, or Head Start/Early Head Start funding

Setting: Multiple care settings

Alternative pathways for providers: Information not available

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 5 features

Provider–child relationships: 0 features

Provider–family relationships: 1 feature

Conditions for operations and sustainability: 1 feature

Provider characteristics: 3 features

Neighborhood characteristics: 0 features

Rating

Structure: Hybrid

Number of levels: 3

Supports to prepare for rating process: Self-assessment training, consultation

Assessors: Texas Rising Star assessors observe and score a program, then enter those scores into an automated system that calculates and assigns the rating

Methods for assessing ratings on indicators: Self-report, direct observation, document review, checklist, rating or rubric, training

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: 128 centers (no FCC included)

QRIS profile narrative

Description

Texas Rising Star (TRS) is a hybrid statewide QRIS that began in 1991 and was revised in 2015 without prior piloting. TRS has some overlap between indicators for center-based and HBCC providers, and focuses on FCC providers for HBCC indicators. Indicators were designed specifically for use in multiple care settings.

Participation at the first level is mandatory for programs with children receiving CCDF subsidies or state pre-K funding, and those with children receiving Head Start/Early Head Start funding.

Rating process and supports

Rating is structured as a hybrid, with three levels beyond the first level (2, 3, 4). Programs that pursue Levels 2–4 receive access to support for guiding programs through the process, including self-assessment training and consultation.

Validity

A 2019 evaluation of 128 centers focused on the reliability and external validity of the TRS assessment. Findings indicated strong internal consistency; inter-rater reliability ranged from marginally acceptable to acceptable. The study also found significant correlations between TRS scores for caregiver-child interactions and the CIS. FCC providers were not included in this study.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Group size and ratios: Caregiver-Child Interactions
   – Indoor spaces: Nutrition and Indoor/Outdoor Activities
   – Outdoor spaces: Nutrition and Indoor/Outdoor Activities
   – Health and nutrition: Nutrition and Indoor/Outdoor Activities
   – Support for diversity and individualizing: Curriculum
2. Provider–child relationships: No indicators are aligned with this quality component.
3. Provider–family relationships:
   – Providing parent education: Parent Involvement and Education
4. Conditions for operations and sustainability:
   – Family support for caregiver: Family Engagement and Partnerships
5. Provider characteristics:
   – Education level: Director and Staff Qualifications and Training
   – Prior training: Director and Staff Qualifications and Training
   – Years of experience: Director and Staff Qualifications and Training
6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Children's Learning Institute (2019). *Findings from the Strengthening Texas Rising Star implementation study final report.* Houston, TX: Children's Learning Institute, The University of Texas Health Science Center at Houston. https://childrenslearninginstitute.org/2021/09/21/strengthening-texas-rising-star-implementation-study/.

STARS, Vermont

Characteristics

HBCC pilot status: No pilot

HBCC introduction date: 2004

Differentiated by provider type: Same

HBCC provider types included: FCC

Participation requirements: Mandatory for some

Setting: Multiple care settings

Alternative pathways for providers: NAEYC-accredited programs are eligible for a 5 star rating if the program is in good regulatory standing and has an approved specialized child care agreement on file with the Child Development Division as required for two points in the Families and Communities arena of STARS.

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 2 features

Provider–child relationships: 0 features

Provider–family relationships: 1 feature

Conditions for operations and sustainability: 1 feature

Provider characteristics: 2 features

Neighborhood characteristics: 0 features

Rating

Structure: Hybrid

Number of levels: 5

Supports to prepare for rating process: Materials provided, self-assessment training

Assessors: Two STARS Coordinators, and other trained partners, provide group and/or individual orientation to STARS.

Methods for assessing ratings on indicators: Document review

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: Information not available

QRIS profile narrative

Description

Step Ahead Recognition System (STARS) is Vermont's statewide QRIS. HBCC indicators were introduced in 2004 without prior piloting. STARS standards are the same for center-based providers and HBCC providers.

Participation for HBCC providers is mandatory for programs with children receiving CCDF subsidies, Pre-K funding, and Head Start/Early Head Start funding.

Rating process and supports

Rating is structured as a hybrid with five levels: 1 Star, 2 Star, 3 Star, 4 Star, and 5 Star. Programs that pursue 1-5 Star levels receive access to support to guide programs through the process, including having materials provided and self-assessment training. Programs may use accreditation from NAEYC or NAFCC to show evidence for many of the STARS standards.

Validity

STARS quality components align with those of many other QRIS, with a few differences. The rating process used to designate a STARS rating aligns with some but not all recommended best practices. For example, some parts of the rating rely heavily on self-reported data, which can result in inaccurate program ratings. The validation study found insufficient evidence that the rating system successfully differentiates between high-quality and low-quality programs.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
    –   Routines: Families and Community
    –   Curriculum: Families and Community
2. Provider–child relationships: No indicators are aligned with this quality component.
3. Provider–family relationships:
    –   Promoting a sense of community and connection: Families and Community
4. Conditions for operations and sustainability:
    –   Business practices: Administration
5. Provider characteristics:
    –   Education level: Staff Qualifications
    –   Prior training: Staff Qualifications
6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Child Trends. (2018). *Vermont STARS validation study: Key findings.* https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/VermontValidationBrief_ChildTrends_October2018.pdf.

Virginia Quality

Characteristics	Alignment with HBCCSQ conceptual framework
HBCC pilot status: Completed	**Home setting and learning environments:** 2 features; FCCERS features
HBCC introduction date: 2007	**Provider–child relationships:** 1 feature; FCCERS features
Differentiated by provider type: Some overlap	**Provider–family relationships:** 0 features
HBCC provider types included: FCC	**Conditions for operations and sustainability:** 0 features
Participation requirements: Voluntary	**Provider characteristics:** 2 features
Setting: HBCC only	**Neighborhood characteristics:** 0 features
Alternative pathways for providers: To facilitate the accelerated process for child care and preschool programs accredited by their organization, the accreditation organization must (1) demonstrate its current status as an accrediting organization, and (2) show evidence of quality early childhood standards by submitting crosswalk data and a copy of the standards	

Rating	Performance
Structure: Block	**Validation study completed:** Yes
Number of levels: 5	**Type of validation study:** Content validity
Supports to prepare for rating process: Materials, self-assessment training, consultation	**Size of validation study:** Information not available
Assessors: Information not available	
Methods for assessing ratings on indicators: Self-report, direct observation, document review	

QRIS profile narrative

Description

Virginia Quality is a statewide QRIS that began in 2007 and was revised in 2014–2015, with piloting from 2007–2014. Virginia Quality has some overlap between indicators for center-based and HBCC providers, and focuses on FCC providers for HBCC indicators. Indicators were designed specifically for use in HBCC settings. HBCC providers are also rated with the FCCERS-R.

Participation at the first level is voluntary for all programs.

Rating process and supports

Rating is structured as a block, with five levels (1–5). Programs that pursue these levels receive access to support for guiding programs through the process, including materials, self-assessment training, and consultation.

Validity

A 2011 study of the pilot for FCC (Bradburn & Dunkenberger, 2011) found strong content validity for three of the four standards: education, qualifications and training, environment and interactions, and structure. The exception was program management. Inter-rater reliability on the FCCERS-R was high (85 percent).

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS-R*
   – Structured activities: Environment & Interactions (Level 4)
   – Curriculum: Curriculum & Assessment (Level 2)

2. Provider–child relationships:
   – Measure: *FCCERS-R*
   – Support for emotional development: Environment & Interactions (Level 4)

3. Provider–family relationships: No indicators are aligned with this quality component.

4. Conditions for operations and sustainability: No indicators are aligned with this quality component.

5. Provider characteristics:
   – Education level: Education & Qualifications (Level 2)
   – Prior training: Education & Qualifications (Levels 1–3)

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles.* https://qualitycompendium.org/view-state-profiles.

Bradburn, I., & Dunkenberger, M.B. (2011). *Virginia Star Quality initiative family child care home provider demonstration pilot evaluation report*. Blacksburg, VA: Virginia Polytechnic Institute and State University. https://vtechworks.lib.vt.edu/handle/10919/79568.

Early Achievers, Washington

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2012

Differentiated by provider type: Same

HBCC provider types included: FCC

Participation requirements: Mandatory for some

Setting: Multiple care settings

Alternative pathways for providers: None

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 1 feature; FCCERS features

Provider–child relationships: 2 features; FCCERS features

Provider–family relationships: 2 features

Conditions for operations and sustainability: 1 feature

Provider characteristics: 1 feature

Neighborhood characteristics: 0 features

Rating

Structure: Hybrid

Number of levels: 5

Supports to prepare for rating process: Fees paid if eligible

Assessors: Data collection team is trained to achieve 80% reliability across rating components

Methods for assessing ratings on indicators: Self-report, direct observation, document review, checklist, rating or rubric, training

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: 100 programs, including 24 FCC programs

QRIS profile narrative

Description

Early Achievers is Washington's statewide QRIS. Two pilots occurred from 2008–2011 and 2012–2013. Early Achievers has the same indicators for center-based and HBCC providers, and focuses on FCC providers for HBCC indicators. Indicators were designed specifically for use in multiple care settings. HBCC providers are also rated with the FCCERS-R.

Participation is mandatory for HBCC providers serving children receiving CCDF subsidies and other streams of funding.

Rating process and supports

Rating is structured as hybrid, with five levels. All participating facilities share the same foundational requirements at Levels 1 and 2 and earn points to achieve Levels 3–5. Eligible facilities receive financial support to pay for fees.

Validity

The 2014–2015 validation study (Soderberg et al., 2016) included 100 programs, of which 24 were FCC. The study did not examine the relationship between ratings and observed quality, but did look at the relationship between standard areas and child outcomes. Results indicated that there were no significant relationships between specific standard areas and children's learning and development.

Examination of the relationships between program ratings and child outcomes found that infants and toddlers in programs with a Level 4 rating scored significantly higher than those in Level 3 on expressive language, and preschoolers scored significantly higher on receptive language in Level 3 than in Level 2. In addition, infants and toddlers scored significantly higher on fine motor skills in Level 3 than Level 2. The study did not, however, distinguish between children in centers and those in FCC.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   – Measure: *FCCERS-R*
   – Indoor spaces: Curriculum and Staff Supports
2. Provider–child relationships:
   – Measure: *FCCERS-R*
   – Support for emotional development: Family Engagement and Partnerships
   – Close provider–child relationships: Curriculum and Staff Supports
3. Provider–family relationships:
   – Providing parent education: Family Engagement and Partnerships
   – Promoting a sense of community and connection: Family Engagement and Partnerships

4. Conditions for operations and sustainability:

   – Family support for caregiver: Family Engagement and Partnerships

5. Provider characteristics:

   – Education level: Professional Development and Training

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles*. https://qualitycompendium.org/view-state-profiles.

Soderberg, J., Joseph, G.E., Stull, S., & Hassairi, N. (2016). *Early Achievers standards validation study: Final report*. Washington (State), Department of Early Learning. https://www.dcyf.wa.gov/sites/default/files/pdf/EarlyAchievers_Validationstudy.pdf.

YoungStar, Wisconsin

Characteristics

HBCC pilot status: Completed

HBCC introduction date: 2010

Differentiated by provider type: Different

HBCC provider types included: FCC

Participation requirements: Mandatory for some

Setting: HBCC only

Alternative pathways for providers: Alternate pathways available to accredited center-based programs, Head Start/Early Head Start, and accredited family child care

Alignment with HBCCSQ conceptual framework

Home setting and learning environments: 4 features; FCCERS features

Provider–child relationships: 5 features; Wisconsin Model Early Learning Standards (WMELS) five domains or those of the School-Age Curricular Framework (SACF); FCCERS features

Provider–family relationships: 4 features

Conditions for operations and sustainability: 3 features

Provider characteristics: 1 feature

Neighborhood characteristics: 0 features

Rating

Structure: Hybrid

Number of levels: 5

Supports to prepare for rating process: Consultation

Assessors: Master trainers who are experts in the state's YoungStar rating—the goal is for raters to be 85% reliable (compared with a master rater) for three consecutive ERS ratings; raters specialized in only the scale for which they were specifically trained (ECERS-R or FCCERS-R)

Methods for assessing ratings on indicators: Self-report, direct observation, document review, checklist, rating or rubric

Performance

Validation study completed: Yes

Type of validation study: Convergent validity

Size of validation study: 122 center-based programs and 35 FCC programs

QRIS profile narrative

Description

YoungStar is the statewide QRIS system for Wisconsin. HBCC-specific indicators were formally introduced in 2010, with prior piloting. YoungStar has different indicators for center-based and HBCC providers, and focuses on FCC providers for HBCC indicators. Indicators were designed specifically for use in HBCC programs only. HBCC providers are also rated with the FCCERS-R.

Participation at the first level is voluntary for licensed FCC programs, but programs that receive CCDF funding or Head Start funding must participate.

Rating process and supports

YoungStar is the QRIS for Wisconsin. YoungStar rates child care and school-age programs from 1 to 5 stars, based on the education levels of staff, the learning environment and curriculum, business and professional practices, and the health and well-being of children. Programs receive access to support for guiding programs through the process, including consultation.

Validity

The first YoungStar validity study (Magnuson and Lin, 2015) examined the relationship between ratings levels and observed quality with the ERS scales in 122 centers and 35 FCC. Findings showed that ratings predicted observed quality: 2-star programs were rated below 3- to 5-star programs, although the FCCERS-R scores were merged with the ECERS-R scores and the FCC sample was too small to report findings. When the points for rating domains were considered simultaneously, two domains seemed to predict unique variation in ERS quality—Business and Professional Practices and to a lesser extent Learning.

The second YoungStar validity study (Magnuson and Lin, 2016) analyses did not find that more highly rated YoungStar programs were generating larger gains in school readiness over the period of the study than programs with a lower rating. This pattern of a lack of association between YoungStar rating and children's outcomes was found across both academic skills and teachers' rating of children's learning related behaviors. The authors did not find evidence that YoungStar rating levels predicted school readiness among subgroups including children with more disadvantaged or advantaged backgrounds (using family income, parental education, and family structure); children who experienced care for shorter/longer hours; or children who received CCDF child care subsidies.

As noted by the authors, neither validity studies had a sufficient number of highly rated programs (4- to 5-star programs) to consider whether differences in ratings at the high end of the scale were able to effectively differentiate among programs of differing levels of high quality.

Alignment with HBCCSQ conceptual framework

1. Home setting and learning environments:
   - Measure: *FCCERS-R*
   - Health and nutrition: Health and Well-being
   - Supportive program policies: Business and Professional Practices
   - Curriculum: Learning Environment and Curriculum
   - Cultural and linguistic congruence: Business and Professional Practices

2. Provider–child relationships:
   - Measure: *WMELS five domains or those of the SACF; FCCERS-R*
   - Support for emotional development: Learning Environment and Curriculum
   - Support for cognitive development: Learning Environment and Curriculum
   - Support for physical health and development: Health and Well-being
   - Support for language and literacy: Learning Environment and Curriculum
   - Close provider–child relationships: Learning Environment and Curriculum

3. Provider–family relationships:
   - Reciprocal communication: Business and Professional Practices
   - Providing parent education: Business and Professional Practices
   - Promoting a sense of community and connection: Business and Professional Practices
   - Cultural and linguistic match with families: Learning Environment and Curriculum

4. Conditions for operations and sustainability:
   - Family support for caregiver: Business and Professional Practices
   - Business practices: Business and Professional Practices
   - Access to professional resources: Business and Professional Practices

5. Provider characteristics:
   - Education level: Education of Provider

6. Neighborhood characteristics: No indicators are aligned with this quality component.

References

The Build Initiative & Child Trends. (2019). *State profiles*. https://qualitycompendium.org/view-state-profiles.

Magnuson, K., & Lin, Y. (2015). *Validation of the QRIS YoungStar rating scale, report 1*. Madison, WI: School of Social Work and Institute for Research on Poverty. https://dcf.wisconsin.gov/files/youngstar/pdf/validationreport1.pdf.

Magnuson, K., & Lin, Y. (2016). *Validation of the QRIS YoungStar rating scale, report 2*. Madison, WI: School of Social Work and Institute for Research on Poverty. https://dcf.wisconsin.gov/files/youngstar/pdf/validationreport2.pdf.

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