

# THE CHILD CARE QUALITY RATING SYSTEM (QRS) ASSESSMENT



## Compendium of Quality Rating Systems and Evaluations

April 2010



**MATHEMATICA**  
Policy Research, Inc.





# **Compendium of Quality Rating Systems and Evaluations**

## **Child Trends**

Kathryn Tout  
Rebecca Starr  
Margaret Soli  
Shannon Moodie

## **Mathematica Policy Research**

Gretchen Kirby  
Kimberly Boller

---

### **Prepared for:**

#### **Office of Planning, Research and Evaluation**

Administration for Children and Families  
Department of Health and Human Services  
370 L'Enfant Plaza Promenade, SW  
7th Floor West, Room 7A011  
Washington, D.C. 20447

### **Project Officers:**

Ivelisse Martinez-Beck  
Kathleen Dwyer

### **Prepared by:**

#### **Child Trends**

4301 Connecticut Avenue, N.W., Suite 350  
Washington, DC 20008

### **Subcontractor to:**

#### **Mathematica Policy Research**

600 Maryland Ave., S.W., Suite 550  
Washington, DC 20024-2512

### **Project Director:**

Gretchen Kirby, Mathematica

### **Co-Principal Investigators:**

Kimberly Boller, Mathematica  
Kathryn Tout, Child Trends

This document was prepared under Contract #HHSP233200800394G with the Administration for Children and Families, US Department of Health and Human Services. The views expressed in this report are those of the authors and do not represent the views or endorsement of the Office of Planning, Research and Evaluation of the Administration for Children and Families.



**MATHEMATICA**  
Policy Research, Inc.





## **Acknowledgments**

The Quality Rating System Assessment team at Child Trends and Mathematica Policy Research produced the Compendium under contract with the Office of Planning, Research and Evaluation in the Administration for Children and Families, U.S. Department of Health and Human Services. The project officers, Ivelisse Martinez-Beck and Kathleen Dwyer, provided valuable advice and guidance in the planning and production of the Compendium.

The QRS Assessment team appreciates the participation of the Expert Panel for the project and the wisdom and experience they shared in the development of the Compendium. The team is also grateful for the review and contributions to the Compendium by Karen Tvedt and Shannon Christian of Christian Tvedt Consulting; Kelly Maxwell of FPG Child Development Center, University of North Carolina-Chapel Hill; Tabitha Knerr and Katie Quinn of Child Trends; Nara Topp of Topp Consulting; and Heather Zaveri and Lizabeth Malone of Mathematica Policy Research.

Finally, the team would like to thank the QRS administrators and staff who participated in data review for the project and answered questions about the details of their QRS. Their generous contribution of time and knowledge has helped create a valuable resource for the field, and the team expresses gratitude for their collaboration in this work.



## Table of Contents

List of Exhibits.....	iv
List of Tables .....	v
Executive Summary .....	ES1
1. Introduction.....	1
Purposes and Goals .....	2
2. Compendium Content and Compilation Approach.....	3
QRS Selection.....	3
Data Elements .....	5
Data Sources .....	9
Data Collection .....	9
Methods and reliability .....	9
Staged data collection .....	10
3. Description of Quality Rating Systems (QRS) Included in the Compendium .....	12
Pilot Phase and Date of Full Implementation .....	12
Service Area.....	12
Eligible Programs.....	14
Voluntary Participation.....	16
Program Participation .....	17
Ratings of Participating Programs .....	20
Administrative Structures in QRS .....	24
QRS Partners.....	26
4. Overview of the Rating Process and Quality Standards .....	28
Rating Structure .....	28
Number of Levels .....	29
Application Processes .....	30
Preparatory process.....	30
Orientation .....	30
Self-assessment process .....	31
Time between application and ratings .....	31
Quality Standards.....	42
Overview of quality categories and indicators for child care centers.....	44
Overview of quality categories and indicator for family child care .....	45
Licensing compliance .....	50
Ratio and group size.....	55
Health and safety.....	66
Curriculum .....	68
Environment.....	88
Child assessment.....	110
Director, teacher and family child care qualifications .....	121
Family partnerships.....	124
Administration and management .....	135
Cultural and linguistic diversity.....	144

Accreditation.....	146
Provisions for children with special needs.....	153
Community involvement .....	156
Issues Related to Rating Process.....	159
Length of time that rating is valid.....	159
Events that trigger re-rating .....	160
Availability of an appeal or grievance process .....	160
5. Use of Observational Measures .....	161
Observational Measures Used.....	161
Frequency of Visits .....	164
Training and Reliability Requirements for Observers .....	166
Procedures for Conducting Observational Assessments in Center Classroom.....	169
6. Quality Improvement Processes .....	171
Content of Training Available for Quality Improvement.....	171
Onsite Assistance .....	171
Improvement Grants .....	177
7. Incentives .....	179
Tiered Reimbursement.....	179
Quality Awards .....	182
Other Financial Incentives .....	185
8. Outreach and Marketing .....	187
9. Linking QRS with other Systems .....	188
Child Care Subsidies.....	188
Programs from Different Sectors of Early Childhood .....	188
Professional Development Systems .....	189
Standards.....	189
10. Evaluation .....	190
Evaluation Questions .....	192
Evaluation Findings Overview .....	193
11. Next Steps .....	196
References.....	197
Appendix.....	200

## List of Exhibits

Exhibit 2.1. Criteria for Inclusion of a QRS in the Compendium .....	3
Exhibit 2.2. Quality Rating Systems Included in the Compendium .....	4
Exhibit 2.3. The QRS Assessment Basic Logic Model (with sample Compendium data elements).....	5
Exhibit 2.4. Compendium Data Elements and Alignment with Quality Rating System Logic Model Components.....	6
Exhibit 3.1. Timeline of Quality Rating Systems Showing Pilot Timeframes and Year of Statewide Launch* .....	13
Exhibit 3.2. States with a Quality Rating System Included in the Compendium (either statewide systems or specified geographical areas).....	14



Exhibit 3.3. Density Ranges (rated programs as a percent of all eligible programs in the Quality Rating System) among Quality Rating Systems .....	19
Exhibit 3.4. Distribution of Top-Rated Programs in Quality Rating Systems.....	24
Exhibit 4.1. Quality Categories and Definitions Used to Group Indicators in Quality Rating Systems.....	43

**List of Tables**

Table 3.1. Quality Rating System by Types of Programs Eligible to Participate.....	15
Table 3.2. Voluntary or Partially Voluntary Status of QRS .....	16
Table 3.3. Quality Rating System Program Participation Numbers and Density .....	17
Table 3.4. Quality Rating System by the Percentage of Programs at Each Star/Step Level .....	20
Table 4.1. Quality Rating System by Rating Structure.....	28
Table 4.2. Quality Rating System by Number of Levels .....	29
Table 4.3. Inclusion of Various Activities or Processes in the Application for Quality Rating Systems.....	32
Table 4.4. Time Between Application and Rating in Quality Rating Systems.....	42
Table 4.5. Inclusion of Quality Categories for Child Care Centers in Quality Rating Systems – Part 1 .....	46
Table 4.6. Inclusion of Quality Categories for Child Care Centers in Quality Rating Systems – Part 2.....	47
Table 4.7. Inclusion of Quality Categories for Family Child Care in Quality Rating Systems – Part 1 .....	48
Table 4.8. Inclusion of Quality Categories for Family Child Care in Quality Rating Systems – Part 2.....	49
Table 4.9. Inclusion of Licensing or Licensing Compliance Indicators for Child Care Centers in Quality Rating Systems. ....	50
Table 4.10. Inclusion of Licensing or Licensing Compliance Indicators for Family Child Care in Quality Rating Systems. ....	53
Table 4.11. Inclusion of Ratio and Group Size Indicators for Child Care Centers in Quality Rating Systems.....	55
Table 4.12. Inclusion of Ratio and Group Size Indicators for Family Child Care Programs in Quality Rating Systems .....	63
Table 4.13. Inclusion of Health and Safety Indicators for Child Care Centers in Quality Rating Systems.....	66
Table 4.14. Inclusion of Health and Safety Indicators for Family Child Care Programs in Quality Rating Systems.....	67
Table 4.15. Inclusion of Curriculum Indicators for Child Care Centers in Quality Rating Systems .....	69
Table 4.16. Inclusion of Curriculum Indicators for Family Child Care Programs in Quality Rating Systems.....	81
Table 4.17. Inclusion of Environment Indicators and Environment Rating Scales for Child Care Centers in Quality Rating Systems.....	90
Table 4.18. Inclusion of Environment Indicators for Family Child Care Programs in Quality Rating Systems.....	101

Table 4.19. Inclusion of Child Assessment Indicators for Child Care Centers in Quality Rating Systems*	111
Table 4.20. Inclusion of Child Assessment Indicators for Family Child Care Programs in Quality Rating Systems*	116
Table 4.21. Overview of Qualifications for Directors, Teachers and Family Child Care Providers in a Quality Rating System	123
Table 4.22. Inclusion of Family Partnership Indicators of Different Types for Child Care Centers in Quality Rating Systems	125
Table 4.23. Inclusion of Family Partnership Indicators for Child Care Centers in Quality Rating Systems	126
Table 4.25. Family Partnership Indicators for Family Child Care Programs in Quality Rating Systems	131
Table 4.26. Inclusion of Administration and Management Indicators for Child Care Centers in Quality Rating Systems	136
Table 4.27. Inclusion of Administration and Management Indicators for Family Child Care in Quality Rating Systems	141
Table 4.28. Inclusion of Indicators on Cultural and Linguistic Diversity for Child Care Centers in Quality Rating Systems*	144
Table 4.29. Inclusion of Cultural and Linguistic Diversity Indicators for Family Child Care Programs in Quality Rating Systems*	145
Table 4.30. Inclusion of Accreditation Indicators for Child Care Centers in Quality Rating Systems	146
Table 4.31. Inclusion of Accreditation Indicators for Family Child Care Providers in Quality Rating Systems	151
Table 4.32. Inclusion of Indicators Related to Children with Special Needs for Child Care Centers in Quality Rating Systems	153
Table 4.33. Inclusion of Indicators Related to Children with Special Needs for Family Child Care Programs in Quality Rating Systems	155
Table 4.34. Inclusion of Community Involvement Indicators for Child Care Centers in Quality Rating Systems	156
Table 4.35. Inclusion of Community Involvement Indicators for Family Child Care Programs in Quality Rating Systems	158
Table 4.36. Length of Time that Rating is Valid	159
Table 5.1. Use and Purpose of Observational Tools in Quality Rating Systems	162
Table 5.2. Frequency of observational assessment visits in Quality Rating Systems	164
Table 5.3. Training and Reliability Requirements for Observational Assessments	166
Table 5.4. Procedures for Selecting the Percentage of Classrooms to be Assessed and for Determining which Classrooms will be Assessed in Child Care Centers	169
Table 6.1. Quality Rating System and Content of Linked Trainings	173
Table 6.2. Quality Rating System by Content of Onsite Assistance	175
Table 6.3. Improvement Grants in Quality Rating Systems	177
Table 7.1. Tiered Reimbursement Policies in Quality Rating Systems	180
Table 7.2. Quality Awards in Quality Rating Systems	183
Table 7.3. Other Financial Incentives Used in Quality Rating Systems	185
Table 10.1. Quality Rating System by Status of Evaluation	190
Table 10.2. Quality Rating System by Type of Evaluator	191

Table 10.3. Quality Rating System by Type of Evaluation Research Question ..... 192  
Table 10.4. Quality Rating System by Type of Evaluation Findings ..... 193



## Executive Summary

Quality Rating Systems (QRS) are currently operating, under development or being piloted in over 25 states or local areas. As the QRS model becomes integrated into the landscape of child care and education service delivery, policy and the decisions parents make about child care across the United States, there is an increasing need for descriptive and comparative information about QRS implementation and evaluation.

Acknowledging this need, the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS) is supporting a project called the Child Care Quality Rating System Assessment (QRS Assessment).<sup>1</sup> The goal of the QRS Assessment is to provide information, analysis and resources about QRS for states and other key stakeholders.

The Compendium of Quality Rating Systems and Evaluations<sup>2</sup> is the first product of the QRS Assessment and is intended to serve as a rich resource for the other tasks in the QRS Assessment which include a multi case in depth study, secondary analysis of existing QRS data, an analytic paper, and a toolkit for designing research and evaluation of QRS. The Compendium is intended to be a source of detailed information about QRS that can be compared, analyzed and used to generate hypotheses or research questions that can be addressed in the other QRS Assessment tasks. Work on the QRS Assessment is informed by an Expert Panel convened for the project that provides guidance and input on the primary tasks and products.

The Compendium contains two different types of information about QRS. The first section presents descriptive information obtained by examining 26 QRS nationwide. Cross-QRS matrices are included to simplify the information and to facilitate a review across states. The second section contains individual profiles of the 26 QRS in which data were collected for the QRS Assessment. Data were collected from July to October, 2009 and were finalized in early 2010.

### Purpose

The purpose of the Compendium is to provide definitions, description, and an analytic framework for assessing the critical elements of QRS and QRS evaluations. The Compendium highlights programmatic and evaluation elements and provides matrices to facilitate comparison of these elements. The Compendium also offers an analytic assessment of certain QRS elements. This assessment is accomplished through a comprehensive review of the information gathered and articulation of key distinctions of QRS components. This analysis can facilitate selection of QRS for the in-depth study and will be useful in the development of hypotheses for the analytic paper in the QRS

---

<sup>1</sup> Mathematica Policy Research, Inc. (MPR) is conducting the QRS Assessment in partnership with Child Trends and Christian and Tvedt Consulting.

<sup>2</sup> For simplicity, the Compendium on Quality Rating Systems and Evaluations is referred to in this document as “the Compendium”.

Assessment. It also can provide users of the Compendium with a framework for examining their own system or certain provisions across systems.

## Selection of QRS

Selection criteria were used to identify Quality Rating Systems for inclusion in the Compendium. Exhibit ES.1 lists the 26 QRS that are included in the Compendium (categorized by length of implementation). The list includes both statewide QRS and pilot QRS in select geographical areas.<sup>3</sup>

### Exhibit ES.1. Quality Rating Systems Included in the Compendium

<b>Implementing QRS for More Than Five Years (began prior to 2004)</b>	
Colorado	Qualistar Rating System (2000)
District of Columbia	Going for the Gold (2000)
Florida (Palm Beach County)^	Quality Counts (2000)
Indiana	Paths to QUALITY (2001)
Kentucky	Stars for Kids Now (2001)
Maryland	Maryland Child Care Tiered Reimbursement Program (2001)
Missouri <sup>a</sup>	Missouri Quality Rating System (2003)
New Mexico	Look for the Stars (1999)
North Carolina	North Carolina Star Rated License System (1999)
Oklahoma	Reaching for the Stars (1998)
Pennsylvania	Keystone STARS (2002)
Tennessee	Star-Quality Child Care Program (2001)
Vermont	Step Ahead Recognition System-STARS (2003)
<b>Implementing QRS for Three to Five Years (began between 2004 and 2006)</b>	
Iowa	Iowa Quality Rating System (2006)
Mississippi*	Mississippi Child Care Quality Step System Pilot (2006)
New Hampshire	New Hampshire Quality Rating System (2006)
Ohio	Step Up to Quality (2006)
Oregon	Child Care Quality Indicators Project (2006)
<b>Implementing QRS for Two Years or Less (beginning 2007 or later)</b>	
California (Los Angeles)	Steps to Excellence Project (STEP) (2007)
Delaware	Delaware Stars for Early Success (2007)
Florida (Miami-Dade)^	Quality Counts (2008)
Illinois	Quality Counts (2007)
Louisiana	Quality Start Child Care Rating System(2007)
Maine	Quality for ME (2007)
Minnesota (5 pilot areas)*	Parent Aware (2007)
Virginia (15 pilot communities)*	Star Quality Initiative (2007)

<sup>3</sup> One statewide QRS, Montana, declined to provide information for the Compendium because the QRS in Montana was undergoing a major revision during the time of data collection

\*Indicates a current pilot. ^Two Florida QRS were selected for inclusions in the Compendium.  
^The Missouri pilot is on hold as of October, 2009 due to lack of funding.

## **Data Collection**

The data elements for the Compendium were selected based on the QRS Assessment Team's knowledge of critical QRS dimensions, a review of the literature, and input from the Expert Panel convened for the project. Data elements included items in the following categories: QRS program details; administration details; funding sources; goals; program eligibility; application process; quality standards; rating structure and process; use of observational measurement tools; quality improvement process; financial incentives and supports; linkages to standards, monitoring systems and services; outreach to parents, programs and the public; and evaluation. A data collection template was created to facilitate data collection.

Data were collected using a staged approach. First, existing data sources were used to conduct a scan of information. These sources included compilations of QRS information collected by the National Child Care Information Center and other organizations as well as information from QRS websites. Data elements for which no information was found were highlighted to facilitate the next stage of data collection.

For the second stage of collection, researchers contacted QRS informants in each state to assist with completion of the template. An email was sent to the state child care administrator in each state for identification of a QRS informant who could participate in a phone interview with research staff. The phone interviews were usually conducted with state child care administrators along with other QRS staff and were used to fill in any gaps that existed in the data collection template for each QRS. Interviews were individualized so that respondents were asked only about the items for which the research team had no information.

Data were reviewed and entered into a database. Queries were used to build tables for the Compendium and to build individual profiles of the 26 QRS.

## **Description of QRS Included in the Compendium**

### **Pilot Phase and Date of Full Implementation**

- Of the 26 QRS, four are currently in the pilot phase<sup>4</sup>, 11 have already completed the pilot phase and launched the program, and 11 did not ever include a pilot phase.
- Ten QRS were launched between 1998 and 2001; four were launched between 2002 and 2005; and 12 QRS have been launched since 2006.

---

<sup>4</sup> As of October 2009, Missouri is not actively operating the QRS pilot due to lack of funding.

## Service Area of QRS in the Compendium

- Nineteen QRS are statewide: Colorado, Delaware, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, New Hampshire, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, and Vermont.
- Three QRS are county-based including Los Angeles, California - a pilot - and two Florida counties: Miami-Dade and Palm Beach.
- Four QRS use some other specification to determine inclusion in the QRS. In Washington, DC, the QRS service area includes the entire District of Columbia. In Minnesota, the pilot service area is marked by counties as well as city limits and a suburban school district. In Virginia, the pilot service area is made up of 15 “communities”, each encompassing cities and counties. In Missouri, counties can participate if they have funding available.

## Eligible Programs

- Child care centers are eligible to participate in all 26 QRS examined. Head Start and Early Head Start programs (24) and licensed family child care homes (23) are also eligible in a majority of QRS. Pre-kindergarten or other comprehensive early childhood programs are eligible to participate in 18 QRS, and school-aged programs are eligible in 16 QRS. Legally unlicensed/license exempt home-based programs are eligible to participate in Florida (Miami-Dade), Illinois and New Mexico.

## Voluntary Participation

- Most QRS (20 of 26) report that participation is voluntary. The remaining six states have components of their QRS that are mandatory and components that are voluntary. For example in Oregon, indicator data are collected on all licensed programs, but release of information to the public is voluntary. North Carolina, New Mexico and Oklahoma have mandatory rated licenses. This means that the rating system is incorporated into the licensing process. Programs meeting licensing regulations receive 1 star on the rated license. Similarly in Tennessee, all licensed programs receive a “report card” assessment, but participation in the QRS is voluntary. In Maine, programs serving children who receive subsidies are required to participate in the QRS, but others are not.

## Programs in the QRS

- The density of programs in a QRS can be calculated by examining the percentage of eligible programs that participate in the QRS. Nearly half of the QRS (12) examined in the Compendium have a density of 30% or less, and 3 have less than 10% program density.



- QRS with mandatory participation at the first level of the system have much higher densities of participating programs (60% or greater). With the exception of Oregon, the QRS with higher densities of participating programs are also those that were launched earlier than other QRS (1998 to 2002).
- The distribution of programs across the rating levels in QRS is another important facet to examine. Fourteen QRS have less than 25% of their programs rated at the top one or two levels. Six have between 25 and 49% of their programs rated at the top one or two levels. Eight have more than half of the programs rated at the top one or two levels.<sup>5</sup> It is important to note that the 14 QRS with a smaller percentage of programs rated at the top one or two levels are primarily building block systems (or combination systems). It appears that a building block system provides a higher threshold for receiving a rating at the top one or two levels of the QRS.

### Administration and Partners

- Twenty-one QRS reported that the lead agency was a state agency such as the Department of Human Services or the Department of Education. California and Florida, Miami-Dade reported that the administrative agency was a local or county agency. Colorado and Missouri QRS are administered by a non-profit agency.
- A variety of partnering agencies were described by QRS Administrators. These include: state agencies, resource and referral agencies, community colleges, universities, or other non-profit organizations. Twenty QRS reported partnering with at least one university. Nine QRS reported a partnership with a community college. Twenty QRS had resource and referral agencies as partners. Twelve QRS partnered with a state agency to perform a variety of functions, and 16 QRS reported partnering with a non-profit organization.
- Common functions of QRS partners include: managing communication and information dissemination, providing support in navigating the QRS, providing technical assistance or quality improvement services, coordinating trainings, providing financial incentives, collecting/validating information to assign rating, evaluation, conducting observations, and data management.

### Overview of the Rating Process

- The designs or rating structures used in QRS typically use one of three approaches: building blocks, points, or some combination of the two. In a building block design, all of the standards in one level must be met before moving

---

<sup>5</sup> Note that some QRS were counted more than once if they had rating data available for different types of care settings.

on to the next higher level. In a points system, points are earned for each standard and are then added together. Each rating level represents a range of possible total scores.

- Thirteen QRS use building blocks, and five use levels or points. Six QRS use a combination or hybrid approach which incorporates elements of both. . For example, in Florida, Miami-Dade, a points system is used but programs must also meet all of the requirements of one level before they can move on to the next higher level. Two QRS do not fit into the traditional rating structures. In New Hampshire, the QRS does not use ratings. Instead, there are two tiers above licensing (Licensed Plus or Accreditation), and programs must meet certain standards to reach that level. Oregon collects information on quality indicators but does not assign ratings in their system.
- The levels in the system provide the steps for programs to achieve. The most common number of levels in a QRS rating structure is five (13 QRS). Eight QRS use a 4-level structure, four use a 3-level structure, and New Hampshire uses two tiers beyond licensing (one indicating that criteria have been met beyond licensing and one that recognizes accreditation as a step above licensing). Oregon does not use a traditional rating structure. Note that Illinois is counted in two categories because licensed programs use a 4-level structure and licensed-exempt family child care programs use a 3-level structure.
- QRS have incorporated a variety of strategies to facilitate the application process. The majority of QRS (18) offer a preparatory process for providers. Three QRS (Florida, Miami-Dade; Pennsylvania; and Virginia) offer a period for programs to receive a time-limited “pre” rating or a commitment to entering the QRS at a later point. Pennsylvania, for example, offers Start with Stars through which programs can receive financial and technical assistance before receiving a rating. Ten QRS require that programs participate in an orientation session prior to enrollment or as part of the enrollment process. Seven QRS offer an orientation session for the QRS, but it is not required for enrollment in the QRS. Sixteen QRS require or recommend that a self-assessment tool be completed
- The majority of QRS (20) provide a rating to a program within the first three months or within three to six months after receiving an application. Two QRS take 9 months to 1 year after application to provide a rating, and two QRS provide the rating after more than 1 year has elapsed since application.<sup>6</sup>

## **Quality Standards**

- Certain quality categories for child care centers are included in the majority of QRS (20 or more). These include: licensing compliance (26), environment (24),

---

<sup>6</sup> Information was not available or applicable in two states.

staff qualifications (26), family partnership (24), administration and management (23) and accreditation (21). Three categories – curriculum (14) ratio and group size (13) and child assessment (12) – are included in half or just under half of the QRS. The remaining categories are included in fewer than ten of the QRS examined: health and safety (4), cultural and linguistic diversity (8), provisions for children with special needs (9) and community involvement (7).

- A similar picture of standards emerges for family child care: certain quality categories for family child care are included in the majority of QRS (19 or more). These include: licensing compliance (22), environment (21), staff qualifications (22), family partnership (21), and accreditation (19). Administration and management is included in 16 QRS. The remaining categories are included in nine or fewer QRS: curriculum (9), ratio and group size (5) and child assessment (8), health and safety (4), cultural and linguistic diversity (2), provisions for children with special needs (6) and community involvement (6).

### **Rating Process**

- In just over half of the QRS (15), the rating is valid for 1 year. In other QRS, the rating is valid for 2 years (7) or more than 2 years (7). In Kentucky and Oklahoma, the length of time the rating is valid depends on the star level a program is assigned. In Kentucky, A level 1 is valid for 1 year, a level 2 is valid for 2 years, a level 3 is valid for 3 years and a level 4 is valid for 4 years. In Oklahoma, programs with a 1+ star rating are valid for 2 years.
- QRS also have policies outlining events that would trigger a re-rating of a program. The most common event that triggers a re-rating is a licensing violation. Other events or issues that could trigger a re-rating include: new ownership of a program, a change in a center director, a change in location of the program, and high teacher turnover.
- QRS typically have an appeal or grievance process available for programs that are dissatisfied with the rating they receive. The process for filing an appeal or grievance is available on the QRS website or in other documentation that programs receive upon application to the QRS.

### **Use of Observational Measurement Tools**

- The majority of QRS that include an observational measure in their system use one or more scales from the family of Environment Rating Scales (ERS) developed by Harms, Clifford, Cryer and colleagues at the University of North Carolina, Chapel Hill. This set of scales includes the Early Childhood Environment Rating Scale – Revised (ECERS-R; Harms, Clifford & Cryer, 2005), the Family Child Care Environment Rating Scale – Revised (FCCERS-R;

Harms, Cryer & Clifford, 2007) or the Family Day Care Rating Scale (FDCRS, Harms & Clifford, 1989)<sup>7</sup>, the Infant and Toddler Environment Rating Scale – Revised (ITERS-R, Harms, Cryer & Clifford, 2006) and the School-Age Care Environment Rating Scale (SACERS, Harms, Jacobs & Romano, 1995). These scales are designed to assess features of the learning environment such as the materials, activities, routines, provisions for health and safety, and interactions that influence children’s experiences in the setting. Other scales used in QRS include the Classroom Assessment and Scoring System (Pianta, La Paro & Hamre, 2008) that focuses more specifically than the ERS on interactions as well as Early Childhood Environment Rating Scale – Extended (Sylva, Siraj-Blatchford & Taggart, 2006) and the Caregiver Interaction Scale (Arnett, 1989).

- Twenty-three of 26 QRS use the ECERS-R and ITERS-R; 19 QRS use the FCCERS-R (or the FDCRS since some QRS like Kentucky have not yet begun using the revised version), and 13 QRS use the SACERS. A small number of QRS use other tools in addition to the ERS. For example, Minnesota and Virginia use the CLASS in preschool-aged center-based classrooms in addition to the ECERS-R. Missouri uses the ECERS-E in addition to the ECERS-R.

### **Quality Improvement Process**

- The availability of trainings linked to or aligned with the QRS was reported in 24 of the QRS. Twenty-one reported on the content of available trainings. The most commonly reported content was assessment of the environment, followed by language and literacy, business practices, specific curriculum, safety, and social and emotional development. Child assessment content was reported by the fewest number of respondents (9). Several states reported additional content areas in available trainings. Additional content areas included infant/toddler in family child care, adult-child relationships, developmental screenings, observation and assessment, inclusion, and specific trainings for the Program Administration Assessment and the state’s Early Learning Guidelines.
- All 26 QRS reported that some type of onsite assistance is available to programs for quality improvement, and eighteen provided information regarding the content of onsite assistance. Thirteen of these reported that onsite assistance included supporting programs with navigation of the QRS (i.e., assisting with filling out paperwork, explaining the rating process). Other content areas mentioned were implementation of a developmental screening tool, training on early learning guidelines (Indiana), infant/toddler information, staff training, and classroom layout.
- Information was collected on the frequency and length of onsite contact as well as the duration of assistance. QRS Administrators typically reported that all three

---

<sup>7</sup> Not all QRS have made the transition from the FDCRS to the FCCERS-R.

aspects of onsite assistance varied depending on the needs of the program seeking quality improvement services and did not provide specific answers about frequency, length and duration.

- Eighteen QRS offer improvement awards to participating programs. In two QRS (Ohio and Pennsylvania), the award amount is provided in a matrix, with amounts differing by quality level, type or size of program, and the density of at-risk children served. Two others (California, LA County and Virginia) provide a standard amount or an upper threshold for grant amounts. The remaining QRS (14) do not specify the grant amount but often note that the improvement grant will align with items included in the programs quality improvement plan.

## **Incentives**

- The majority of QRS offer tiered reimbursement (18 out of 26). In three QRS (Florida, Miami-Dade, Indiana and Minnesota), the tiered bonus is only offered to accredited programs, not to programs meeting lower level standards in the QRS. Seven QRS offer a flat rate increase per subsidized child that varies based on the star level. QRS using this approach typically provide a rate matrix to programs showing the rates they are eligible to receive at different star levels for serving subsidized children. The rate matrices also incorporate differences in rates by type of care, geographical location (county) and age of child. Kentucky includes the density of subsidized children in the program as an additional factor in the rates (with those serving more subsidized children eligible for higher rates). Eight QRS offer a percentage increase or differential that is added to the maximum rate a program is eligible to receive for serving a child receiving child care subsidies. The differentials increase with each quality level. Similar to the flat rate approach, a percentage increase may differ depending on the age of child served and the type of care. At the lower quality levels, the differential tends to be in a range from 3% to 5%. At higher levels, the differential can be from 15% to 25% above the maximum rate.
- Quality awards or bonuses are used in only eleven QRS. Five QRS (Delaware, Indiana, Kentucky, Vermont, and Virginia) offer a one-time merit or achievement payment upon receipt of the rating. These awards are generally modest in size (between \$250 and \$2500), depending on the type of program and the star level of the program. Six QRS (Florida-Miami Dade, Florida-Palm Beach, Iowa, Kentucky, Ohio and Pennsylvania) offer awards to support achievement or maintenance of quality on an annual (or biennial) basis. These awards (with the exception of those offered in Pennsylvania and Ohio, described below) are similar in size to those awarded on a one-time basis.
- Two QRS – Pennsylvania and Ohio – offer substantial awards to programs that serve higher densities of vulnerable or at-risk children. In addition to a base rate provided for being at a particular quality level, Ohio offers a dollar amount per subsidized child served that is factored into an annual payment for a program. In

Pennsylvania, an award amount is available for programs that is based on quality level achieved and density of vulnerable or at-risk children served (either 5-25% density or 26% and above).

- A variety of other financial incentives may be linked to a QRS including scholarships, wage enhancements and retention bonuses. These incentives are directed specifically toward individual staff, either for assisting staff with increasing their educational attainment (through the availability of scholarships such as T.E.A.C.H. Early Childhood<sup>®</sup>) or by providing incentives for staying in their workplace. Because these incentives are directed at individual staff, they typically are available to all practitioners in the state/municipality, not just those in programs that participate in the QRS. The majority of QRS (18) offer access to scholarships, while fewer offer access to wage enhancements (6) or retention bonuses (5).

### **Outreach and Marketing**

- All 26 QRS reported using some method of outreach to providers. Twenty-four QRS also reported outreach to the public and specifically to parents.
- The most common method of outreach to parents is a website (23), followed by the dissemination of written materials by QRS contractors/partners (15). Fewer than half of the QRS provide information in languages other than English (9) or provide assistance to non-English speaking parents (9). Eight QRS use mailings as a means of distribution of QRS information to parents, and some report other methods such as posting information in doctors' offices or other public venues.
- QRS Administrators reported on the percent of the QRS budget that is dedicated to outreach and marketing. Of the 19 QRS that provided information on the marketing budget, 12 reported that they do not have any money in the QRS budget specifically earmarked for marketing/outreach. Indiana reported that they spend \$100,000 per year on marketing, and other QRS reported amounts ranging from < 1% to 10% of the QRS budget spent on marketing (Pennsylvania < 0.5%, New Mexico < 1%, Vermont 1%, Ohio 2%, Iowa 5%, Minnesota 10%).

### **Linkages**

- **Child Care Subsidies.** Two primary linkages between QRS and child care subsidies are evident in the data described in the Compendium, though these linkages are not uniform or equivalent across QRS. First, contingencies are created that link the QRS and the subsidy system. These are provisions such as those in Maine that require programs serving subsidized children to enroll in the QRS, or in Oklahoma which requires that programs meet requirements for the one-plus level to be eligible to contract with the state to serve subsidized children. Second, incentives are available to encourage higher quality programs to serve subsidized children. The majority of QRS (18) have a tiered reimbursement

policy which allows a differential to be added above the maximum reimbursement rate for which a program is eligible.

- **Programs from Different Sectors of Early Childhood Education.** One important linkage being made in QRS is the creation of a common framework for bringing together a variety of early childhood programs including community-based child care programs, Head Start programs and pre-kindergarten programs. Most QRS include a range of programs and have established processes for aligning the quality standards used across different program types. Some QRS such as those in Ohio and Pennsylvania require QRS enrollment as an eligibility criteria for serving as a pre-kindergarten program. More detail is needed to understand the processes that QRS use to support multiple program types and to align the QRS requirements with those of the other programs (such as the Head Start Performance Standards and state-specific criteria for pre-kindergarten programs).
- **Professional Development Systems.** There are multiple possible connection points between QRS and professional development systems (PD Systems). Two are described in the Compendium. The first connection is with the PD system infrastructure. Multiple QRS report that they require enrollment in the PD Registry system in the state, so that demographics, educational qualifications and ongoing training records can be accessible in one place. QRS also incorporate levels on the career lattices in the PD System to assess the qualifications of the workforce in programs enrolling in the QRS. A second connection is with the supports and services provided to help programs meet quality indicators and to improve their quality. The connections here were less defined according to the QRS Administrators that provided information.
- **Standards.** Standards are a foundational element in state early learning systems because they provide consensus definitions of the skills and competencies that practitioners need and the goals for children that programs are striving to achieve. Standards are incorporated into QRS in at least two key areas. A small number of QRS report that they have indicators related to curriculum in which alignment with early learning guidelines is assessed. In addition, QRS require that directors, family child care providers or other staff attend training on early learning guidelines and core competencies to practitioners

## Evaluation

- Eighteen of 26 QRS reported that some type of evaluation (conducted internally by an external contractor) either has been or is currently being conducted on the QRS. Of those QRS, 9 reported an ongoing evaluation and 9 reported periodic evaluation(s).
- Seventeen QRS had information available about the research questions asked in the evaluations. The type of questions described most frequently addressed the

quality improvement in programs participating in the QRS (reported by nine QRS).

- Seven QRS reported that their evaluations examined issues regarding the implementation of the system.
- The evaluations in six QRS included the validation of the quality ratings in their research questions. The central question in a validation study is whether the different levels that make up a QRS represent different levels of quality.
- Four QRS evaluations include links between the QRS and child outcomes in their research questions. The evaluations including child outcomes are in process in Minnesota and Virginia and results have been reported in Colorado and Missouri.
- The most commonly reported findings to date describe the QRS or implementation issues and validation of the quality rating (six QRS reported each type). Four QRS (Colorado, Florida-Palm Beach, Indiana and Tennessee) reported findings on program quality improvements over time, and Colorado and Missouri reported on child outcomes.

#### **Next Steps for the QRS Assessment Project**

- The framework provided in the Compendium offers constructs and a systematic approach to assessing Quality Rating Systems.
- Further work on the QRS Assessment project will use the information in the Compendium to generate questions for in-depth analysis in a multi-case study.



## 1. Introduction

Quality Rating Systems (QRS) are currently operating, under development or being piloted in over 25 states or local areas. As the QRS model becomes integrated into the landscape of child care and education service delivery, policy and the decisions parents make about child care across the United States, there is an increasing need for descriptive and comparative information about QRS implementation and evaluation.

Acknowledging this need, the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS) is supporting a project called the Child Care Quality Rating System Assessment (QRS Assessment).<sup>8</sup> The goal of the QRS Assessment is to provide information, analysis and resources about QRS for states and other key stakeholders.

The *Compendium of Quality Rating Systems and Evaluations*<sup>9</sup> is the first product of the QRS Assessment and is intended to serve as a rich resource for the other tasks in the QRS Assessment which include a multi-case in-depth study, secondary analysis of existing QRS data, an analytic paper, and a toolkit for designing research and evaluation of QRS. The Compendium is intended to be a source of detailed information about QRS that can be compared, analyzed and used to generate hypotheses or research questions that can be addressed in the other QRS Assessment tasks. Work on the QRS Assessment is informed by an Expert Panel that provides guidance and input on the primary tasks and products (see Appendix for a list of Expert Panel members).

The Compendium contains two different types of information about QRS. The first section presents descriptive information obtained by examining 26 QRS nationwide. Cross-QRS matrices are included to simplify the information and to facilitate a review across states. The second section contains individual profiles of the 26 QRS in which data were collected for the QRS Assessment. Data were collected between July and October, 2009 and finalized in early 2010.

This section begins by describing the purpose and goals of the Compendium. The next section describes the content of the Compendium, as well as the strategy that was used to compile information for the Compendium. The subsequent sections provide a descriptive portrait of the QRS examined in the Compendium which includes an overview of basic features and summary analyses of the rating processes used, the quality standards included, the use of observational tools, quality improvement processes, incentives included in QRS, linkages between QRS and other components of early care and education systems, and evaluation. The Compendium concludes with a section on next steps for the QRS Assessment.

---

<sup>8</sup> Mathematica Policy Research, Inc. (MPR) is conducting the QRS Assessment in partnership with Child Trends and Christian and Tvedt Consulting.

<sup>9</sup> For simplicity, the Compendium on Quality Rating Systems and Evaluations is referred to in this document as “the Compendium”.

## **Purposes and Goals**

With the growing interest in QRS, a variety of resources and compilations of QRS information have been created (see Child Care Bureau, 2007; Mitchell, 2005; Zellman & Perlman, 2008), particularly in the past five years. The Compendium does not duplicate these resources, but instead builds on them by offering a systematic approach for examining existing QRS.

The purpose of the Compendium is to provide definitions, description, and an analytic framework for assessing the critical elements of QRS and QRS evaluations. The Compendium highlights programmatic and evaluation elements and provides matrices to facilitate comparison of these elements. The Compendium also offers an analytic assessment of certain QRS elements. This assessment is accomplished through a comprehensive review of the information gathered and articulation of key distinctions of QRS components. This analysis can facilitate selection of QRS for the in-depth study and will be useful in the development of hypotheses for the analytic paper in the QRS Assessment. It also can provide users of the Compendium with a framework for examining their own system or certain provisions across systems.

A final purpose of the Compendium is to provide detailed profiles of QRS compiled using a common template. The profiles provide a “full picture” of QRS by taking the individual elements examined in the Compendium and showing how they come together in one system or one package of QRS provisions.

## 2. Compendium Content and Compilation Approach

The Compendium contains information from 26 QRS that were purposefully selected for inclusion in the study. This section outlines the criteria and process used for selection of QRS. In addition the data elements, data sources and data collection process are described.

### QRS Selection

Publications on QRS by the National Child Care Information Center (NCCIC) as well as those written by other scholars (including Child Care Bureau, 2007; Mitchell, 2005; Zellman & Perlman, 2008) identify five core components of QRS: (1) quality standards; (2) a process for monitoring or assigning ratings based on the quality standards; (3) a process for supporting programs in quality improvement (or connecting programs to these services); (4) financial incentives; and, (5) dissemination of ratings to parents and other consumers. A decision was made in consultation with an Expert Panel convened for the QRS Assessment to include QRS with all five components as well as those with only one or two QRS features. A further decision was made to include both statewide QRS and pilot or locally operating QRS. Additional criteria are described in Exhibit 2.1. It was assumed that variations not described in the list below (for example, geographical coverage of the QRS, types of programs eligible for the QRS) would be part of the sample included in the Compendium.

#### Exhibit 2.1. Criteria for Inclusion of a QRS in the Compendium

1. A QRS must have a process in place for defining, rating and/or monitoring quality indicators.<sup>10</sup>
2. A QRS must have been in operation at the time of data collection (July to October, 2009) so that interviews could be conducted about QRS provisions and the QRS could be a candidate for the multi case in depth study.
3. A QRS is included even if it does not disseminate ratings to the public or provide financial incentives or tiered reimbursement.
4. A QRS is included even if it does not provide quality improvement services.

The Compendium criteria allowed for the inclusion of quality improvement or quality information initiatives that are not called Quality Rating Systems (for example, the Child Care Quality Indictors Project in Oregon). The intent was to capture the full range of approaches in measuring, rating, and providing information about quality.

---

<sup>10</sup> A QRS that uses national accreditation as a step above licensing but have no other mechanism in place to rate quality would not be included.

Using the criteria above, a 50-state scan was completed to identify potential QRS for inclusion. Exhibit 2.2 lists the 26 QRS that are included in the Compendium (categorized by length of implementation). Note that one statewide QRS, Montana, declined to provide information for the Compendium because the QRS in Montana was undergoing a major revision during the time of data collection.

**Exhibit 2.2. Quality Rating Systems Included in the Compendium**

<b>Implementing QRS for More Than Five Years (began prior to 2004)</b>	
Colorado	Qualistar Rating System (2000)
District of Columbia	Going for the Gold (2000)
Florida (Palm Beach County) <sup>^</sup>	Quality Counts (2000)
Indiana	Paths to QUALITY (2001)
Kentucky	Stars for Kids Now (2001)
Maryland	Maryland Child Care Tiered Reimbursement Program (2001)
Missouri <sup>a</sup>	Missouri Quality Rating System (2003)
New Mexico	Look for the Stars (1999)
North Carolina	North Carolina Star Rated License System (1999)
Oklahoma	Reaching for the Stars (1998)
Pennsylvania	Keystone STARS (2002)
Tennessee	Star-Quality Child Care Program (2001)
Vermont	Step Ahead Recognition System-STARS (2003)
<b>Implementing QRS for Three to Five Years (began between 2004 and 2006)</b>	
Iowa	Iowa Quality Rating System (2006)
Mississippi*	Mississippi Child Care Quality Step System Pilot (2006)
New Hampshire	New Hampshire Quality Rating System (2006)
Ohio	Step Up to Quality (2006)
Oregon	Child Care Quality Indicators Project (2006)
<b>Implementing QRS for Two Years or Less (beginning 2007 or later)</b>	
California (Los Angeles)	Steps to Excellence Project (STEP) (2007)
Delaware	Delaware Stars for Early Success (2007)
Florida (Miami-Dade) <sup>^</sup>	Quality Counts (2008)
Illinois	Quality Counts (2007)
Louisiana	Quality Start Child Care Rating System(2007)
Maine	Quality for ME (2007)
Minnesota (5 pilot areas)*	Parent Aware (2007)
Virginia (15 pilot communities)*	Star Quality Initiative (2007)

\*Indicates a current pilot. <sup>^</sup>Two Florida QRS were selected for inclusions in the Compendium.

<sup>a</sup>The Missouri pilot is on hold as of October, 2009 due to lack of funding.

## Data Elements

The data elements for the Compendium were selected based on the QRS Assessment Team’s knowledge of critical QRS dimensions, a review of the literature, and input from the Expert Panel. An initial list of data elements was reviewed by the Expert Panel, and final edits were made based on their feedback. The data elements were selected to align with the QRS Assessment Project Logic Model (Exhibit 2.3).

Exhibit 2.3. The QRS Assessment Basic Logic Model (with sample Compendium data elements)

Resources/Inputs	Activities	Outputs	Intermediate Outcomes	Long-Term Impact
<ul style="list-style-type: none"> <li>• Legislation</li> <li>• Funding for QRS</li> </ul>	<ul style="list-style-type: none"> <li>• Quality standards</li> <li>• Rating process</li> <li>• Improvement process</li> <li>• Financial support or incentives</li> <li>• Outreach to parents</li> </ul>	<ul style="list-style-type: none"> <li>• Number of rated programs by type</li> <li>• Number of programs receiving quality improvement services</li> </ul>	Expected outcomes detailed in evaluation plan	Expected outcomes detailed in evaluation plan
<b>Contextual Factors:</b> statewide versus pilot				
<b>Evaluation:</b> design, research questions				
<b>Target Population:</b> (e.g., low-income families)				

A general QRS logic model outlines<sup>11</sup>:

- Resources or inputs such as legislation and funding for the QRS which determine the scope and content of the activities
- Activities such as the collection of data on quality standards, the rating process, the provisions of quality improvement services and incentives, and dissemination information to consumers; these will vary in scope and intensity across QRS
- Outputs such as the number of rated programs, the number of programs receiving quality improvement services, the amount of incentives distributed, and the number of families accessing a QRS website, which reflect what the QRS has done; outputs can be used to track and monitor implementation and inform modifications in program design when activities are not meeting targets

---

<sup>11</sup> Adapted from Tout, Zaslow, Halle & Forry, 2009.

- Intermediate outcomes that reflect changes occurring as a direct result of QRS activities; these could include increased program quality and improved ability of families to find and use high-quality care and education
- Long-term impacts that reflect the measurable impact a QRS will have over time, such as improved sustainability of high-quality of programs and improved school readiness for young children

The logic model also represents graphically the importance of considering various contextual factors, evaluation strategies and target populations.

The data elements and their alignment with the logic model are outlined in Exhibit 2.4.

Exhibit 2.4. Compendium Data Elements and Alignment with Quality Rating System Logic Model Components

Logic Model Component	Quality Rating System Compendium Data Element
Context	QRS Program name
Context	State/Local area
Context	Date launched
Context	Service area (statewide, specified counties, other geographic region)
Context	Pilot (yes, no)
Context	Voluntary (yes, no)
Target Population	Type(s) of program eligible (yes, no) <ul style="list-style-type: none"> <li>• Head Start/Early Head Start</li> <li>• Pre-kindergarten/ comprehensive early childhood programs</li> <li>• Other center-based programs</li> <li>• Licensed family child care providers</li> <li>• Unregulated /license-exempt home-based providers</li> <li>• School-age programs</li> </ul>
Outputs	Numbers of participating programs
Long-term impact	Program goals and purpose (language from statute if available)
Activities	Rating structure (building block, levels, combination)
Activities	Rating process <ul style="list-style-type: none"> <li>• Method for combining indicator data to determine rating</li> <li>• Method for addressing infants/toddlers and/or school-age children</li> <li>• Different processes for different program types (accredited, Head Start, family child care)</li> <li>• Availability of entry-level or “getting ready” rating</li> </ul>

Logic Model Component	Quality Rating System Compendium Data Element
	<ul style="list-style-type: none"> <li>• Length of time from application to posted rating</li> <li>• Length of time rating is valid</li> <li>• Events that trigger re-rating</li> <li>• Appeal/grievance process</li> <li>• Availability of technical assistance for completing rating process</li> </ul>
Activities	Standards/Quality indicators included in the QRS: <sup>12</sup> <ul style="list-style-type: none"> <li>• Licensing compliance</li> <li>• Ratio and group size</li> <li>• Health and safety</li> <li>• Curriculum</li> <li>• Environment</li> <li>• Child assessment</li> <li>• Teacher qualifications</li> <li>• Family child care provider/Director qualifications</li> <li>• Family partnership</li> <li>• Administration and management</li> <li>• Cultural and linguistic diversity</li> <li>• Accreditation</li> <li>• Community involvement</li> <li>• Provisions for children with special needs</li> </ul>
Activities	Application process <ul style="list-style-type: none"> <li>• Inclusion of self-assessment (yes, no)</li> <li>• Orientation session (yes, no)</li> <li>• Apply for a particular rating designation (yes, no)</li> </ul>
Activities	Outreach process <ul style="list-style-type: none"> <li>• Strategies with parents</li> <li>• Strategies with providers/programs</li> <li>• Strategies with the public</li> </ul>
Activities	Use of observational measurement tools <ul style="list-style-type: none"> <li>• Tools used (ERS, CLASS, ECERS-E, ELLCO, other)</li> <li>• How scores fit/are weighted in the ratings</li> <li>• Frequency of rating</li> <li>• Training and procedures (including inter-rater reliability) for observers</li> </ul>
Activities	Improvement process <ul style="list-style-type: none"> <li>• Availability of self-assessment tools (yes, no)</li> <li>• Availability of training (yes, no)</li> </ul>

<sup>12</sup> Data were collected on standards for child care centers and family child care programs. Information on standards for larger child care homes, school-age programs, and Head Start programs (if applicable) was not collected.

Logic Model Component	Quality Rating System Compendium Data Element
	<ul style="list-style-type: none"> <li>○ Content</li> <li>○ Duration, frequency, and length of session</li> <li>○ Qualifications of trainer</li> <li>● Availability of on-site assistance (yes, no) <ul style="list-style-type: none"> <li>○ Content</li> <li>○ Duration, frequency, and length of session</li> <li>○ Qualifications of trainer, TA provider, coach</li> </ul> </li> </ul>
Activities	<p>Financial incentives and supports linked to QRS</p> <ul style="list-style-type: none"> <li>● Tiered reimbursement (yes, no)</li> <li>● Quality award (yes, no)</li> <li>● Scholarship (yes, no)</li> <li>● Wage enhancement (yes, no)</li> <li>● Retention (yes, no)</li> <li>● Improvement grant</li> </ul>
Resources/Inputs	<p>Administration details</p> <ul style="list-style-type: none"> <li>● Lead agency</li> <li>● Funding (amount and type)</li> </ul>
Resources	<p>Contractors (type of organization, purpose of contract – observational assessments, improvement supports, provision of financial incentives)</p>
Resources	<p>Key contacts</p> <ul style="list-style-type: none"> <li>● Overall management of the QRS</li> <li>● Rating process (including on-site observations)</li> <li>● Tiered reimbursement and connections with the subsidy system</li> <li>● Distribution of financial incentives</li> <li>● Quality improvement and support</li> <li>● Data systems, monitoring and evaluation</li> </ul>
Activities	<p>Linkages to other standards, monitoring systems, and services for families or practitioners</p> <ul style="list-style-type: none"> <li>● Accreditation</li> <li>● Licensing</li> <li>● Subsidy</li> <li>● Professional development</li> <li>● Incorporation of state early learning guidelines, core competencies, and/or Head Start performance standards</li> </ul>
Evaluation	<p>Evaluation details</p> <ul style="list-style-type: none"> <li>● Status of evaluation</li> <li>● Research questions</li> <li>● Type of evaluator</li> <li>● Published reports</li> </ul>



Logic Model Component	Quality Rating System Compendium Data Element
n/a	Resource documents/References <ul style="list-style-type: none"> <li data-bbox="532 302 1154 333">• A list of source documents available for the QRS</li> </ul>

## Data Sources

Three primary data sources were used for data collection.

The first data source was compilations of QRS information prepared by the National Child Care Information Center (NCCIC), the National Association for the Education of Young Children (NAEYC), and the National Association of Child Care Resource and Referral Agencies (NACCRRA). These sources were useful for providing a brief overview of some of the QRS included in the Compendium and a helpful reference library for double checking or clarifying select data elements during data collection.

The internet was the second source of data for the Compendium. The research team consulted the list of websites for each of the statewide QRS that has been compiled by NCCIC. Search engines were also used to find information not available on the NCCIC list. Search terms included “[state] quality rating system” and “[state] child care quality improvement.” Many of the QRS websites provided detail on multiple facets of the systems including an overview of quality standards, forms and procedures for participating providers, information on quality improvements and financial incentives, and linkages to other systems such as licensing and accreditation.

The third source of data for the Compendium was informants within state/local/pilot QRS. Informants were identified based on recommendations from the state child care administrator. The state child care administrators typically served as the primary informant (referred to as the QRS Administrator in this document), but additional informants were also included on the interviews. These informants were located in a variety of organizations/agencies including state departments of human services or education, child care resource and referral staff, faculty or staff in institutions of higher education, and staff in other community agencies. As described below the QRS Administrator participated in an interview to review the information collected from the publicly available documents about the QRS and was asked to verify and complete any missing information.

## Data Collection

### Methods and reliability

A data collection form was developed to guide data entry. Prior to launching data collection, the lead researcher conducted a training session with the research team (3 research analysts) to review the data collection protocol and procedures. Each data element was defined in a project manual so that researchers could review the criteria (and

the range of possible responses) as necessary during data collection. The research team also completed a sample form for one QRS that could serve as a reference document.

Each researcher was assigned a caseload of 6-9 QRS on which she served as the primary researcher. During each stage of data collection (described below), the research team met weekly to debrief on data collection and make decisions about issues that arose. In addition, all data collected were reviewed by the lead researcher to ensure consistency of entries and identify any concerns with the level of detail provided.

To facilitate easy retrieval of data about each QRS (and to simplify the process of updating information as it changes over time), data were stored in an ACCESS database developed for the project. ACCESS queries were created to compile the results by variable or set of variables for comparison across QRS. The queries provided an efficient tool to examine single response variables (for example, is the QRS voluntary) and the frequencies of multiple response variables (for example, which types of programs are eligible for the QRS: center-based programs, family child care programs, Head Start/Early Head Start programs, pre-kindergarten programs, etc.). From these queries, within-QRS or cross-QRS reports and tables could be generated from the database. Tables created for the Compendium were double checked for accuracy.

#### Staged data collection

As noted above, a number of sources exist that contain information on QRS. These existing data sources were used to conduct a scan of information in the first stage of data collection. This information was collected from compilations of information conducted by NCCIC, NAEYC or other sources. Once information was filled in from existing compilations, researchers turned to QRS websites to complete additional data elements. Documents from QRS websites (for example, electronic files with a table outlining the QRS levels and indicators at each level) were described as a resource in the data collection template, downloaded and included in the final profile for that particular QRS. Data elements for which no information was found were highlighted to facilitate the next stage of data collection.

For the second stage of data collection, researchers contacted QRS informants in each state to assist with completion of the template. An email was sent to the state child care administrator in each state for identification of a QRS informant who could participate in a phone interview with research staff. The phone interviews were used to fill in any gaps that existed in the data collection template for each QRS. Interviews were individualized so that respondents were asked only about the items for which the research team has no information.

During a third stage of data collection, QRS informants answered a set of standard questions about the use of data to inform system improvement. It was anticipated that little publicly available information would exist on this topic, and that all informants participating in the project would need to answer the questions. Thus, for this small set of questions, review by the Office of Management and Budget (OMB) was needed under

the Administration for Children and Families (ACF) generic clearance for formative data collections (in which data are used internally for the purposes of informing ACF projects or programs, but are not for dissemination to the public). Rather than in-depth questions, a screener with a series of yes/no and multiple choice items was used during the interview to collect data on the topics of data and monitoring. This process of data collection limited the burden on respondents but provided the Assessment team with enough detail to allow for the identification of patterns and themes to expand on in follow up activities. For example, if a linked data system (QRS, licensing, subsidy and professional development) is discovered in two QRS, follow up interviews with those states in the multi-case studies could provide more in-depth information on the value of these systems for QRS monitoring and coordination. However, the findings obtained through the screener are not reported in the Compendium.

### **3. Description of Quality Rating Systems (QRS) Included in the Compendium**

This section provides an overview of the Quality Rating Systems (QRS) included in the Compendium. It describes features such as whether a QRS is in a pilot phase or has been implemented fully, the service area of a QRS (counties or statewide) the types of programs that are eligible to participate in the QRS, whether participation in the QRS is voluntary, and extent of participation in the QRS.

#### **Pilot Phase and Date of Full Implementation**

Quality Rating Systems are developed with the input of multiple stakeholders who are often managing tight timelines and financial constraints (Mitchell, 2005; Zellman & Perlman, 2008). Some states begin with a pilot phase prior to full implementation (for example, to a statewide system). A pilot phase is a “test-run” of a QRS that may take place in a smaller service area and during a specified time frame. The purpose of a pilot phase is to determine and address any problems with program implementation before launching the program on a larger scale.

Exhibit 3.1 contains a timeline showing the pilot timeframes (if applicable) and year of statewide launch for the 26 QRS in the Compendium. Of the 26, four are currently in the pilot phase<sup>13</sup>, ten have already completed the pilot phase and launched the program, and 12 did not ever include a pilot phase.

An examination of the launch dates for the QRS reveals a noteworthy pattern which includes an early proliferation of QRS, then a lull, then another proliferation. Ten QRS were launched between 1998 and 2001; only four were launched between 2002 and 2005; and 12 QRS have been launched since 2006. Exploration, planning and field testing are currently underway in at least 4 additional states including California (statewide), Georgia, New York, and Washington. Rhode Island was not fully operational at the time of data collection, but as of early 2010, is operating a QRS.

#### **Service Area**

The service area for a QRS is the geographic area in which programs are eligible to participate. While most QRS are statewide systems at this time, a number of QRS are located in select geographic areas or counties. In this review, 19 are statewide and three are county-based (including Los Angeles, California –a pilot – and two Florida counties: Miami-Dade and Palm Beach). Four use some other geographic specification. In Washington, DC, the QRS service area includes the entire District of Columbia. In Minnesota, the pilot service area is marked by counties as well as city limits and a suburban school district. In Virginia, the pilot service area is made up of 15 “communities”, each encompassing cities and counties. In Missouri, counties can participate if they have funding available. Exhibit 3.2 contains a map displaying the states and counties (or other local area) that will be described further in this report.

---

<sup>13</sup> As of October 2009, Missouri is not actively operating the QRS pilot due to lack of funding.

Exhibit 3.1. Timeline of Quality Rating Systems Showing Pilot Timeframes and Year of Statewide Launch\*

1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Oklahoma</b>											
<b>New Mexico - Pilot</b>							<b>New Mexico - SW</b>				
<b>North Carolina</b>											
<b>Colorado</b>											
<b>District of Columbia</b>											
<b>Florida, Palm Beach – Pilot</b>					<b>Florida, Palm Beach– Full System</b>						
<b>Maryland</b>											
<b>Tennessee</b>											
<b>KY- Pilot</b>			<b>Kentucky – SW</b>								
<b>Indiana - Pilot</b>									<b>Indiana - SW</b>		
<b>Pennsylvania – Pilot</b>					<b>Pennsylvania – SW</b>						
<b>Missouri – Pilot</b>											
<b>VT-Pilot</b>			<b>Vermont – SW</b>								
<b>Ohio - Pilot</b>					<b>Ohio - SW</b>						
<b>Iowa</b>											
<b>Mississippi -Pilot</b>								<b>MS - SW</b>			
<b>New Hampshire</b>											
<b>Oregon - Pilot</b>								<b>Oregon - SW</b>			
<b>Los Angeles County, CA – Pilot to 2011</b>											
<b>Delaware - pilot</b>						<b>Delaware - SW</b>					
<b>Illinois</b>											
<b>Louisiana</b>											
<b>Maine - Pilot</b>					<b>Maine - SW</b>						
<b>Minnesota – Pilot to 2011</b>											
<b>Virginia - Pilot</b>											
										<b>Florida, Miami-Dade</b>	
<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>

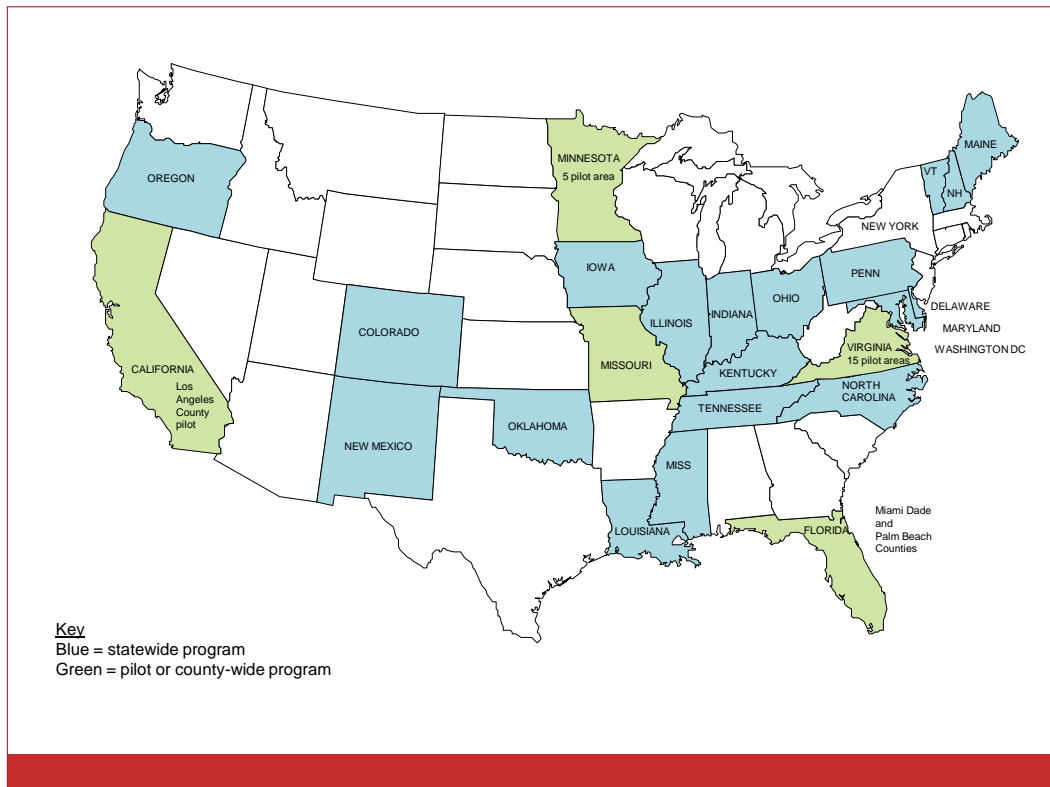
Source: Document review and interviews with QRS Administrators from July to October, 2009.

\* Not all QRS have a pilot phase.

SW =statewide

Note: The absence of a notation of “Pilot” or “SW” indicates that the QRS was launched statewide (or area-wide) from the start (noted in light green). Dark green indicates a QRS that began with a pilot and then went statewide. Yellow indicates a QRS that is still in a pilot phase.

Exhibit 3.2. States with a Quality Rating System Included in the Compendium (either statewide systems or specified geographical areas)



Source: Document review and interviews with QRS Administrators from July to October, 2009.

### Eligible Programs

A key dimension of a QRS is the eligibility criteria for enrollment. The criteria selected by a QRS determine its scope and coverage. Children age birth to eight participate in a variety of formal and informal settings including licensed child care centers, pre-kindergarten programs, Head Start and Early Head Start, other comprehensive early childhood programs, licensed family child care programs, license-exempt family child care, school-age programs, and care by family, friends and neighbors. Table 3.1 contains information about the types of programs eligible to participate in each of the 26 QRS examined.

Child care centers are eligible to participate in all 26 QRS examined. Head Start and Early Head Start programs (24) and licensed family child care homes (23) are also eligible in a majority of QRS. Pre-kindergarten or other comprehensive early childhood programs are eligible to participate in 18 QRS, and school-aged programs are eligible in 16 QRS. Legally unlicensed/license exempt home-based programs are eligible to participate in Florida (Miami-Dade), Illinois and New Mexico. Examples of other types of programs eligible to participate in QRS include group homes (Illinois and Tennessee), unlicensed faith-based programs or ministries (Indiana and Virginia), military settings (Oklahoma and Virginia), migrant programs (Florida, Miami-Dade), tribal programs (Oklahoma), and resort-based child care (Vermont).

Table 3.1. Quality Rating System by Types of Programs Eligible to Participate

QRS	Center-Based Programs	Head Start/Early Head Start	Pre-Kindergarten/Comprehensive EC Programs	Licensed Family Child Care	Legally Unlicensed Home-Based Providers	School-Aged Programs	Other
California, LA County	X	X	X	X			
Colorado	X	X	X	X			
Delaware	X	X	X	X		X	X
District of Columbia	X	X		X			
Florida Miami-Dade	X	X	X	X	X		X
Florida, Palm Beach	X	X	X	X			
Illinois	X			X	X	X	X
Indiana	X	X		X		X	X
Iowa	X	X	X	X		X	X
Kentucky	X	X	X	X		X	X
Louisiana	X	X	X				
Maine	X	X		X		X	
Maryland	X	X		X		X	
Minnesota	X	X	X	X			
Mississippi	X	X					
Missouri	X			X		X	X
New Hampshire	X	X		X		X	
New Mexico	X	X	X	X	X		X
North Carolina	X	X	X	X		X	
Ohio	X	X	X	X		X	X
Oklahoma	X	X	X	X		X	X
Oregon	X	X	X	X		X	
Pennsylvania	X	X	X	X		X	X
Tennessee	X	X	X	X		X	X
Vermont	X	X	X	X		X	X
Virginia	X	X	X				X
<b>Totals</b>	<b>26</b>	<b>24</b>	<b>18</b>	<b>23</b>	<b>3</b>	<b>16</b>	<b>14</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

## Voluntary Participation

A second component of eligibility for a QRS is whether or not participation is voluntary or whether some components are mandatory (referred to here as “partially voluntary”). Most QRS (20 of 26) report that participation is voluntary (see Table 3.2). The remaining six states have components of their QRS that are mandatory and components that are voluntary. For example in Oregon, indicator data are collected on all licensed programs, but release of information to the public is voluntary. North Carolina, New Mexico and Oklahoma have rated licenses. This means that the rating system is incorporated into the licensing process. Programs meeting licensing regulations receive 1 star on the rated license. Participation in the higher levels of the QRS in these states with rated licenses is voluntary. Similarly in Tennessee, all licensed programs receive a “report card” assessment, but participation in the QRS is voluntary. In Maine, programs serving children who receive subsidies are required to participate in the QRS, but others are not.

Table 3.2. Voluntary or Partially Voluntary Status of QRS

QRS	Partially Voluntary	Voluntary
California, LA County		X
Colorado		X
Delaware		X
District of Columbia		X
Florida, Miami-Dade		X
Florida, Palm Beach		X
Illinois		X
Indiana		X
Iowa		X
Kentucky		X
Louisiana		X
Maine	X	
Maryland		X
Minnesota		X
Mississippi		X
Missouri		X
New Hampshire		X
New Mexico	X	
North Carolina	X	
Ohio		X
Oklahoma	X	
Oregon	X	
Pennsylvania		X
Tennessee	X	
Vermont		X
Virginia		X
<b>Total</b>	<b>6</b>	<b>20</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.



## Program Participation

The density of program participation in a QRS is an important indicator of the degree to which a QRS has penetrated the market for early care and education and school-age care. QRS logic models (see Zellman, Perlman, Le & Setodji, 2008) demonstrate a reliance on increased parent demand for high quality as one driver of increased quality in the child care market (as well as a driver of low quality programs exiting the child care market). However, without a sufficient density of rated programs available, these proposed market forces may not be operating as expected. An examination of participation data is thus a helpful activity towards understanding the market forces in a QRS logic model. Likewise, participation data also may be an important indicator of the degree to which the QRS has been successful in building a system by fully engaging programs in the initiative.

Gathering data on participation of programs is difficult due to the rolling enrollment (and exiting) of programs in QRS and the challenge of knowing the population number from which the program is drawn (the denominator in the equation). Additionally, it is not always possible to receive participation data by type of program (for example, distinct participation percentages for center-based programs and licensed family child care). Thus, the presentation of participation data in Table 3.3 is for illustrative purposes, to demonstrate the general range of participation density. Data were self-reported by states and could not be verified for accuracy.

Table 3.3. Quality Rating System Program Participation Numbers and Density

QRS	Total number of participating programs	Number of centers participating	Number of family child care programs participating	Number of other programs participating	Density: Percent of participating programs out of total
California, LA County	228	98	130	N/A	Approximately 36%
Colorado	560	498	71	N/A	Approximately 20%
Delaware	173	113	40	20 school-aged programs	8%
District of Columbia	281	204	77	N/A	Approximately 50-60%
Florida, Miami-Dade	395	233	70	Head Start: 72, Public school voluntary Pre-K: 20	33% centers, 20% family child care, 100% Head Start, 10% public schools
Florida, Palm Beach	150	89	34	27 school-based programs	23% of programs that accept subsidized children

QRS	Total number of participating programs	Number of centers participating	Number of family child care programs participating	Number of other programs participating	Density: Percent of participating programs out of total
Illinois	529	259	121 (Group family homes)	149 (licensed-exempt)	Not available
Indiana	1540	399	1121	20 Unlicensed Registered Ministries	Not available
Iowa	1,261	469	792	N/A	18%
Kentucky	760	644	116	0	26%
Louisiana	643	643	N/A	N/A	34% (1899 total licensed centers in Louisiana)
Maine	659	324	335	N/A	Not available
Maryland	143	48	95	N/A	Less than 2%
Minnesota	318	188	55	75	11%
Mississippi	340	340	N/A	N/A	19%
Missouri	Not available				
New Hampshire	81 (13 pending)	75	6	N/A	7%
New Mexico	1060	714 (489 with 2-5 star ratings)	346 (249 with 2-5 star ratings)	N/A	69% (with 2-5 star ratings)
North Carolina	5,048 (includes temporary licensing, provisional, religious programs)	4,014 (2-5 stars)	2,591 (2-5 stars)	N/A	100% of licensed programs (75% centers, 69% family child care in 2-5 stars)
Ohio	915	Not available	Not available	Not available	24% of licensed programs in state
Oklahoma	4,617	1,771	2,846	Not available	100% of licensed programs
Oregon	235	235	N/A	N/A	100% of centers that have operated

QRS	Total number of participating programs	Number of centers participating	Number of family child care programs participating	Number of other programs participating	Density: Percent of participating programs out of total
					for a year or more
Pennsylvania	4,893	3,162	1,257	474 Group homes	60%
Tennessee	2,771	1,840	931	Not Available	100% of licensed centers, family and group home providers
Vermont	412	132	126	After School Programs: 38, Head Start Programs: 29, Public School Preschool Programs: 87	24 % (licensed homes: 10%, licensed centers: 46%)
Virginia	343	343	N/A	Not Available	10% (of approximately 2,500 licensed facilities in the state.)

Source: Document review and interviews with QRS Administrators from July to October, 2009.  
Note: Information from Missouri and New Mexico was not available.

As demonstrated in Table 3.3, participation density, when it could be calculated varies dramatically among the QRS examined. Exhibit 3.3 summarizes the range of participation density.

Exhibit 3.3. Density Ranges (rated programs as a percent of all eligible programs in the Quality Rating System) among Quality Rating Systems

Percent range of all programs participating in the QRS	Number of QRS*
60% or greater	6: New Mexico, North Carolina, Oklahoma, Oregon, Pennsylvania, Tennessee
30 to 59%	4: California (LA County), District of Columbia, Florida (Miami Dade) <sup>a</sup> , Louisiana
10 to 29%	9: Colorado, Florida (Palm Beach) <sup>b</sup> , Iowa, Kentucky, Minnesota, Mississippi, Ohio, Vermont, Virginia

Percent range of all programs participating in the QRS	Number of QRS*
Less than 10%	3: Delaware, Maryland, New Hampshire

Source: Document review and interviews with QRS Administrators from July to October, 2009.  
 Note: \*Out of 22 QRS with data available; <sup>a</sup> for child care centers; <sup>b</sup> percent of programs serving subsidized children

Nearly half of the QRS (12) examined in the Compendium have a density of 30% or less, and 3 have less than 10% program density. QRS with mandatory participation at the first level of the system have much higher densities of participating programs (60% or greater). With the exception of Oregon, the QRS with higher densities of participating programs are those that have been existence the longest (launched from 1998 to 2002).

### Ratings of Participating Programs

A important facet of a QRS is the distribution of participating programs across the rating levels. This is useful information for a variety of reasons. QRS Administrators can use the data to understand more about the programs that are enrolling the in QRS (what is their starting level of quality) and can also use it as feedback on the structure of the rating itself (are the categories too easy or too difficult to attain?). Table 3.4 contains an overview of QRS and the distribution of ratings in each. These data illustrate the general clustering in rating levels across QRS. Data were self-reported by states and could not be verified for accuracy.

Table 3.4. Quality Rating System by the Percentage of Programs at Each Star/Step Level

QRS	Percentage of Participating Programs at Each Star/Step Level	Percentage in Top One or Two Levels*
California, LA County	STEP 1 - 2% STEP 2 - 45% STEP 3 - 37% STEP 4 - 12% STEP 5 - 0%	12%
Colorado	For Centers: Provisional-1% 1 star-21% 2 star-5% 3 star-57% 4 star-16% For Family Homes: Provisional-10% 1 star-9% 2 star-32% 3 star-34% 4 star-15%	Centers: 73% Family child care: 49%
Delaware	Level 1 -79% Level 2 -16% Level 3 -2% Level 4 -0%	3%

QRS	Percentage of Participating Programs at Each Star/Step Level	Percentage in Top One or Two Levels*
	Level 5 -3%	
District of Columbia	Centers: Bronze Level-43% Silver Level- 22% Gold Level- 35% Homes: Bronze Level-75% Silver Level-12% Gold Level-13%	Centers: 35% Family child care: 13%
Florida, Miami-Dade	Centers: Star 1- 14% Star 2-35% Star 3-40% Star 4-9% Star 5-1% Family care homes: Star 1-27% Star 2-44% Star 3-20% Star 4-8% Star 5-2% Head Start: Star 2-17% Star 3-48% Star 4-26% Star 5-9% Public school pre-K: Star 2-28% Star 3-44% Star 4-28%	Centers: 10% Family child care: 10% Head Start: 35% Public school pre-K: 72%
Florida, Palm Beach	1 star =1% 2 star=4% 3 star=23% 4 star-39% 31% are in baseline period	62%
Illinois	Centers: 1 Star-12% 2 Star-32% 3 Star-56% 4 Star-0% Licensed FCC: 1 Star-19% 2 Star-6% 3 Star-75% 4 Star-0%	Centers:56% Family child care: 75% License-exempt family child care: 16%

QRS	Percentage of Participating Programs at Each Star/Step Level	Percentage in Top One or Two Levels*
	Licensed Exempt FCC: Tier 1-65% Tier 2-19% Tier 3-16%	
Indiana	1- 75% 2-12% 3-6% 4-7%	13%
Iowa	Level 1 – 17% Level 2 – 43% Level 3 – 22% Level 4 – 12% Level 5 – 6%	18%
Kentucky	Level 1 - 33% Level 2 - 46% Level 3 - 19% Level 4 - 2%	21%
Louisiana	1 Star - 76% 2 Star - 19% 3 Star - 2% 4 Stars - 3% 5 Stars - less than 1%	4%
Maine	Centers: Step 1: 24% Step 2: 5% Step 3: 6% Step 4: 14% Family Child Care: Step 1 -35% Step 2 -7% Step 3 -4% Step 4 -5%	Centers: 20% Family Child Care: 9%
Maryland	(Level 1 – 90%) Level 2 – 3% Level 3 – 2% Level 4 – 5%	7%
Minnesota	1 star-2% 2 stars-8% 3 stars-9% 4 stars- 81%	90%
Mississippi	Not available	
Missouri	Not available	
New Hampshire	Not available	
New Mexico	2-Star: 46% 3-Star: 4%	19%

QRS	Percentage of Participating Programs at Each Star/Step Level	Percentage in Top One or Two Levels*
	4-Star: 6% 5-Star: 13%	
North Carolina	Centers: (1 star – 24%) 2 star -8% 3 star -21% 4 star -20% 5 star -27% Homes: (1 star – 30%) 2 star- 21% 3 star- 18% 4 star -18%, 5 star -13%	Centers: 47% Family child care: 31%
Ohio	1st Step-55% 2nd Step-33% 3rd Step-12%	12%
Oklahoma	1 Star-47% 1 Star Plus-6% 2 Star-42% 3 Star-4%	46%
Oregon	Not applicable	
Pennsylvania	Start with Stars-19% Star 1-43% Star 2-20% Star 3-8.5% Star 4-9.5%	18%
Tennessee	0 star –18.0% 1 star –2% 2 star – 20% 3 star –60%	80%
Vermont	STAR 1-5% STAR 2- 12% STAR 3 - 26% STAR 4 - 34% STAR 5- 23%	57%
Virginia	1 star - 0% 2 Star - 25% 3 Star - 50% 4 Star -25% 5 Star - 0%	25%

Source: Document review and interviews with QRS Administrators from July to October, 2009.  
Note: \*The top tier is reported for a three-level system. The top two levels are reported for a four- or more level system.

Exhibit 3.4 synthesizes the information in Table 3.4 on the percentage of programs in the QRS that are rated at the top one or two levels. It shows the number of QRS with 75% or more in the top levels, with 50 to 74% in the top levels, with 25 to 49% in the top levels, and with less than 25% in the top levels. Fourteen QRS have less than 25% of their programs rated at the top one or two levels. Six have between 25 and 49% of their programs rated at the top one or two levels. Eight have more than half of the programs rated at the top one or two levels.

Exhibit 3.4. Distribution of Top-Rated Programs in Quality Rating Systems

Percent of programs in the QRS that are rated at the top one or two levels	Number of QRS*
75% or greater	<b>3:</b> Illinois (family child care) , Tennessee, Minnesota
50 to 74%	<b>5:</b> Colorado (centers), Florida (Miami-Dade, pre-K), Florida (Palm Beach), Illinois (centers), Vermont
25 to 49%	<b>6:</b> Colorado (family child care), District of Columbia (centers), Florida (Miami Dade, Head Start), North Carolina (centers, family child care), Oklahoma, Virginia
Less than 25%	<b>14:</b> California (LA County), Delaware, District of Columbia (family child care), Florida (Miami Dade, centers and family child care), Illinois (license exempt), Indiana, Iowa, Kentucky, Louisiana, Maine (centers and family child care), Maryland, New Mexico, Ohio, Pennsylvania

Source: Document review and interviews with QRS Administrators from July to October, 2009.  
 Note: \*Some QRS were counted more than once if they provided the breakdown by type of care. This is noted in the table.

It is important to note that the 14 QRS with a smaller percentage of programs rated at the top one or two levels are primarily building block systems (or combination systems). It appears that a building block system provides a higher threshold for receiving a rating at the top one or two levels of the QRS.

### Administrative Structures in QRS

This section examines the agency or organization that leads the QRS, called the administrative entity. Options were categorized as follows: State government agency, local government agency, non-profit organization, or other agency. Twenty-one QRS reported that the lead agency was a state agency such as the Department of Human Services or the Department of Education. California and Florida, Miami-Dade reported that the administrative agency was a local or county agency. Colorado and Missouri QRS are administered by a non-profit agency (Qualistar Early Learning and the Center for Family Policy & Research at the University of Missouri, respectively). Florida, Palm-Beach reported that their QRS administrative agency is the Children’s Services Council (see Table 3.5).



Table 3.5. Quality Rating System and Administrative Entity

QRS	Administrative Entity Type	Administrative Entity Name
California, LA County	Local Agency	Office of Child Care within the Service Integration Branch of the Chief Executive Office of LA County
Colorado	Non-Profit Agency	Qualistar Early Learning
Delaware	State Agency	Delaware Department of Education-Office of Early Care and Education
District of Columbia	State Agency	Office of the State Superintendent of Education in DC
Florida, Miami-Dade	County Agency	Early Learning Coalition of Miami-Dade/Monroe (county-level administrative unit of the state Office of Early Learning) and The Children's Trust (children's special taxing district as per government statute)
Florida, Palm Beach County	Other	Children's Services Council
Illinois	State Agency	Illinois Department of Human Services
Indiana	State Agency	Indiana Family and Social Services Administration
Iowa	State Agency	Iowa Department of Human Service
Kentucky	State Agency	Kentucky Cabinet for Health and Family Services Department for Community Based Services Division of Child Care
Louisiana	State Agency	Louisiana Department of Social Services-Division of Child Care and Early Childhood Education in the Office of Family Support
Maine	State Agency	Early Care & Education, Early Childhood Division of Maine Department of Health and Human Services
Maryland	State Agency	Maryland State Department of Education Early Childhood Development Division-Credentialing Branch
Minnesota	State Agency	Minnesota Department of Human Services
Mississippi	State Agency	Office for Children and Youth (OCY) of the Mississippi Department of Human Services
Missouri	Non-Profit Agency	OPEN Initiative at the Center For Family Policy & Research, University of Missouri
New Hampshire	State Agency	The Bureau of Continuous Improvement & Integrity, Child Development Bureau and child care licensing unit
New Mexico	State Agency	Children, Youth, and Families Department, Office of Child Development within the Early Childhood Services Division

QRS	Administrative Entity Type	Administrative Entity Name
North Carolina	State Agency	North Carolina Department of Health and Human Services Division of Child Development
Ohio	State Agency	Ohio Department of Job and Family Services, Bureau of Child Care and Development
Oklahoma	State Agency	Oklahoma Department of Human Services
Oregon	State Agency	QIP leads: Child Care Division and Oregon Child Care Resource and Referral
Pennsylvania	State Agency	Office of Early Development and Learning, Joint Office of Department of Public Welfare and the Department of Education
Tennessee	State Agency	Tennessee Department of Human Services
Vermont	State Agency, Other	Child Development Division of the Department for Children and Families of the Agency of Human Services
Virginia	State Agency and non-profit	Virginia Early Childhood Foundation (non-profit) & Office of Early Childhood Development (State agency)

Source: Document review and interviews with QRS Administrators from July to October, 2009.

## QRS Partners

The administrative entity forms formal or informal partnerships with other agencies to implement the QRS. A variety of partnering agencies were described by QRS Administrators. These include: state agencies, resource and referral agencies, community colleges, universities, or other non-profit organizations.

Twenty QRS reported partnering with at least one university. Most of the partnering universities performed more than one function for the QRS. The most commonly reported functions were conducting observations (11) and providing technical assistance or quality improvement services (9). Other functions included evaluation (7), collecting/validating information to assign the rating (7), support in navigating the QRS, (6), manage communication and information dissemination (3), and provide financial incentives (2). Other reported functions included data collection, entry, and analysis, providing trainings, managing and approving trainers, recruitment and enrollment, and overseeing a professional development registry.

Nine QRS reported a partnership with a community college. Community colleges provided technical assistance or quality improvement services (4), managed communication and information dissemination (3), provided financial incentives (3), collected/validated information to assign the rating (2), provided support in navigating the QRS (2), and conducted observations (1). Other functions included provided trainings and coursework related to QRS, and data collection.

Twenty QRS had resource and referral agencies as partners. The most commonly reported functions of the resource and referral partner agencies were: Managing communication and information dissemination (17), technical assistance or quality improvement services (17), support in navigating the QRS (15), and providing financial incentives (7). Resource and referral agencies were also involved in collecting/validating information to assign rating (5), evaluation (2), and conducting observations (2). Other functions included coordinating trainings, data management, and monitoring implementation.

Twelve QRS partnered with a state agency to perform a variety of functions.

Finally, 16 QRS reported partnering with a non-profit organization. The non-profit organizations provided several functions in the QRS: Providing technical assistance or quality improvement services (8), managing communication and information dissemination (9), financial incentives (8), support in navigating the QRS (6), collection/validation of information to assign rating (5), conducting observations (5), and evaluation (1). Other functions included providing trainings, assisting with the development of the QRS, private fundraising, and marketing.

#### 4. Overview of the Rating Process and Quality Standards

This section of the report provides details on how a QRS is designed (including the rating structure and number of levels in the rating system) and the process of receiving a rating in the QRS (the length of time from application to rating, the length of time the rating is valid, events that trigger a re-rating, and the appeals process if programs are dissatisfied with their rating). Embedded in the rating system are the quality standards which are used to determine the level of quality being offered in programs. The standards are the foundation of the QRS and provide the benchmark against which programs are rated. This section summarizes and analyzes the content of the quality standards, how they are measured, how information is combined across the standards and how a final level or rating is determined.

##### Rating Structure

The designs or rating structures used in QRS typically use one of three approaches: building blocks, points, or some combination of the two. In a building block design, all of the standards in one level must be met before moving on to the next higher level. In a points system, points are earned for each standard and are then added together. Each rating level represents a range of possible total scores. Thirteen QRS use building blocks, and five use levels or points. Six QRS use a combination or hybrid approach which incorporates elements of both. For example, in Florida, Miami-Dade, a points system is used but programs must also meet all of the requirements of one level before they can move on to the next higher level. Two QRS do not fit into the traditional rating structures. In New Hampshire, the QRS does not use ratings. Instead, there are two tiers above licensing (Licensed Plus or Accreditation), and programs must meet certain standards to reach that level. Oregon collects information on quality indicators but does not assign ratings in their system.

Table 4.1. Quality Rating System by Rating Structure

QRS	Building Blocks	Points	Combination	Other
California, LA County	X			
Colorado		X		
Delaware	X			
District of Columbia	X			
Florida, Miami-Dade			X	
Florida, Palm Beach County			X	
Illinois	X			
Indiana	X			
Iowa			X	
Kentucky	X			
Louisiana			X	
Maine	X			
Maryland	X			
Minnesota		X		
Mississippi	X			
Missouri			X	
New Hampshire				X

QRS	Building Blocks	Points	Combination	Other
New Mexico	X			
North Carolina		X		
Ohio	X			
Oklahoma	X			
Oregon				X
Pennsylvania	X			
Tennessee			X	
Vermont		X		
Virginia		X		
<b>Total</b>	<b>13</b>	<b>5</b>	<b>6</b>	<b>2</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

### Number of Levels

The levels in the system provide the steps for programs to achieve in the QRS. As seen in Table 4.2, the most common number of levels in a QRS rating structure is five (13 QRS). Eight QRS use a 4-level structure, four use a 3-level structure, and New Hampshire uses two tiers beyond licensing (one indicating that criteria have been met beyond licensing and one that recognizes accreditation as a step above licensing). Oregon does not use a traditional rating structure. Note that Illinois is counted in two categories because licensed programs use a 4-level structure and licensed-exempt family child care programs use a 3-level structure.

Table 4.2. Quality Rating System by Number of Levels

QRS	3	4	5	Not applicable
California, LA County			X	
Colorado			X	
Delaware			X	
District of Columbia	X			
Florida, Miami-Dade			X	
Florida, Palm Beach			X	
Illinois	X <sup>a</sup>	X <sup>b</sup>		
Indiana		X		
Iowa			X	
Kentucky		X		
Louisiana			X	
Maine		X		
Maryland		X		
Minnesota		X		
Mississippi			X	
Missouri			X	
New Hampshire				X
New Mexico			X	

QRS	3	4	5	Not applicable
North Carolina			X	
Ohio	X			
Oklahoma		X		
Oregon				X
Pennsylvania		X		
Tennessee	X			
Vermont			X	
Virginia			X	
<b>Total</b>	<b>4</b>	<b>8</b>	<b>13</b>	<b>2</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: <sup>a</sup> license exempt programs, <sup>b</sup> licensed programs

## Application Processes

The application process in a QRS is important to examine because of its central role in facilitating entry into the QRS. If the application process results in real or perceived barriers to entry, it could limit recruitment efforts or bias the pool of providers that comprise the system.

QRS have incorporated a variety of strategies to facilitate the application process. Some strategies involve the provision of information and assistance to providers through an orientation session or through technical assistance. Other strategies involve completion of a self assessment or some other preparatory process to help make changes to their program prior to the application process. Some QRS allow an entry level/phase for programs that are not ready to enter the full rating system. Table 4.3 contains details about the components in the application process for each of the QRS.

### Preparatory process

The majority of QRS (18) offer a preparatory process for providers. Three QRS (Florida, Miami-Dade; Pennsylvania; and Virginia) offer a period for programs to receive a time-limited “pre” rating or a commitment to entering the QRS at a later point. Pennsylvania, for example, offers Start with Stars through which programs can receive financial and technical assistance before receiving a rating. The preparatory process in the other 15 QRS includes the orientation and self-assessment elements further described below. Orientation sessions, training, self-assessment tools, and on-site technical assistance are available to programs as they complete the application and other paperwork necessary for enrollment in the QRS.

### Orientation

The majority of QRS offer a process for providing information to programs interested in participating. This process may be mandatory or optional depending on the QRS. Ten QRS require that programs participate in an orientation session prior to enrollment or as part of the enrollment process. Seven QRS offer an orientation session for the QRS, but it is not required for enrollment in the QRS.

### Self-assessment process

A self-assessment process offers an opportunity for programs to familiarize themselves with the quality standards in a QRS and to have a better sense of the rating the program will be assigned. In 11 QRS, the use of a self-assessment is required at some stage, but not always at the initial application. Only Pennsylvania clearly requires a self-assessment for all programs as part of the application process. In other QRS, a self-assessment is required to attain a certain level of the QRS (DC, Louisiana, Maine, Maryland, Mississippi, and Oklahoma) or is embedded in the quality indicators such that programs will receive points for completing the self assessment (Iowa and Vermont). Five QRS recommend the use of self-assessment but do not require that programs complete it. Across the 16 QRS that require or recommend a self-assessment tool, at least three QRS include the use of the Environment Rating Scales in the process by offering training or by recommending that programs use the tool to assess their own quality.

Though not part of the application process, it is important to note that several QRS use the self-assessment to guide quality improvement. For example, in the Florida, Palm-Beach QRS, the results of a baseline assessment are used to guide the director and early learning coach in setting goals for quality improvement during the first 18 months. Similar processes are used in Maine, where written quality improvement plans are based on self-assessments against the standards used at each step in the QRS, and in Pennsylvania, where a checklist is used to guide identification of areas for quality improvement. Other states, such as Indiana, also mentioned using the self-assessment process to inform programs' work on quality improvement with mentors.

### Time between application and ratings

As seen in Table 4.4, the majority of QRS (20)<sup>14</sup> provide a rating to a program within the first three months or within three to six months after receiving an application from a program. Two QRS take 9 months to 1 year after application to provide a rating, and two QRS provide the rating after more than 1 year has elapsed since application.

---

<sup>14</sup> Table 4.4 shows a total of 23 programs for the 0-3 month and 3-6 month timeframes, but three of the programs (Illinois, Minnesota, Louisiana) are counted twice because the timeframe varies depending on the type of program applying or the star rating for which the program is applying. Note that Tennessee and Oregon do not have separate applications for the QRS so this construct was not applicable for these states.

Table 4.3. Inclusion of Various Activities or Processes in the Application for Quality Rating Systems

QRS	Orientation Required	Description of Orientation	Preparatory Process	Description of Preparatory Process	Self-Assessment Tool Required at Some Stage	Role of Self Assessment Tool in QRS
California, LA County	X	All child care programs are required to attend a STEP Orientation once they are enrolled. The orientation session also offers guidance on how to complete the self assessment tool and plan improvements based on the results. Participants must complete their STEP Self Assessment prior to requesting a STEP quality improvement grant (the project’s primary fiscal incentive).	X	Participating program are required to participate in an orientation session and to complete a self assessment.	X	Six checklists comprise the self assessment tool called Building a STEP Portfolio. Participants must complete the self assessment tool prior to requesting a quality improvement grant and prior to the rating site visit and also serves as a self assessment tool.
Colorado		Programs may attend CCR&R’s classes which serve as orientation. However, these are not required.	X	Child Care Resource and Referral agencies offer classes called “Getting Ready Rating” and “Orientation to the Rating”.		
Delaware	X	A series of orientation sessions is available.				
District of Columbia	X	Programs are required to participate in an Orientation application process to participate as a Subsidy Child Care	X	There is technical assistance available for programs completing their self-study (immediately after application).	X	A self-assessment is required for the Bronze Tier. There are different assessment requirements at Silver and Gold tiers.



QRS	Orientation Required	Description of Orientation	Preparatory Process	Description of Preparatory Process	Self-Assessment Tool Required at Some Stage	Role of Self Assessment Tool in QRS
		Provider. These Orientations are held quarterly. Additionally, providers participate in an orientation if they want to submit an application to move to the Silver Tier. The Orientation includes an overview of the entire application process, a review of the standards and the appeals process.				
Florida, Miami-Dade	X	There is a 2 hour standard overview orientation and an estimated 6-hour self-study training/orientation.	X	Programs apply and, if accepted, receive a baseline rating. During this baseline process, programs complete a self-assessment and have an initial formal assessment. The first year formal assessment gives a “baseline assessment score.” This score is not publicly available; however, it is used to inform continuous program improvements during the first year preparation for the formal Star Rating. During the second year and thereafter a Star Rating is determined.	X	A self-assessment is used after the Quality Counts application and selection processes are complete (a selection process is needed because the number of QRS that can enroll is limited). Once a program is accepted into Quality Counts, the Self-Study provides a snapshot of the program at the beginning of their involvement with Quality Counts.
Florida, Palm		All programs interested	X	Once a program has submitted a	X	When programs enroll,

QRS	Orientation Required	Description of Orientation	Preparatory Process	Description of Preparatory Process	Self-Assessment Tool Required at Some Stage	Role of Self Assessment Tool in QRS
Beach		<p>in the Quality Counts system are invited to attend an orientation session that covers the goals, improvement process, and supports available for programs that participate. Attendees receive a letter of interest and an application, but orientation is not required. If providers miss the orientation, a liaison will go out and talk to them one-on-one.</p>		<p>letter of interest, it will be contacted by a Children’s Services Council Liaison to schedule an appointment to visit the program’s director and owner/board chair. The purpose of this visit is to ensure that there is a clear understanding of the level of commitment and expectations and to answer any questions the director or owner/board chair may have about Quality Counts.</p>		<p>they receive a baseline assessment and report within 45 days. Following the assessment and report, an early learning coach goes out to the program and works with director. Together they set goals over benchmarks to achieve them during the first 18 months. After this process, programs get their first official assessment. The ERS as self-assessment is optional.</p>
Illinois	X	<p>Providers interested in applying to the QRS must attend an orientation session prior to application. At the orientation session, providers learn about eligibility requirements, the application process and supports/resources available in the QRS.</p>	X	<p>An orientation is required for the center administrator or the family child care provider. The center administrator or the family child care provider also must attend ERS training if they plan to apply for a star level 3 or 4.</p>		<p>Center administrators and family child care providers are required to go through ERS training and are encouraged to use ERS materials for self-assessment.</p>
Indiana	X	<p>All providers must attend an Introduction Session</p>	X	<p>Assistance is given to providers to help them decide at which level</p>	X	<p>A workbook leads providers through each</p>

QRS	Orientation Required	Description of Orientation	Preparatory Process	Description of Preparatory Process	Self-Assessment Tool Required at Some Stage	Role of Self Assessment Tool in QRS
		prior to enrollment.		they should apply.		level. This process helps meet programs where they are, and informs the work that providers do with mentors.
Iowa		Orientations are available but not required.	X	Regional specialists hold orientations and provide assistance.	X	A self-assessment is embedded within indicators but not a part of the application process.
Kentucky	X	A STARS overview is provided by STARS Quality Coordinators. A program director or owner must attend a STARS overview session.	X	If requested, technical assistance is provided by a STARS Quality Coordinator to prepare the provider for the STARS rating visit (including lesson plan, room arrangement, materials, etc).		
Louisiana				Programs can call a Quality Start Specialist (1 per region of the state) or Local Resource & Referral agency for assistance.	X	There is no self-assessment required during initial application process (at 1 Star). However, a self-assessment is required at the 2 Star level.
Maine		There is an optional orientation session for providers.	X	Providers can get assistance from resource and referral agencies, education specialist personnel funded by state Department of Health and Human Services, and from Maine Roads to Quality. Providers apply using a web-based application. Providers go	X	All providers must self-evaluate their program against the standards at each step. Family Child Care: The program is evaluated yearly using a comprehensive self-

QRS	Orientation Required	Description of Orientation	Preparatory Process	Description of Preparatory Process	Self-Assessment Tool Required at Some Stage	Role of Self Assessment Tool in QRS
				through the application on-line and are given a preliminary/temporary Step Rating. The Step rating is then verified by Department of Health and Human Services.		assessment designed to analyze all aspects of the program. A written improvement plan is developed based upon findings from the self-assessment. Center-based: The program is evaluated yearly using a comprehensive self-assessment tool designed to analyze all aspects of the program (Accreditation Guidelines, Head Start Standards, age appropriate environment rating scale, High Scope) and has a written improvement plan based upon findings from this assessment.
Maryland		Optional information sessions are offered through the resource and referral network; however, these are not required.			X	An accreditation self-study is required at level 2 for tiered reimbursement.
Minnesota	X	Orientation session is not required for accredited	X	Upon enrollment in Parent Aware, programs/providers are		A Building Quality Checklist is available, but not

QRS	Orientation Required	Description of Orientation	Preparatory Process	Description of Preparatory Process	Self-Assessment Tool Required at Some Stage	Role of Self Assessment Tool in QRS
		child care centers, programs seeking provisional rating, or school-based pre-k programs and Head Start programs. It is required for all other programs.		assigned a Resource Specialist who meets with them individually to provide assistance with completion of documentation and writing of a quality improvement plan.		required. Also, post-rating, child care programs complete a Quality Improvement Plan that provides the basis for determining how Quality Improvement Supports are spent.
Mississippi	X	An enrollment meeting is required. (If not attended, providers are required to have a phone meeting). "Earn Your Stars! The Step-by-Step Workbook for Child Care Providers" provides an orientation to the program as well.	X	There is an enrollment meeting, a step-by-step training, and consultation after enrollment.	X	The director must complete a self-assessment tool included in the "Earn Your Stars! The Step-by-Step Workbook for Child Care Providers" (received at enrollment). This workbook self-assessment includes items of self-ranking (marking "Strong" to "Below Average" on each indicator) and fill-in the blank questions. This self-assessment is required at Step 2.
Missouri		Orientation sessions are planned but not yet available.	X	QRS Director's Manuals are available.		
New Hampshire						Programs in the Licensed-Plus level designation are

QRS	Orientation Required	Description of Orientation	Preparatory Process	Description of Preparatory Process	Self-Assessment Tool Required at Some Stage	Role of Self Assessment Tool in QRS
						<p>given the options to complete the Environment Rating Scale and the Strengthening Families Assessment tool. Both of these tools may serve as a self-assessment. For the 3rd tier (national accreditation), programs are required to complete a self-assessment.</p>
New Mexico			X	<p>Interested programs contact the Training and Technical Assistance Program (TTAP) in their region to obtain and complete the Eligibility Form. Once the TTAP has received the Eligibility Form, the applicant will be contacted within two weeks to set up an initial on-site visit. At the time of the on-site visit, the Program Development Specialist (PDS) will describe the application for AIM HIGH and informally assess the program by meeting with staff in each classroom (this is informal). The Specialist leaves an application for the site to</p>		<p>Not required, but programs are encouraged to complete a self-assessment.</p>

QRS	Orientation Required	Description of Orientation	Preparatory Process	Description of Preparatory Process	Self-Assessment Tool Required at Some Stage	Role of Self Assessment Tool in QRS
				complete and return to their Training and Technical Assistance provider.		
North Carolina			X	A preparatory process is not available consistently state-wide, though is available individually through resource and referral agencies.		During the application process, centers may complete a general self-assessment checklist, but this is not done systematically.
Ohio		Program administrators may attend a Step Up to Quality 101 training session to learn about all the benefits and requirements (training offered through local resource and referral agency). This orientation is not required.	X	General information sessions are available. There is also an automated online system for collecting documents prior to visit (in process).		
Oklahoma				There is an optional preparatory process for family child care homes in Oklahoma county because family child care is largest pool of applicants in that area, but it is not mandatory.	X	An approved self-assessment tool is completed every two years and kept on file at the center (for 2 and 3 star).
Oregon						
Pennsylvania	X	The center director must complete the STARS	X	Start with STARS provides access to resources to assist facilities in	X	Programs entering Start with STARS (a program that

QRS	Orientation Required	Description of Orientation	Preparatory Process	Description of Preparatory Process	Self-Assessment Tool Required at Some Stage	Role of Self Assessment Tool in QRS
		<p>Orientation within 90 days of Start with STARS enrollment or prior to becoming designated at any STAR level. Same requirements for Group Homes.</p> <p>Not required for accredited child care centers, programs seeking provisional rating, or school-based pre-k programs and Head Start.</p>		<p>working toward STAR ratings. To enroll in Start with STARS, facilities (centers and group homes) must complete a safety checklist, hold and post a PA Department of Public Welfare certificate of compliance and complete an orientation within 90 days of Start with STARS enrollment. STARS managers/STARS specialist help centers through this progress and deciding whom to contact. Start with STARS will be revised in 2009-2010.</p>		<p>provides access to resources to assist facilities in working toward STAR ratings) are required to complete a Site Environment Checklist. STAR 1 programs must complete a Learning Environment Checklist (a questionnaire covering provider's interactions with children and availability of age-appropriate materials for children). This checklist was developed as a tool to guide facilities in identifying areas for improvement and as a preparatory tool for using the ERS.</p>
Vermont						<p>A self-assessment is required to get one point in the "Program Assessment" indicator, but is not required for application.</p>
Virginia		<p>Orientations sessions are available (but not required), through the efforts of the local</p>	X	<p>Each coalition employs a local coordinator who is responsible for holding general sessions and presentations about the Star</p>		



QRS	Orientation Required	Description of Orientation	Preparatory Process	Description of Preparatory Process	Self-Assessment Tool Required at Some Stage	Role of Self Assessment Tool in QRS
		coordinator.		Quality Initiative. Coordinators then individually visit programs to talk about the application process, available supports, observations, etc. Details about this process are determined locally. In addition, Virginia offers a preparatory rating call a Rising Star. A Rising Star program is a facility that has shown a commitment to improving quality and achieving a Star level rating. Like all other programs, Rising Star programs also receive a program mentor to assist throughout the application and rating process.		
<b>Total</b>	<b>10</b>		<b>18</b>		<b>11</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: Pennsylvania Start with STARS will be revised in 2009-2010.

Table 4.4. Time Between Application and Rating in Quality Rating Systems

QRS	Less than 3 months	3-6 months	6-9 months	9 months to 1 year	Greater than 1 year
California, LA County				X	
Colorado		X			
Delaware					X
District of Columbia	X				
Florida, Miami-Dade		X			
Florida, Palm Beach					X
Illinois	License exempt family homes	Licensed programs			
Indiana	X				
Iowa	X				
Kentucky		X			
Louisiana	For 1-2 Stars	For 3-5 Stars			
Maine	X				
Maryland		X			
Minnesota	For accredited programs	For fully-rated programs			
Mississippi				X	
Missouri	X				
New Hampshire		X			
New Mexico		X			
North Carolina	X				
Ohio		X			
Oklahoma	X				
Oregon	N/A				
Pennsylvania	X				
Tennessee	N/A				
Vermont	X				
Virginia		X			
<b>Total</b>	<b>12</b>	<b>11</b>	<b>0</b>	<b>2</b>	<b>2</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Notes: In Miami-Dade, the time from application to rating is applicable for the baseline rating.

However, the baseline rating is not posted publicly. In Tennessee, there is not a separate application process for the QRS. During the annual licensing renewal process, programs can qualify to enter voluntary rating system.

### Quality Standards

The quality standards or indicators included in a QRS serve as the foundation for the Quality Rating System. They provide the definition of quality and send a signal to programs and parents about what is important for programs to do in their daily practices with children. They also serve

as the benchmark for quality improvement activities and provide a standard to which programs can strive to achieve.

Across QRS, the categories used to group quality indicators vary. For example, indicators that refer to the use of a curriculum might appear in a category named Learning Environment (Maryland) or a category called Early Learning (Ohio). To facilitate comparison of quality standards across QRS, the Compendium provides standard categories and reports whether or not a QRS includes indicators that fit with the definition of that category. Exhibit 4.1 contains the list of quality categories used in the Compendium and a definition of the types of indicators that are included in each category.

#### Exhibit 4.1. Quality Categories and Definitions Used to Group Indicators in Quality Rating Systems

1. Licensing Compliance – indicators refer to a program’s licensing status
2. Ratio and Group Size – indicators provide guidelines for the number of children per caregiver and the total number of children in a classroom or home
3. Health and Safety – indicators provide guidelines for provisions to protect children’s health and safety
4. Curriculum – indicators refer to requirements or specifications about the curriculum used
5. Environment – indicators refer to activities, practices, materials and provisions in the environment to promote children’s optimal learning and development
6. Child Assessment – indicators refer to practices that promote ongoing assessment of children’s needs for the purposes of improving individual and group instruction and sharing information with parents
7. Staff Qualifications – indicators specify the educational qualifications and training of the teaching staff, program director, or family child care provider
8. Family Partnerships – indicators refer to activities and strategies to involve and engage families
9. Administration and Management – indicators refer to administrative procedures and structures, human resource policies, employee benefits and other provisions in place to manage staff and program operations
10. Cultural and Linguistic Diversity – indicators refer to provisions that reflect a value on cultural competence and intentional practices that promote respectful interactions with diverse children and families

11. Accreditation – indicators refer to a program’s status with regard to program accreditation by a national accrediting body
12. Provisions for Special Needs – indicators refer to practices and strategies to promote full inclusion of children with special needs
13. Community Involvement – indicators refer to practices and strategies to promote connections between the program and the community and/or to help families and children connect with resources in the community

It is important to note that certain indicators may be described in more than category. For example, some indicators that are included in the section on Family Partnerships are also relevant to discuss in the section on Provisions for Special Needs or in the section on Community Involvement. The intent is to highlight how some indicators may address multiple domains rather than to choose only one category for these indicators.

The section begins by providing an overview of the quality categories described above and the prevalence of their inclusion in QRS for child care centers (see Tables 4.3 and 4.4). Next, each quality category and the indicators included in the category for child care centers will be examined in more depth and compared across QRS. Following the analysis of indicators for child care centers, a similar analysis of indicators for family child care programs will be conducted. Note that separate indicators may exist in a QRS for school-based programs or Head Start programs, but these are not included in the Compendium.

#### Overview of quality categories and indicators for child care centers

As seen in Tables 4.5 and 4.6, certain quality categories for child care centers are included in the majority of QRS (20 or more). These include: licensing compliance (26), environment (24), staff qualifications (26), family partnership (24), administration and management (23) and accreditation (21). Three categories – curriculum (14) ratio and group size (13) and child assessment (12) – are included in half or just under half of the QRS. The remaining categories are included in fewer than ten of the QRS examined: health and safety (4), cultural and linguistic diversity (8), provisions for children with special needs (9) and community involvement (7).

It is important to note that licensing requirements frequently serve in states/municipalities as a minimal set of provisions to ensure that care and education environments are safe, healthy and provide for children’s basic needs.<sup>15</sup> A complete understanding of the quality indicators included in a QRS would require extensive knowledge about the provisions included in licensing. For example, QRS developers in a particular state may analyze the existing requirements for ratio and group size and determine that they are sufficient to ensure children’s safety in the environment. They would not include an indicator in the QRS that refers to ratio and group size, but the absence of this indicator does not mean that maintenance of appropriate ratio and group

---

<sup>15</sup> A summary of licensing regulations for each state can be found at <http://nrckids.org/STATES/states.htm> or <http://www.naralicensing.org/displaycommon.cfm?an=1&subarticlenbr=160>

size is not a priority in the QRS. Similarly, health and safety requirements are typically included in licensing, so further indicators in this category may not be included in a QRS.

#### Overview of quality categories and indicator for family child care

As seen in Tables 4.7 and 4.8, certain quality categories for family child care are included in the majority of QRS (19 or more). These include: licensing compliance (22), environment (21), staff qualifications (22), family partnership (21), and accreditation (19). Administration and management is included in 16 QRS. The remaining categories are included in nine or fewer QRS: curriculum (9), ratio and group size (5) and child assessment (8), health and safety (4), cultural and linguistic diversity (2), provisions for children with special needs (6) and community involvement (6).

Table 4.5. Inclusion of Quality Categories for Child Care Centers in Quality Rating Systems – Part 1

QRS	Licensing	Ratio and Group Size	Health and Safety	Curriculum	Environment	Child Assessment	Staff Qualifications
California, LA County	Yes	Yes	No	No	Yes	Yes	Yes
Colorado	Yes	Yes	No	No	Yes	Yes	Yes
Delaware	Yes	No	No	Yes	Yes	Yes	Yes
District of Columbia	Yes	No	No	Yes	Yes	No	Yes
Florida Miami-Dade	Yes	Yes	No	Yes	Yes	Yes	Yes
Florida, Palm Beach	Yes	Yes	No	Yes	Yes	Yes	Yes
Illinois	Yes	No	No	No	Yes	No	Yes
Indiana	Yes	No	No	Yes	Yes	No	Yes
Iowa	Yes	Yes	Yes	No	Yes	No	Yes
Kentucky	Yes	Yes	No	No	Yes	No	Yes
Louisiana	Yes	Yes	No	No	Yes	Yes	Yes
Maine	Yes	No	No	Yes	Yes	Yes	Yes
Maryland	Yes	No	No	No	Yes	No	Yes
Minnesota	Yes	No	Yes	Yes	Yes	Yes	Yes
Mississippi	Yes	No	No	Yes	Yes	Yes	Yes
Missouri	Yes	No	No	Yes	Yes	No	Yes
New Hampshire	Yes	No	No	Yes	Yes	No	Yes
New Mexico	Yes	Yes	No	Yes	Yes	Yes	Yes
North Carolina	Yes	Yes	No	Yes	Yes	No	Yes
Ohio	Yes	Yes	No	Yes	No	Yes	Yes
Oklahoma	Yes	No	Yes	No	Yes	No	Yes
Oregon	Yes	Yes	No	No	No	No	Yes
Pennsylvania	Yes	No	Yes	Yes	Yes	Yes	Yes
Tennessee	Yes	Yes	No	No	Yes	No	Yes
Vermont	Yes	No	No	No	Yes	No	Yes
Virginia	Yes	Yes	No	No	Yes	No	Yes
<b>Total</b>	<b>26</b>	<b>13</b>	<b>4</b>	<b>14</b>	<b>24</b>	<b>12</b>	<b>26</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Table 4.6. Inclusion of Quality Categories for Child Care Centers in Quality Rating Systems – Part 2

QRS	Family Partnership	Administration and Management	Cultural/Linguistic Diversity	Accreditation	Provisions for Special Needs	Community Involvement
California, LA County	Yes	Yes	Yes	Yes	Yes	Yes
Colorado	Yes	No	No	Yes	No	No
Delaware	Yes	Yes	No	Yes	Yes	Yes
District of Columbia	Yes	Yes	No	Yes	No	No
Florida Miami-Dade	Yes	Yes	Yes	Yes	Yes	No
Florida, Palm Beach	Yes	Yes	Yes	No	No	No
Illinois	Yes	Yes	No	Yes	No	Yes
Indiana	Yes	Yes	Yes	Yes	Yes	No
Iowa	Yes	Yes	No	Yes	No	No
Kentucky	Yes	Yes	No	Yes	No	No
Louisiana	Yes	Yes	Yes	No	No	No
Maine	Yes	Yes	No	Yes	No	Yes
Maryland	Yes	Yes	No	Yes	No	No
Minnesota	Yes	No	No	Yes	No	No
Mississippi	Yes	Yes	No	No	No	No
Missouri	Yes	Yes	No	Yes	No	Yes
New Hampshire	Yes	Yes	No	Yes	Yes	No
New Mexico	Yes	Yes	Yes	Yes	Yes	No
North Carolina	Yes	Yes	Yes	No	Yes	No
Ohio	No	Yes	No	Yes	No	No
Oklahoma	Yes	Yes	No	Yes	No	No
Oregon	No	Yes	No	Yes	No	No
Pennsylvania	Yes	Yes	Yes	Yes	No	Yes
Tennessee	Yes	Yes	No	Yes	No	No
Vermont	Yes	Yes	No	Yes	Yes	Yes
Virginia	Yes	No	No	No	Yes	No
<b>Total</b>	<b>24</b>	<b>23</b>	<b>8</b>	<b>21</b>	<b>9</b>	<b>7</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Table 4.7. Inclusion of Quality Categories for Family Child Care in Quality Rating Systems – Part 1

QRS	Licensing	Ratio and Group Size	Health and Safety	Curriculum	Environment	Child Assessment	Staff Qualifications
California, LA County	Yes	No	No	No	Yes	Yes	Yes
Colorado	Yes	Yes	No	No	Yes	No	Yes
Delaware	Yes	No	No	Yes	Yes	Yes	Yes
District of Columbia	Yes	No	No	No	Yes	No	Yes
Florida Miami-Dade	Yes	No	No	No	Yes	No	Yes
Florida Palm Beach	Yes	No	No	No	Yes	Yes	Yes
Illinois	Yes	No	No	No	Yes	No	Yes
Indiana	Yes	No	No	Yes	Yes	No	Yes
Iowa	Yes	No	Yes	No	Yes	No	Yes
Kentucky	Yes	Yes	No	No	Yes	No	Yes
Maine	Yes	No	No	Yes	Yes	Yes	Yes
Maryland	Yes	No	No	No	Yes	No	Yes
Minnesota	Yes	No	Yes	Yes	Yes	Yes	Yes
Missouri	Yes	No	No	Yes	Yes	No	Yes
New Hampshire	Yes	No	No	Yes	Yes	No	Yes
New Mexico	Yes	Yes	No	Yes	Yes	Yes	Yes
North Carolina	Yes	Yes	No	Yes	Yes	No	Yes
Ohio	Yes	Yes	No	Yes	No	Yes	Yes
Oklahoma	Yes	No	Yes	No	Yes	No	Yes
Oregon	Yes	Yes	No	No	No	No	Yes
Pennsylvania	Yes	No	Yes	No	Yes	Yes	Yes
Tennessee	Yes	No	No	No	Yes	No	Yes
Vermont	Yes	No	No	No	Yes	No	Yes
<b>Total</b>	<b>23</b>	<b>6</b>	<b>4</b>	<b>9</b>	<b>21</b>	<b>8</b>	<b>23</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: Data for Louisiana, Mississippi and Virginia are not presented because the QRS do not include family child care programs.



Table 4.8. Inclusion of Quality Categories for Family Child Care in Quality Rating Systems – Part 2

QRS	Family Partnership	Administration and Management	Cultural/Linguistic Diversity	Accreditation	Provisions for Special Needs	Community Involvement
California, LA County	Yes	Yes	Yes	No	Yes	Yes
Colorado	Yes	No	No	Yes	No	No
Delaware	Yes	Yes	No	No	Yes	Yes
District of Columbia	Yes	No	No	Yes	No	No
Florida Miami-Dade	Yes	Yes	No	Yes	No	No
Florida Palm Beach	Yes	Yes	No	Yes	No	No
Illinois	Yes	No	No	Yes	No	Yes
Indiana	Yes	Yes	Yes	Yes	Yes	No
Iowa	Yes	Yes	No	Yes	No	No
Kentucky	Yes	Yes	No	Yes	No	No
Maine	Yes	Yes	No	Yes	No	Yes
Maryland	Yes	No	No	Yes	No	No
Minnesota	Yes	No	No	Yes	No	No
Missouri	Yes	No	No	Yes	No	No
New Hampshire	Yes	Yes	No	Yes	Yes	No
New Mexico	Yes	Yes	No	Yes	No	No
North Carolina	Yes	Yes	No	No	No	No
Ohio	No	Yes	No	Yes	No	No
Oklahoma	Yes	Yes	No	Yes	No	No
Oregon	No	No	No	Yes	No	No
Pennsylvania	Yes	Yes	No	Yes	Yes	Yes
Tennessee	Yes	Yes	No	Yes	No	No
Vermont	Yes	Yes	No	Yes	Yes	Yes
<b>Total</b>	<b>21</b>	<b>16</b>	<b>2</b>	<b>20</b>	<b>6</b>	<b>6</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: Data for Louisiana, Mississippi and Virginia are not presented because the QRS doesn't include family child care programs.

## Licensing compliance

As described above, licensing serves as the foundation for quality rating systems and is included in the indicators for all of the QRS that include child care centers (26) and all that include family child care programs (22). Yet, there are different strategies that QRS use to incorporate licensing and the variations in these strategies may be driven by the specific requirements in licensing standards across the states and localities. Tables 4.9 (child care centers) and 4.10 (family child care programs) display two options (that are not mutually exclusive) used by QRS.

The first option is to require licensing for enrollment of child care centers and family child care programs in the QRS. This provision is used in the majority of QRS for child care centers (23) and for family child care (19). In some QRS, license-exempt centers are allowed to enroll (Florida, Miami-Dade, Indiana, and Minnesota). License-exempt family child care programs can enroll in Florida, Miami-Dade, Illinois, and Maine. License-exempt programs are those that are operating legally without being licensed. The criteria for programs that are legally exempt from licensing criteria vary from state to state.

The second option is to make the first level of the QRS a reflection of meeting licensing standards only. This is done for child care centers in QRS that incorporate a rated license<sup>16</sup> (for example, New Mexico, North Carolina, Oklahoma and Tennessee) in addition to 12 other QRS that use licensing as the first level (with no other requirements). For family child care, 13 QRS incorporate licensing as the first level of the QRS. In a few QRS (for example, Ohio), all programs must meet licensing requirements, but even the first rating level requires more than that licensing standards are met. This should not imply that QRS standards are “higher” in these QRS; a closer examination of licensing standards would be needed to examine the comparability across QRS in the “entry” rating level.

Table 4.9. Inclusion of Licensing or Licensing Compliance Indicators for Child Care Centers in Quality Rating Systems.

QRS	Licensing Required for Enrollment	First Level of QRS is Licensing Only	Description of Licensing Requirement
California, LA County	X	X	To obtain a STEP rating of “Pass” for regulatory compliance, STEP staff verify with California Department of Social Services, Community Care Licensing Division (CCLD) that the child care program, in the past three years, has not held a probationary license; been required to participate in a compliance plan; or been issued a civil penalty. This clearance is required for participation in STEP.
Colorado	X	X	Programs must be licensed in order to get a rating.
Delaware	X	X	

<sup>16</sup> A rated license is a strategy used in several states to incorporate the star rating directly into the participating program’s child care license. The number of stars that a program receives is posted directly on the child care license.

QRS	Licensing Required for Enrollment	First Level of QRS is Licensing Only	Description of Licensing Requirement
District of Columbia	X		<p>Bronze: -Current DC Regular License for Child Development Centers</p> <p>Silver: -The Center has no citations from Licensing in the last year that jeopardize the health, safety and well-being of children under care</p> <p>Gold: -The Center has received no substantiated complaints</p>
Florida, Miami-Dade			All licensed and license-exempt centers and family child care home that serve children under the age of 5 in Miami-Dade County can participate in Quality Counts.
Florida, Palm Beach	X		Programs have to be licensed and have been in business for 1 year in order to participate.
Illinois	X		Licensing required for all programs at the 1st level. Licensed programs must operate full day, 9 months/year. Licensed school-age programs must operate 9 months per year.
Indiana		X	Licensing or Voluntary Certification Program completion is required at first level. Licensed providers are included in the state database and are eligible. Registered Ministries must first meet health and safety standards (the Voluntary Certification Program standards) and are documented by a completed inspection report. The obtainment of the Voluntary Certification Program by a Registered Ministry is also entered in the state database.
Iowa	X	X	For Level 1, programs must have full license; or a provisional license with no action to revoke or deny; or the program must be operating under the authority of an accredited school district or nonpublic school. For Level 2, programs must have full licensing only, with no action to revoke or deny; or the program must be operating under authority of an accredited school district or nonpublic school.
Kentucky	X		Newly licensed providers must be licensed six months before they may participate in STARS.
Louisiana	X	X	To receive 1 star, programs must be licensed.
Maine	X	X	All licensed programs are eligible to be placed at Step 1 if they have been licensed for one year. They must have had no substantiated serious licensing violations within the last year (Step 2) or 3 years (Step 3).
Maryland	X	X	

QRS	Licensing Required for Enrollment	First Level of QRS is Licensing Only	Description of Licensing Requirement
Minnesota			Must be licensed or a license exempt school based program. Programs cannot receive more than 1 star if they have received a maltreatment determination in the past year or have had a negative licensing action or received a fine in the past twelve months. Programs cannot receive more than a 1 star rating if they have received an Order to Forfeit a Fine due to failure to submit background study in the past 6-months
Mississippi	X	X	The child care facility must be licensed as outlined in the Mississippi Department of Health's Regulations Governing Licensure of Child Care Facilities.
Missouri	X	X	A program must be licensed by The Missouri Department of Health and Senior Services without rule violations designated as "serious risk".
New Hampshire	X	X	Licensing serves as the first tier of New Hampshire's Quality Rating System, and licensing forms the basis of the Licensed Plus tier.
New Mexico	X	X	Programs participating in AIM HIGH must meet 2-Star license requirements (by Look for the STARS licensing standards). Programs must be in substantial compliance with licensing regulations and must not have a history of numerous, repeated, or serious non-compliance citations. Programs receiving other state and federal funds must be in compliance with those program's regulations.
North Carolina	X	X	North Carolina has a rated license with two components: evaluation of program standards and education standards. A 75% licensing compliance history is the minimum standard of the QRS at level one.
Ohio	X		Programs must meet licensing requirements to be eligible to participate at all levels.
Oklahoma	X	X	Licensing compliance is required for rating. The program must not have numerous, repeated, or serious non-compliance with licensing requirements. In Oklahoma, licensing is responsible for monitoring facilities to assure they are meeting star level criteria.
Oregon	X		
Pennsylvania	X		A Regular Certificate of Compliance is required for STAR 1 and above for Centers and Group Homes
Tennessee	X	X	Licensing is required at the 1-Star level.
Vermont	X	X	The program must be in compliance with all applicable regulations and any previous, substantiated violations have been corrected.

QRS	Licensing Required for Enrollment	First Level of QRS is Licensing Only	Description of Licensing Requirement
			Programs that have not been in operation for more than one year at the time of application cannot earn points in Compliance History.
Virginia	X	X	Licensing is required for Star Level 1 or higher, but not at the “Rising Star” preparatory level.
<b>Total</b>	<b>23</b>	<b>16</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: Additional information about licensing requirements was not available for all QRS.

Licensing information for states can be found at: <http://nrckids.org/STATES/states.htm>

Table 4.10. Inclusion of Licensing or Licensing Compliance Indicators for Family Child Care in Quality Rating Systems.

QRS	Licensing Required for Enrollment	Licensing is Equivalent for First Level	Description of Licensing Requirement
California, LA County	X	X	
Colorado	X	X	
Delaware	X	X	
District of Columbia	X		
Florida, Miami-Dade			All licensed and license-exempt centers and family child care home that serve children under the age of 5 in Miami-Dade County can participate in Quality Counts.
Florida, Palm-Beach	X		
Illinois			Licensed programs must have been licensed for one year before they are eligible to apply. Licensed-Exempt Family Child Care Homes must apply for a particular Training Tier in order to participate in QRS.
Indiana	X		Programs must have been licensed for one year to apply.
Iowa	X	X	Programs are required to be registered child development homes.
Kentucky	X		Programs must be licensed or certified for six months before participating in STARS.
Maine	X	X	All licensed programs are eligible to be placed at Step 1 if they have been licensed for one year. They must have had no substantiated serious licensing violations within the last year (Step 2) or 3 years

QRS	Licensing Required for Enrollment	Licensing is Equivalent for First Level	Description of Licensing Requirement
			(Step 3).
Maryland	X	X	
Minnesota	X		Family child care programs must be licensed to be eligible. Programs cannot receive more than 1 star if they have received a maltreatment determination in the past year, have had a negative licensing action or received a fine in the past twelve months, or if they have received an Order to Forfeit a Fine due to failure to submit background study in the past 6-months.
Missouri	X	X	
New Hampshire	X	X	
New Mexico		X	Programs participating in AIM HIGH must meet 2-Star license requirements (by Look for the STARS licensing standards). Programs must be in substantial compliance with licensing regulations and must not have a history of numerous, repeated, or serious non-compliance citations. Programs receiving other state and federal funds must be in compliance with those program's regulations. License exempt family child care homes (registered) programs have a different process.
North Carolina	X	X	Licensed programs automatically receive one star. If programs want to be rated for two stars, or higher, they must meet additional requirements apart from minimum licensing compliance.
Ohio	X		Programs must meet licensing threshold requirements to be eligible to participate.
Oklahoma	X	X	A facility automatically receives a one star rating when a license (6 month permit, license, provisional license) is issued.
Pennsylvania	X		
Tennessee	X	X	
Vermont	X	X	The program is currently in compliance with all applicable regulations and any previous, substantiated violations have been corrected. Programs that have not been in operation for more than one year at the time of application cannot earn points in this arena of Compliance History. A licensing specialist has visited and assessed the

QRS	Licensing Required for Enrollment	Licensing is Equivalent for First Level	Description of Licensing Requirement
			program in the past 2 years.
<b>Total</b>	<b>19</b>	<b>13</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: Additional information about licensing requirements was not available for all QRS.

Licensing information for states can be found at: <http://nrckids.org/STATES/states.htm>

### Ratio and group size

The QRS with ratio and group size requirements are shown in Table 4.11 for child care centers and Table 4.12 for family child care programs. Thirteen QRS include requirements for staff to child ratio and group sizes in their quality standards for centers, while six include ratio and group size requirements for family child care programs. Three of the QRS use a rated license (New Mexico, North Carolina and Tennessee), so it is not surprising that these each specify requirements for ratio and group size (as these are typically addressed in licensing regulations). Four of the QRS specify that ratio and group size standards from the National Association for the Education of Young Children accreditation standards be met for child care centers. One QRS (Ohio) provides three pathways for centers and family child care homes ratio and group size standards: a program can meet the specified requirements, hold national accreditation (which includes accreditation by the National Association for the Education of Young Children), or achieve a score of 5.0 on the Environment Rating Scales.

Table 4.11. Inclusion of Ratio and Group Size Indicators for Child Care Centers in Quality Rating Systems

QRS	Ratio and Group Size	Description
California, LA County	X	<p>Step 2 Adult to Child Ratios:  Infants - 1:3  Toddlers - 1:5  Preschool - 1:10</p> <p>Step 3 Adult to Child Ratios:  Infants - 1:3  Toddlers - 1:4  Preschool - 1:8</p> <p>Step 4 Adult to Child Ratios:  Infants - 1:3, maximum group size 6-8  Toddlers - 1:4, maximum group size 12-14  Preschool - 1:8, maximum group size 24</p> <p>For Step 5, National Association for the Education of Young Children ratios and group size are used:  Infants - 1:3 or 4, maximum group size of 8</p>

QRS	Ratio and Group Size	Description
		<p>Toddlers - 1:3 or 4, maximum group size of 12  Younger Preschool - 1:6 or 9, maximum group size 18  Preschool - 1: 8 or 10, maximum group size 24  Scores on the Adult Involvement Scale are also incorporated within this standard.</p>
Colorado	X	<p>4 points for the following adult-child ratios:  0-17 Months - 1:5  18-23 Months - 1:5  24-35 Months - 1:7  36-47 Months - 1:10  48-71 Months - 1:12  30-71 Months - 1:10</p> <p>6 points for the following adult-child ratios:  0-17 Months - 1:4  18-23 Months - 1:4  24-35 Months - 1:6  36-47 Months - 1:9  48-71 Months - 1:10  30-71 Months - 1:9</p> <p>8 points for the following adult-child ratios:  0-17 Months - 1:3  18-23 Months - 1:3  24-35 Months - 1:5  36-47 Months - 1:8  48-71 Months - 1:8  30-71 Months - 1:8</p> <p>1 point for the following group sizes:  0-17 Months - 6  18-23 Months - 6  24-35 Months - 10  36-47 Months - 16  48-71 Months - 16  30-71 Months - 16</p> <p>2 points for the following group sizes:  0-17 Months - 1-5  18-23 Months - 1-5  24-35 Months - 1-9  36-47 Months - 1-15  48-71 Months - 1-15  30-71 Months - 1-15</p>



QRS	Ratio and Group Size	Description
		<p>Ratio and group size counts are conducted (8 times in full day centers, 4 in part day centers)</p> <p>Each count is awarded points based on the adult: child ratio and group size for the specific age group (where 50% of the children fall) using a point chart. Ratio points and group size points are added respectively and divided by the number of counts taken to determine the average for the classroom. If a classroom receives 0 points on 1 count, the overall score will drop 2 points. If a classroom receives 0 points on MORE than 1 count, the overall score for that classroom will be 0. The average group size and ratio points for each classroom are added together respectively and divided by the total number of classrooms to achieve a program's average group size points and ratio points. The program's average ratio points and average group size points are added to achieve the Ratio / Group Size component points.</p>
Florida, Miami-Dade	X	<p>For 2 Points adult to child ratios must be:  Infants - 1:4 (maximum group of 12)  Ones - 1:6 (maximum group of 12)  Twos - 1:9 (maximum group of 18)  Threes - 1:13 (maximum group of 26)  Fours/Fives - 1:16 (maximum group of 32)</p> <p>For 3 Points adult to child ratios must be:  Infants - 1:4 (maximum group of 8)  Ones - 1:6 (maximum group of 12)  Twos - 1:8 (maximum group of 16)  Threes - 1:12 (maximum group of 24)  Fours/Fives - 1:13 (maximum group of 26)</p> <p>For 4 Points adult to child ratios must be:  Infants - 1:4 (maximum group of 8)  Ones - 1:5 (maximum group of 10)  Twos - 1:7 (maximum group of 14)  Threes - 1:10 (maximum group of 20)  Fours/Fives - 1:10 (maximum group of 20)</p> <p>For 5 Points adult to child ratios must be:  Infants - 1:4 (maximum group of 8)  Ones - 1:4 (maximum group of 12)  Twos - 1:6 (maximum group of 12)  Threes - 1:9 (maximum group of 18)  Fours/Fives - 1:10 (maximum group of 20)</p>

QRS	Ratio and Group Size	Description
Florida, Palm Beach	X	<p>At Level 1, adult to child ratios/group sizes must be :</p> <p>Infants - 1:4, N/A  1 year - 1:6, N/A  2 years - 1:11, N/A  3 years - 1:15, N/A  4-5 years - 1:20, N/A</p> <p>At Level 2, adult to child ratios/group sizes must be:</p> <p>Infants - 1:4, 12  1 year - 1:6, 12  2 years - 1:9, 18  3 years - 1:13, 26  4 years - 1:16, 32</p> <p>At Level 3, adult to child ratios/group sizes must be:</p> <p>Infants - 1:4, 8  1 year - 1:6, 12  2 years - 1:8, 16  3 years - 1:12, 24  4-5 years - 1:13, 26</p> <p>At Level 4, adult to child ratios/group sizes must be:</p> <p>Infants - 1:4, 8  1 year - 1:5, 10  2 years - 1:7, 14  3 years - 1:10, 20  4-5 years - 1:10, 20</p> <p>At Level 5, adult to child ratios/group sizes must be:</p> <p>Infants - 1:4, 8  1 year - 1:5, 10  2 years - 1:6, 12  3 years - 1:9, 18  4-5 years - 1:10, 20</p>
Iowa	X	<p>Beyond licensing standards, programs can earn a point for meeting National Association for the Education of Young Children standards for ratio and group size:</p> <p>For 0-2 years, ratio of 1:3-1:4 and group size of 6-8  For 2-3 years, ratio of 1:4-1:5 and group size of 8-12  For 3 years, ratio of 1:7 –1:10 and group size of 14-18  For 4-5 years, ratio of 1:8 – 1:10 and group size of 16-20</p>
Kentucky	X	<p>Level 3:  Age 0-1 year, Ratio 1:4, Group Size 8</p>

QRS	Ratio and Group Size	Description
		<p>Age 1-2 years, Ratio 1:5, Group Size 10            Age 2-3 years, Ratio 1:8, Group Size 16            Age 3-4 years, Ratio 1:11, Group Size 22            Age 4-6 years, Ratio 1:12, Group Size 24            Age 6-12 years, Ratio 1:14, Group Size 28</p> <p>Level 4: National Association for the Education of Young Children staff/child ratios            Age 0-2 years, Ratio 1:4, Group Size 8            Age 2-3 years, Ratio 1:4-1:6, Group Size 8            Age 3 years, Ratio 1:10, Group Size 17            Age 4-5 years, Ratio 1:10, Group Size 20</p>
Louisiana	X	<p>To receive a star rating greater than 2, programs must earn additional points in both the Program and Staff Qualifications indicators. Staff: Child Ratios and Group Size requirements are set at star levels 3 and higher.</p> <p>To earn 3 points, ratio/group size must be:            0-12 months - 1:4, 8            13-24 months - 1:6, 12            25-36 months - 1:8, 16            3 yrs - 1:10, 20            4 yrs - 1:12, 24            5 yrs - 1:15, 30</p> <p>To earn 4 points, ratio/group size must be:            0 - 12 months - 1:4, 8            13 – 24 months - 1:6,12            25 – 36 months - 1:8, 16            3 yrs - 1:10, 20            4 yrs 1: 12, 24            5 yrs 1:15, 30</p> <p>To earn 5 points, ratio/group size must be:            0-24 months - 1:4, 8            2 yrs - 1:6, 12            3 yrs - 1:8, 16            4 yrs - 1:10, 20            5 yrs - 1:10, 20</p>
New Mexico	X	<p>Ratio and group size indicators are included at AIM High Level Four (4 Star).</p> <p>Ratios for licensed child care centers where children are grouped by age ratios:</p>

QRS	Ratio and Group Size	Description
		<p>6 weeks-24 months - 1:5  2 years - 1:8  3 years - 1:10  4 years - 1:10  5 years - 1:12  6 years - 1:12</p> <p>Ratios for Child care centers where age groups are combined:  6 weeks through 24 months - 1:5  2,3,and 4 years - 1:10  3,4,and 5 years - 1:12  6 years - 1:12</p> <p>Maximum group size:  6 weeks through 24 months: 10  2 years: 16  3, 4, and 5 years: 24  6 years and up: 24</p>
North Carolina	X	<p>The following ratios must be met in order to receive 2 to 6 points for enhanced ratio:  0-12 mos. - 1:5, max group size 10  1-2 yrs. -1:6, max group size 12  2-3 yrs.-1:9, max group size 18  3-4 yrs.-1:10, max group size 20  4-5 yrs.-1:13, max group size 25  5-6 yrs.-1:15, max group size 25  6 + yrs.-1:20, max group size 25</p> <p>For 7 points, programs must decrease the enhanced ratio by 1:  0-12 mos. - 1:4, max group size 8  1-2 yrs. -1:5, max group size 10  2-3 yrs.-1:8, max group size 16  3-4 yrs.-1:9, max group size 18  4-5 yrs.-1:12, max group size 24  5-6 yrs.-1:14, max group size 25  6 + yrs.-1:19, max group size 25</p>
Ohio	X	<p>At each step, programs must either meet specified ratio and group size requirements, have achieved national accreditation, or have an overall Environment Rating Scale score of 5.  Step One: At no time may a group size for children 0-12 months exceed 10 children.</p>

QRS	Ratio and Group Size	Description
		<p>Infants/Toddlers:  0-12 months—1:4 or 2:10  12-18 months—1:6  18-36 months—1:7  30-36 months—1:8</p> <p>Preschoolers:  36-48 months—1:12  48-60 months—1:14</p> <p>Family or Mixed Age Groups:  0-36 months—1:5  36-60 months—1:12</p> <p>School-Agers  5-15 years—1:18</p> <p>Step Two: At no time may group size for children 0-12 months exceed 10 children.</p> <p>Infants/Toddlers:  0-12 months—1:5  12-18 months—1:6  18-36 months—1:7</p> <p>Preschoolers:  36-48 months—1:10  48-60 months—1:12</p> <p>Family or Mixed Age Groups:  0-36 months—1:5  36-60 months—1:10</p> <p>School-Agers:  5-15 years—1:16</p> <p>Step Three: At no time may group size for children 0-18 months exceed 10 children. Effective 7/1/10: At no time may group size for children 1-12 months exceed 8 children.</p> <p>Infants/Toddlers:  0-12 months—1:4 or 2:8 or 3:10  12-18 months—1:5  18-36 months—1:6</p>

QRS	Ratio and Group Size	Description
		<p>Preschoolers: 36-48 months—1:10 48-60 months—1:10</p> <p>Family or Mixed Age Groups: 0-36 months—1:4 36-60 months—1:10</p> <p>School-Agers: 5-15 years—1:15</p>
Oregon	X	Not available
Tennessee	X	<p>Required adult to child ratios at Level 1: Infant - 1:4, max group size 8 Toddlers- 1:5, max group size 12 2 years- 1:8, max group size 14 3 years- 1:9, max group size 18 4 years- 1:13, max group size 20 5 years- 1:16, max group size 20 K &amp; above- 1:20, max group size 25</p> <p>Required adult to child ratios at Level 2: Infant-1:4, max group size 8 Toddler-1:5, max group size 10 2 yrs.- 1:6, max group size 12 3 yrs.- 1:9, max group size 18 4 yrs.-1:13, max group size 20 5 yrs.- 1:16, max group size 20 K-8 yrs.- 1:18, max group size 25 9-12 yrs.- 1:20, max group size 25</p> <p>Required adult to child ratios at Level 3: Infant - 1 :4, max group size 8 Toddlers- 1:4, max group size 12 2 years- 1:5, max group size 10 3 years- 1:8, max group size 16 4 years- 1:13, max group size 20 5 years- 1:15, max group size 20 K-8 years- 1:17, max group size 25 9-12 years- 1:19, max group size 25</p>
Virginia	X	<p>Required adult to child ratios at Star 2: Infants (Birth to 12 mos.)-1:4, max group size 8 Young Toddlers (12-24 mos.)-1:5, max group size 10 Toddlers (24-36 mos.)-1:6, max group size 12 Three year olds-1:9, max group size 18</p>

QRS	Ratio and Group Size	Description
		<p>Four year olds-1:10, max group size 20 Five year olds-1:12, max group size 24</p> <p>Required adult to child ratios at Star 3: Infants (Birth to 12 mos.)-1:4, max group size 8 Young Toddlers (12-24 mos.)-1:5, max group size 10 Toddlers (24-36 mos.)-1:6, max group size 12 Three year olds-1:8, max group size 16 Four year olds-1:9, max group size 18 Five year olds-1:11, max group size 22</p> <p>Required adult to child ratios at Star 4: Infants (Birth to 12 mos.)-1:3, max group size 6 Young Toddlers (12-24 mos.)-1:4, max group size 8 Toddlers (24-36 mos.)-1:5, max group size 10 Three year olds-1:7, max group size 14 Four year olds-1:9, max group size 18 Five year olds-1:10, max group size 20</p> <p>Required adult to child ratios at Star 5: Infants (Birth to 12 mos.)-1:3, max group size 6 Young Toddlers (12-24 mos.)-1:4, max group size 6 Toddlers (24-36 mos.)-1:4, max group size 8 Three year olds-1:7, max group size 14 Four year olds-1:8, max group size 16 Five year olds-1:10, max group size 20</p>
<b>Total</b>	<b>13</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Table 4.12. Inclusion of Ratio and Group Size Indicators for Family Child Care Programs in Quality Rating Systems

QRS	Ratio and Group Size	Description
Colorado	X	<p>Ratios</p> <p>8 points: 1:6 children 2 to 13 years (no children under 2 years)</p> <p>8 points: 1:5 children 0 to 13 years, no more than 2 children under 2 years</p> <p>7 points: 1:8 children 2 to 13 years, at least 2 school age children (no children under 2 years)</p> <p>7 points: 1:7 children 0 to 13 years, at least 2 school age children, no more than 2 children under 2 years</p>

QRS	Ratio and Group Size	Description
		<p>6 points: 1:6 children 0 to 6 years, no more than 2 children under 2 years (no school age)</p> <p>6 points: 1:4 children 0 to 13 years, 3 or 4 children under 2 years</p> <p>5 points: 1:8 children 0 to 13 years, at least 2 school age children, no more than 2 children under 2 years</p> <p>5 points: 1:6 children 0 to 13 years, no more than 3 children under 2 years</p> <p>Group Size</p> <p>2 points: 10 children, at least 2 school age children, none under 2 years</p> <p>2 points: 6 children, any under 2 years</p> <p>1 point: 12 children, at least 2 school age</p> <p>1 point: 8 children, any under 2 years</p>
Kentucky	X	<p>Type II Centers</p> <p>Level 1 &amp; 2:  Age 0-1 year, ratio 1:5  Age 1 to 2 years, ratio 1:6  Age 2 to 3 years, ratio 1:10  Age 3 and older, ratio 1:12</p> <p>Level 3 &amp; 4:  Age 0-1, ratio 1:4  Age 1-2, ratio 1:5  Age 2-3, ratio 1:8  Age 3 and older, ratio 1:12</p> <p>Certified Family Child Care</p> <p>Level 3:  -If caring for 6 or fewer children, no more than 3 infants unless an assistant is present.  -If caring for more than 6 children, no more than 3 under the age of 24 months unless an assistant is present. (Includes own and related children.)</p> <p>Level 4:</p>



QRS	Ratio and Group Size	Description
		Level 3 restrictions, and maximum capacity of 9. (May care for up to 3 own or related children in addition to 6 unrelated children.)
New Mexico	X	<p>Licensed Family Child Care Homes:            1:6 for programs licensed for 6 children            2:12 for programs licensed for 12 children</p> <p>Registered Family Child Care Homes:            A caregiver will have no more than four (4) nonresident children at any one time.            -A caregiver will have no more than two (2) children under the age of two years old at any one time, including the providers own children.            -A caregiver will have no more than six (6) children under the age of six at any one time, including providers own children.            - Shifts are allowed provided there are never more than 4 non-resident children present at any one time</p>
North Carolina	X	<p>6 points: Of the 5 preschoolers enrolled, only 4 children &lt;age 1</p> <p>7 points: Of the 5 preschoolers enrolled, only 3 children &lt;age 1</p>
Ohio	X	<p>Step 1:            Purchase the "Guide to Achieving NAFCC Accreditation" and complete Chapter 5 AND Ratio 2:12 or 1:5 if the youngest child is under 12 months and only one staff member is present.</p> <p>Step 2:            NAFCC Accreditation self-study is completed and proof of observation being applied for OR Ratio 1:4 or 2:10 or 3:12 OR Score an overall score of 5 on FCC Environmental Rating Scale or no less than 4.0 on each subscale.</p> <p>Step 3:            Be NAFCC or Montessori Accredited OR Ratio 1:4 or 2:9 or 3:12 OR Score an overall score of 5 on FCC Environment Rating Scale and no less than 4 on each subscale.</p>
Oregon	X	Not available
<b>Total</b>	<b>6</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

## Health and safety

Tables 4.13 (child care centers) and 4.14 (family child care programs) display the QRS that include indicators related to health and safety. As can be seen, these indicators are not typically included in a QRS. Only four QRS include health and safety indicators for child care centers and family child care programs. The descriptions in Table 4.13 and 4.14 indicate that checklists are a common way to comply with these indicators. Other provisions include, for example, meetings with nurse consultants (Iowa), completion of specialized training (Pennsylvania), and development of plans of action for securing health services or for tracking illness and injuries (Iowa and Pennsylvania).

As noted earlier, provisions for health and safety are typically included in licensing regulations. This is likely the reason that very few QRS have incorporated health and safety indicators in their quality standards.

Table 4.13. Inclusion of Health and Safety Indicators for Child Care Centers in Quality Rating Systems

QRS	Health and Safety	Description
Iowa	X	Programs at Levels 3-5 can receive up to 8 points for: 1. Completion of an injury prevention checklist with child care nurse consultant. Programs may receive 1 point for starting the process of making recommended corrections and 2 points for all corrections completed (3 points possible). 2. Completion of child record review with child care nurse consultant. Programs may receive 1 point for completing a visit regarding the child record review with the child care nurse consultant. Programs may receive 2 points for development of a plan of action to secure health services for children (2 points possible). 3. Completion of health and safety assessment with child care nurse consultant. Programs may receive 1 point for plan of action to correct deficiencies and 2 points for all corrections completed. (3 points possible).
Minnesota	X	A health and safety checklist must be completed as part of the application process.
Oklahoma	X	At all Star levels, health and safety checklists for both indoor and outdoor spaces must be completed annually and kept on file at the center.
Pennsylvania	X	Star 1: Program uses documents for tracking illnesses and injuries including plans of action.

QRS	Health and Safety	Description
		<p>Star 2:</p> <ul style="list-style-type: none"> <li>-One staff member from each classroom must have current pediatric first aid certification.</li> <li>-Director must take child abuse mandated reporter training.</li> <li>-All staff must have 2 hours of health and safety professional development annually.</li> <li>-System of site safety review and corresponding plan of action.</li> </ul> <p>Star 3:</p> <p>All staff must have current pediatric first aid certification.</p> <p>Star 4:</p> <p>Centers are required to have a Risk Management Plan outlining processes to identify and reduce hazards and increase preparedness.</p>
<b>Total</b>	<b>4</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Table 4.14. Inclusion of Health and Safety Indicators for Family Child Care Programs in Quality Rating Systems

QRS	Health & Safety	Description
Iowa	X	<p>Programs at Levels 3-5 can receive up to 8 points for:</p> <ol style="list-style-type: none"> <li>1. Completion of an injury prevention checklist with child care nurse consultant. Programs may receive 1 point for starting the process of making recommended corrections and 2 points for all corrections completed (3 points possible).</li> <li>2. Completion of child record review with child care nurse consultant. Programs may receive 1 point for completing a visit regarding the child record review with the child care nurse consultant. Programs may receive 2 points for development of a plan of action to secure health services for children (2 points possible).</li> <li>3. Completion of health and safety assessment with child care nurse consultant. Programs may receive 1 point for plan of action to correct deficiencies and 2 points for all corrections completed. (3 points possible).</li> </ol>
Minnesota	X	A health and safety checklist must be completed as part of the application process.
Oklahoma	X	Health and safety checklists for both indoor and outdoor spaces must be completed annually and kept

QRS	Health & Safety	Description
		on file at home.
Pennsylvania	X	Pediatric first aid and 2 hours of child care training required in health and safety for STAR 1.
<b>Total</b>	<b>4</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

### Curriculum

The curriculum used in a classroom or a family child care program can be defined as a plan for achieving the goals set for children’s development. These goals are typically set by teachers or caregivers in collaboration with children’s parents. It is a written document that outlines the goals and the intentional activities, experiences, and interactions that are planned to achieve the goals. As seen in Tables 4.15 (child care centers) and 4.16 (family child care programs), 14 QRS include indicators that assess the curriculum in child care centers, while 9 include curriculum indicators for family child care programs. Two additional aspects of curriculum use in QRS are outlined in the tables: whether there is a process for reviewing a curriculum, and whether the QRS has designated certain commercially available curricula as “approved” for use in the QRS.

Of the QRS that include curriculum indicators for child care centers, half (7) incorporate a review process to verify that the curriculum is meeting the QRS standards. In at least two of these QRS (Florida, Miami-Dade; and Minnesota), a panel is responsible for reviewing the curricula that are submitted for approval. Other processes use a curriculum review checklist (Delaware), a review by mentors in the QRS (Indiana), and a review of lesson plans (Ohio).

One criteria in the curriculum review process noted in 4 QRS is that a program’s curriculum needs to be aligned with the state early learning guidelines. Pennsylvania has developed a worksheet or “alignment tools” to assist with this process.

For family child care programs, four QRS have a review process for curriculum. Similar to the processes for centers, a panel reviews the curricula submitted in one of the QRS (Minnesota), while others use a checklist (Delaware) or review by mentors (Indiana).

Six QRS have designated particular curricula as “approved” for child care centers, while two QRS have approved curricula for family child care programs. The existence of approved curricula does not necessarily mean that other curricula will not be acceptable in the QRS. Minnesota, for example, convenes an expert committee to review curricula that are not from the approved list and to make a recommendation on whether or not it should be approved.

Table 4.15. Inclusion of Curriculum Indicators for Child Care Centers in Quality Rating Systems

QRS	Curriculum Use Indicator	Description	Curriculum Review Process	Description	Approved Curricula	Description
Delaware	X	<p>Star 2: Program’s goals for children’s development are used for daily activity and lesson planning.</p> <p>Star 3: Age appropriate Early Learning Foundations are used for daily activity and lesson planning.</p> <p>Star 4: Program implements a comprehensive curriculum appropriate to the age of children being served that meets standards on the Curriculum Approval Checklist, 25 including alignment with the Early Learning Foundations.</p> <p>Star 5: Observation and assessment results are used to individualize curriculum.</p>		There is a curriculum approval checklist that lists items the curriculum must cover.		Curriculum needs to address standards of Early Learning Foundation.
District of Columbia	X	At all levels, programs that participate in the Subsidy Provider Program must verify that an approved curriculum is used in the program.			X	The pre-kindergarten (3 and 4 year-olds) programs required to use one of the

QRS	Curriculum Use Indicator	Description	Curriculum Review Process	Description	Approved Curricula	Description
						following: Creative Curriculum High/Scope Opening Windows to Learning (OWL) Scholastic's Building Language for Literacy Houghton-Mifflin Pre-K Harcourt Pre-K Core Knowledge Scholastic Early Childhood Workshop
Florida, Miami-Dade	X	1 point: -Programs must have a developmentally appropriate curriculum (aligned with the Early Learning Coalition process of approving curriculum) adopted for all age groups. 2 points: -Lead teachers must have received a minimum of 6 hours/year training on implementation of the curriculum (may be on-site and/or director-led training). 3 points:	X	Florida Early Learning Coalitions are directed by the State Office of Early Learning to establish lists of appropriate curricula and to establish a procedure for reviewing-approving other	X	Fourteen curricula are approved by the county's Early Learning Coalition: Comprehensive Curricula Creative Curriculum HighScope Beyond Centers and Circle Time Beyond Cribs and Rattles WEE Learn: Weekday Early

QRS	Curriculum Use Indicator	Description	Curriculum Review Process	Description	Approved Curricula	Description
		<p>-All teaching staff employed 6 months or longer must have received a minimum of 6 hours/year training on implementation of the curriculum (may be on-site and/or director-led training). 4 points: -A developmentally appropriate curriculum must be fully implemented and a system must be in place for ongoing child observations. 5 points: Programs must have a child assessment that guides individualized program planning and communicating with families.</p>		curricula.		<p>Education Literacy Add-ons ELLM Plus: Early Language and Literacy Model Houghton Mifflin Literacy Express OWL: Opening the World of Learning Scholastic Early Childhood Program Breakthrough to Literacy Letter People Ready, Set, Leap! Scholastic: Building Language for Literacy Wright Skills (formerly BELL) Social-Emotional Conscious Discipline AL's Pals Peace Foundation (Peaceworks)</p>
Florida, Palm Beach	X	Programs may select a curriculum from the Coalition's list or submit their curriculum for approval.	X	Through the Early Learning Coalition's School	X	<p>Preschool: Beyond Centers and Circle time Creative</p>

QRS	Curriculum Use Indicator	Description	Curriculum Review Process	Description	Approved Curricula	Description
		<p>Level 4:            -Programs must have written lesson plans that reflect goals and objectives set by the approved developmentally appropriate curriculum            - An approved developmentally appropriate curriculum is fully implemented (effective 10/1/2011)</p>		<p>Readiness program, programs that are applying for a contract to receive subsidized children must document that they are using an approved curriculum. (Because only the programs serving subsidized children are eligible for Quality Counts, programs in Quality Counts have already gone through this process.) Florida Early Learning Coalitions are directed by</p>		<p>Curriculum for            Preschool-4th Edition            Montessori            DLM Early Childhood Express            Doors to Discovery            Wee Learn            Scholastic Early Childhood Program            Houghton Mifflin</p> <p>Infants/Toddlers:            Beyond Cribs and Rattles            Creative Curriculum for Infants and Toddlers            High/Scope            West Ed            Caregiving Series            Wee Learn</p> <p>4 Year Olds Only:            High Reach</p>



QRS	Curriculum Use Indicator	Description	Curriculum Review Process	Description	Approved Curricula	Description
				the state Office of Early Learning to establish lists of appropriate curricula and to establish a procedure for reviewing-approving other curricula.		
Indiana	X	<p>Programs need to demonstrate use of curriculum at level 3.</p> <p>Level 3:</p> <ul style="list-style-type: none"> <li>-A written curriculum reflects the program philosophy and goals, is based on child development and appropriate practice and provides for the various ages, ability levels, and developmental stages of the children (consistent with Indiana’s Foundation for Young Children, family is involved in curriculum, all staff members are oriented, and it is reflected in everyday practice).</li> <li>-Children’s physical, cognitive, language, literacy, math, and creative development are</li> </ul>	X	Mentors review the curriculum to ensure that it is developmentally appropriate and aligns with Indiana Foundations for Young Children.		Curriculum must be developmentally appropriate and aligned with Indiana Foundations for Young Children

QRS	Curriculum Use Indicator	Description	Curriculum Review Process	Description	Approved Curricula	Description
		<p>supported.</p> <p>-Children are actively engaged throughout the day in making choices about activities and materials.</p>				
Maine	X	<p>Step 2 &amp; 3:</p> <p>-The program must have a written method for curriculum planning that includes planning from children’s interests and skills.</p> <p>-The curriculum must guide the development of a daily schedule that is predictable, yet flexible and responsive to the individual needs of children. The schedule must provide time and support for transitions, include both indoor and outdoor experiences, and is responsive to the child’s need to rest or be active (Also noted in Environment).</p> <p>Step 3:</p> <p>The Early Childhood Learning guidelines (ECLG) and/or Infant Toddler Learning Guidelines (ITLG) must be on site, available to staff, and referenced during</p>				

QRS	Curriculum Use Indicator	Description	Curriculum Review Process	Description	Approved Curricula	Description
		<p>curriculum planning.</p> <p>Step 4: The program’s curriculum and authentic assessment of children are linked to Maine’s Early Childhood Learning Guidelines for children ages 3-5 and Maine’s Infant and Toddler Learning Guidelines for children 6 weeks to 3 years.</p>				
Minnesota	X	Programs earn points for the use of a research-based curriculum aligned with the state early learning guidelines.	X	To meet a 3- or 4-star rating, curricula must be pre-approved or approved by Curriculum Committee.	X	<p>Parent Aware has a list of approved curricula along with a process for programs to nominate new curricula for approval by the Curriculum Committee:</p> <p>Creative Curriculum High/Scope Program for Infant/Toddler Care (PITC) Opening the World of Learning (OWL) High Reach</p>

QRS	Curriculum Use Indicator	Description	Curriculum Review Process	Description	Approved Curricula	Description
						Core Knowledge Montessori Everyday Mathematics Project Early Kindergarten (PEK) curriculum for family child care Project Early Kindergarten (PEK) bundle of curricula for centers (includes PEK manual, Everyday Mathematics and Doors to Discovery)
Mississippi	X	Step 2: There must be weekly lesson plans. Step 5: The Learning Environment standards examine how Mississippi Early Learning Guidelines are incorporated into the program's curriculum.		Mississippi Early Learning Guidelines must be incorporated, but there is no curriculum review process.		
Missouri	X	Missouri's QRS has an intentional teaching observation that is tied to curriculum (IT/SA				

QRS	Curriculum Use Indicator	Description	Curriculum Review Process	Description	Approved Curricula	Description
		<p>Checklist). They have curriculum training as an alternate to the ECE formal education in the Education Specialization quality category.</p> <p>Tier 2:            Infant-Toddler (IT) Checklist and School-Age (SA) Checklist 6.0 or above</p> <p>Tier 3:            IT Checklist and SA Checklist 7.0 or above</p> <p>Tier 4:            IT Checklist and SA Checklist 8.0 or above</p> <p>Tier 5:            IT Checklist and SA Checklist 9.0 or above</p>				
New Hampshire	X	The program has the option to have a written curriculum statement that outlines and explains the program’s current curriculum. The program has the option to have a written curriculum plan.				
New Mexico	X	AIM High Level Three (3 Star) Programs must develop a written curriculum that meets a	X	Program development specialist		

QRS	Curriculum Use Indicator	Description	Curriculum Review Process	Description	Approved Curricula	Description
		<p>variety of criteria.</p> <p>AIM High Level 4 (Star 4)  A written curriculum that is carefully planned to meet both short-term and long-term goals for the program and for individual children and includes a variety of provisions.</p>		reviews the curriculum documents on-site.		
North Carolina	X		X	The areas assessed in the curriculum approval process include: evidence-base, planning process, areas of children’s development and learning, scheduling and routines, physical environment, social environment, materials and experiences, diversity, inclusion of	X	For Infants and Toddlers: The Creative Curriculum for Infants, Toddlers, and Twos, 2nd Edition High/Scope Infant-Toddler Curriculum The Program for Infant-Toddler Care (PITC) For Preschool: The Creative Curriculum for Preschool, 4th Edition High/Scope Preschool Curriculum Opening the

QRS	Curriculum Use Indicator	Description	Curriculum Review Process	Description	Approved Curricula	Description
				children with diverse developmental/ability levels, family involvement and implementation guides		World of Learning (OWL) Passports: Experiences for Pre-K Success Tutor Time LifeSmart
Ohio	X			Head Start and NAEYC language/criteria are used for evaluating curriculum at the verification visit, but this is not a formal process.		
Pennsylvania	X	Star 1: Site must obtain and maintain copies of the appropriate Learning Standards for all age groups in the program. Star 2: Learning Standards must be used as a resource for staff in classroom planning and documentation of children's	X	Keystone STARS require that every program utilize a curriculum that is aligned with Pennsylvania's Learning	X	List of approved curricula is posted on the OCDEL website or program may demonstrate alignment using prescribed forms and demonstrated analysis.

QRS	Curriculum Use Indicator	Description	Curriculum Review Process	Description	Approved Curricula	Description
		<p>learning.</p> <p>Star 3: Program must implement a learning curriculum that incorporates the Learning Standards.</p> <p>Star 4: Program crosswalks curriculum and assessment tools to the Learning Standards.</p> <p>Curriculum standards are based on key documents published by the OCDEL: The Pennsylvania Early Learning Standards (Infant, Toddler, Pre-Kindergarten, Kindergarten) provide a research-based framework to “...guide practitioners to intentionally integrate developmental knowledge with the attitudes, skills and concepts children need to make progress in all learning areas”</p>		<p>Standards for Early Childhood. In order to review curriculum, providers must complete a grid outlining how the curriculum addresses each standard. (<a href="http://www.pakeys.org/docs/Pre-K%20Curricula%20Crosswalk%20Aid.pdf">http://www.pakeys.org/docs/Pre-K%20Curricula%20Crosswalk%20Aid.pdf</a>)</p>		<p>At Star 3, the curriculum must be aligned with Early Learning Indicators.</p>
<b>Total</b>	<b>14</b>		<b>7</b>		<b>6</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: Information was not available from all QRS, so the description cells are not completed for every QRS.



Table 4.16. Inclusion of Curriculum Indicators for Family Child Care Programs in Quality Rating Systems

QRS	Curriculum Use Required	Description	Curriculum Review Process	Description	Approved Curricula	Description
Delaware	X	<p>2 Star:                      -Program has written goals for children’s development and learning for each age group; including goals in physical, social emotional, language, and cognitive development.                      -Program’s goals for children’s development are used for daily activity and lesson planning.                      -Program has written plan for documenting individual children’s progress annually.</p> <p>3 Star:                      -Age appropriate Early Learning Foundations are used for daily activity and lesson planning.                      Department of Education (K-12) standards are used for activity and lesson planning, when applicable.</p> <p>4 Star:                      -Program implements a</p>		Case coordinators review lesson plans and curriculum materials during site visits.		

QRS	Curriculum Use Required	Description	Curriculum Review Process	Description	Approved Curricula	Description
		<p>comprehensive curriculum appropriate to the age of children being served that meets standards on the Curriculum Approval Checklist, including alignment with the Early Learning Foundations.</p> <p>- Observation results are used to inform curriculum planning.</p> <p>5 Star: Observation and assessment results are used to individualize curriculum.</p>				
Indiana	X	<p>Level 3: -A written curriculum reflects the program philosophy and goals, is based on child development and appropriate practice and provides for the various ages, ability levels, and developmental stages of the children (consistent with Indiana’s Foundation for Young Children, family is involved in curriculum,</p>	X	Mentors review the curriculum to ensure that it is developmentally appropriate and aligns with the Early Learning Guidelines.		No. Curriculum must be developmentally appropriate and aligned with Indiana Foundations for Young Children

QRS	Curriculum Use Required	Description	Curriculum Review Process	Description	Approved Curricula	Description
		assistants are oriented, and it is reflected in everyday practice).				
Maine	X	At Steps 2 & 3, programs must have a written method for curriculum planning that includes planning from children's interests and skills.  At Steps 3 & 4, the Early Childhood Learning guidelines (ECLG) and/or Infant Toddler Learning Guidelines (ITLG) must be on site, available to staff, and referenced during curriculum planning.				
Minnesota	X	The use of a research-based curriculum is only required at highest rating. Programs can receive points for doing different components (must use an approved research-based curriculum to receive a rating of 3 or 4 stars).	X	Curricula must be pre-approved or approved by Curriculum Committee.	X	Parent Aware has a list of approved curricula along with a process for programs to nominate new curricula for approval by the Curriculum Committee.  Creative Curriculum High/Scope Program for Infant/Toddler Care (PITC) Opening the World of

QRS	Curriculum Use Required	Description	Curriculum Review Process	Description	Approved Curricula	Description
						Learning (OWL) High Reach Core Knowledge Montessori Everyday Mathematics Project Early Kindergarten (PEK) curriculum for family child care Project Early Kindergarten (PEK) bundle of curricula for centers (includes PEK manual, Everyday Mathematics and Doors to Discovery)
Missouri	X	Missouri's QRS has an intentional teaching observation that is tied to curriculum (IT/SA Checklist). They have curriculum training as an alternate to the ECE formal education in the Education Specialization quality category. Tier 2: Infant-Toddler (IT) and/or Checklist and School-Age (SA) Checklist 6.0 or above  Tier 3: IT Checklist and/or SA				

QRS	Curriculum Use Required	Description	Curriculum Review Process	Description	Approved Curricula	Description
		<p>Checklist 7.0 or above</p> <p>Tier 4: IT Checklist and/or SA Checklist 8.0 or above</p> <p>Tier 5: IT Checklist and/or SA Checklist 9.0 or above</p>				
New Hampshire	X	<p>-Programs have the option to have a written curriculum statement that outlines and explains the program's current curriculum.</p> <p>-Programs have the option to have a written curriculum plan.</p>				
New Mexico	X	<p>AIM High Level Three (3 Star) Programs must develop a written curriculum that incorporates a variety of provisions.</p> <p>AIM High Level 4 (Star 4) A written curriculum that is carefully planned to meet both short-term and long-term goals for the program and for individual</p>	X	<p>Program development specialist reviews the curriculum documents on-site.</p>		

QRS	Curriculum Use Required	Description	Curriculum Review Process	Description	Approved Curricula	Description
		children and includes a variety of provisions.				
North Carolina	X	Use of age/developmentally appropriate curriculum that addresses five domains of development is an option for receiving the quality point.	X	Infant/Toddler curricula are approved by the Division of Child Development. Preschool curricula are approved by the State Board of Education and the Division of Child Development.	X	For Infants and Toddlers: The Creative Curriculum for Infants, Toddlers, and Twos, 2nd Edition High/Scope Infant -Toddler Curriculum The Program for Infant-Toddler Care (PITC) For Preschool: The Creative Curriculum for Preschool, 4th Edition High/Scope Preschool Curriculum Opening the World of Learning (OWL) Passports: Experiences for Pre-K Success Tutor Time LifeSmart
Ohio	X	At Step 2, program must have an identified curriculum and planning is aligned with Infant/Toddler Guidelines and/or Ohio's Early Learning Content Standards and/or Ohio's K-12 Standards At Step 3, in addition to Step 2, the curriculum		Head Start and National Associate for the Education of Young Children language/criteria are used for evaluating curriculum, but there is no formal review process.		

QRS	Curriculum Use Required	Description	Curriculum Review Process	Description	Approved Curricula	Description
		must inform on-going child assessment.				
<b>Total</b>	<b>9</b>		<b>4</b>		<b>2</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: Information was not available from all QRS, so the description cells are not completed for every QRS.

## Environment

If the curriculum is defined as the written plan or “blueprint” for the experiences children have in a classroom, the environment is the dynamic backdrop for those experiences. It includes features and organization of the space for learning and playing, the materials, activities and interactions that happen each day.

One common set of tools used to assess the quality of the environment is the Environment Rating Scales (ERS) developed at the University of North Carolina, Chapel Hill, by Harms, Clifford, Cryer and colleagues.<sup>17</sup> The ERS includes tools for assessing the quality of preschool classrooms (the Early Childhood Environment Rating Scale –Revised; ECERS-R; Harms, Clifford & Cryer, 2005), infant and toddler classrooms (the Infant and Toddler Environment Rating Scale – Revised; ITERS-R; Harms, Cryer & Clifford, 2006), school-age programs or classrooms (the School-Age Care Environment Rating Scale; SACERS; Harms, Jacobs & Romano, 1995). A tool for assessing the environment in family child care (the Family Child Care Environment Rating Scale – Revised; FCCERS-R; Harms, Cryer & Clifford, 2007) is also available.

In this section, the use of the ERS for rating the environment is discussed. ERS may be used for other purposes such as conducting a self-assessment and setting goals for quality improvement. The use of ERS and other observational assessments more broadly in QRS is described in Chapter 5.

Each of the Environment Rating Scales consists of items<sup>18</sup> and indicators<sup>19</sup> that can be observed and scored in the classroom or program that is appropriate for the age group being assessed. The indicators are grouped under four levels of quality (or scores) as defined by the scales’ authors:

- 1 = Inadequate – practices that may be harmful to children
- 3 = Minimal – practices that meet minimal standards
- 5 = Good – developmentally appropriate practices
- 7 = Excellent – practices that promote optimal child development

Each item is cumulative, which means that the four levels of quality build on each other as the item is scored. An observer begins the assessment with the indicators under Level 1 and determines whether a classroom “passes” the indicators. If a classroom does not pass all of the indicators at Level 1, the observer scores a 1 for the item. In contrast, if all of the indicators under Level 1 are passed, the observer moves on to Level 3. If all of the Level 3 indicators are passed, the observer moves on to Level 5 and, if those are passed, moves to Level 7. However, if a classroom passes only half of the Level 3 indicators, the classroom receives a score of 2 on the item. If a classroom passes fewer than half of the Level 3 indicators, the classroom receives a

---

<sup>17</sup> Additional information about the use of the Environment Rating Scales and other observational tools is described in Chapter 5.

<sup>18</sup> Items are the specific areas of the environment that are observed in the ERS.

<sup>19</sup> Indicators are the numbered benchmarks listed for each item in the ERS.



score of 1 on the item. The same procedures are used at Level 5 and Level 7 when only a portion of the quality indicators are met.

In Quality Rating Systems, average ERS scores are used in the ratings. Scores from the ITERS-R and the ECERS-R in a program, for example, would be averaged (or weighted in some QRS) to produce an average ERS score for the program.

As an alternative or in addition to the ERS, QRS may use other indicators to assess the learning environment. Tables 4.17 (child care centers) and 4.18 (family child care) provide an overview of QRS and their inclusion of environment indicators in general, their use of environment indicators that are not from the ERS, and their use of the ERS. If a QRS uses the ERS, the table shows the highest average ERS scores that are included in the ratings.

The majority of QRS include indicators related to the environment for child care centers (24) and family child care programs (21). Eleven of these use indicators that are not from the ERS for child care centers, and 8 use indicators that are not from the ERS for family child care programs. These specify the materials that should be included in classrooms or the family child care program (Indiana and New Mexico), requirements for how space is used (New Mexico and North Carolina), limiting the use of television in family child care programs (Kentucky and Pennsylvania) and reading to children each day in family child care programs (Indiana and Oklahoma, for example).

The majority of QRS also use the ERS to assess the environment in child care centers (20) and in family child care programs (17). It is helpful to understand the ERS scores that are included in the ratings. Tables 4.17 (child care centers) and 4.18 (family child care) show the range of average ERS scores that are recognized in the rating.

For centers, the lowest average ERS score recognized is typically either 3.0-3.75 (13) or 4.0-4.5 (6), and the highest average ERS score recognized is typically in the 5.0 – 5.5 range (13) or higher (4). For family child care programs, the lowest average ERS score recognized is usually in the 3.0-3.5 range (8), or in the 4.0-4.5 range (7). The highest recognized average ERS score is in the 5.0 – 5.5 range for most (12) family child care programs.

Note that for both child care centers and family child care programs, a “no score below” rule may be used. This means that even when an average score has been reached, the QRS also assesses whether all or certain subscale scores on the ERS have met a certain criteria or whether the overall score from a particular classroom hasn’t gone below a certain threshold.

Table 4.17. Inclusion of Environment Indicators and Environment Rating Scales for Child Care Centers in Quality Rating Systems

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
California, LA County	X	X	3.0-6.0		Points for ECERS-R and ITERS-R scores: Step 2: 3.0 Step 3: 4.0 Step 4: 5.0 Step 5: 6.0
Colorado	X	X	3.5 for 2 points – 6.00 for 10 points		Points for ECERS-R and ITERS-R scores: 2 points: 3.50 – 3.99 4 points: 4.00 – 4.69 6 points: 4.70 – 5.49 8 points: 5.50 – 5.99 10 points: 6.00 – 7.00
Delaware	X	X	4.0-5.0		Star 3: -ERS self-assessment of each classroom or group of children is completed by trained staff using the appropriate ERS. -Program develops and implements a written improvement plan for any subscale score below a 3.0.  Star 4: -ERS assessment is completed for sample of classrooms or groups of children by Stars ERS assessor. -Remaining classrooms or groups of children complete a self-assessment by trained staff using the appropriate ERS. - Each classroom or group of children must have an average ERS score no less than 4.0 and no item score of 1 on the Personal Care Routines subscale. -Program develops and implements a written improvement plan for meeting standard, if applicable.

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
					<p>Star 5:</p> <ul style="list-style-type: none"> <li>- ERS assessment is completed for sample of classrooms or groups of children by Stars ERS assessor.</li> <li>- Remaining classrooms or groups of children complete a self-assessment by trained staff using the appropriate ERS.</li> <li>- Each classroom or group of children must have an average ERS score no less than 5.0 and no item score of 3 on the Personal Care Routines subscale.</li> <li>- Program develops and implements a written improvement plan for meeting standard, if applicable.</li> </ul>
District of Columbia	X	X	2.0-4.0		<p>Bronze:</p> <p>A minimum average score of 2.0 in The Environment Rating Scale/s (ITERS or/and ECERS-R) with built-in improvement plan.</p> <p>Silver:</p> <p>A minimum average score of 3.0 in The Environment Rating Scale/s (ITERS or/and ECERS-R) with built-in improvement plan.</p> <p>Gold:</p> <p>A minimum average score of 4.0 in The Environment Rating Scale/s (ITERS or/and ECERS-R) with built-in improvement plan.</p>
Florida, Miami-Dade	X	X	3.0-7.0		<p>Points for ECERS-R and ITERS-R scores</p> <p>1 Point: 3.0-3.49</p> <p>2 Points: 3.49-3.99</p>

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
					3 Points: 4.0-4.49 4 Points: 4.5-5.49 5 Points: 5.5-7.0  There is an annual Self-Study of classrooms that requires the Environment Rating Scale as a condition of a program's Quality Improvement Plan.
Florida, Palm Beach	X	X	3.0-7.0		Level 1: 3.0-3.49 Level 2: 3.5-3.99 Level 3: 4.0-4.49 Level 4: 4.5-5.49 Level 5: 5.5-7.0  In addition to having overall score requirements, Quality Counts uses specific subscales based on ERS scores
Illinois	X	X	3.0-5.0		Star 1: 3.0 Star 2: 3.5 Star 3: 4.25 or current national accreditation Star 4: 5.0 and current national accreditation
Indiana	X		N/A		Indicators specify aspects of the daily schedule, materials and interest centers, and frequency of reading
Iowa	X	X	3.0-5.0 (with no subscale below 2.0)		The Environment Rating Scale is recognized at Levels 3-5. There is a maximum of 11 points available for this indicator.

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
Kentucky	X	X	3.0-6.0 or higher	At level 1, programs must have a planned program of activities and a daily schedule.	<p>Level 1-programs must agree to complete the ERS at each applicable age level within 12 months, with no minimum score required. In the program's second year at Level 1, they must complete a written ERS improvement plan. -Programs must have a planned program of activities and a daily schedule.</p> <p>Level 2:            -Must achieve an overall average score of at least 3 on the environment assessment portion of the STARS rating visit, calculated based upon the total number of environment assessments conducted during the quality rating visit            -If the center achieves an overall average score of 3 on the environment assessment, they must develop a written plan for improved performance on subsequent environment assessments, and obtain assistance from the cabinet or its designee upon request            -Must achieve and maintain an overall average score of at least 4 on the environment assessments by the fourth year of certification at a Level 2 quality rating</p> <p>Level 3:            -Achieve an overall average score of at least 4.5 on the environment assessment</p> <p>Level 4:            -Achieve an overall average score of at least 6 on the environment assessment</p>
Louisiana	X	X	3.75-5.0 or	At 2 Stars,	1 point:

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
			higher	programs must make four of the following activity areas available daily: art and creative play, children’s books, blocks and block building manipulatives, family living and dramatic play.	<p>An average of 3.75 on the designated social-emotional subscale of the Environment Rating Scales (ERS) 4, with no one classroom score lower than 3.0 on the social-emotional subscale.</p> <p>2 points: An average of 4.0 on the designated social-emotional subscale of the ERS, with no one classroom score lower than 3.0 on the social-emotional subscale.</p> <p>3 points: An average of 4.25 on the designated social-emotional subscale of the ERS, with no one classroom score lower than 3.25 on the social-emotional subscale.</p> <p>4 points: An average of 4.5 on the designated social-emotional subscale of the ERS, with no one classroom score lower than 3.5 on the overall ERS.</p> <p>5 points: An average of 5.0 on the overall ERS, with no one classroom score lower than 4.0 on the overall ERS.</p>
Maine	X				Environment Rating Scale scores are used to validate the Steps (for the QRS evaluation), but not to rate individual programs. Quality for ME is collecting data from providers by type of setting and STEP level, and validating it using the Environment Rating Scales. Programs receive a report on the Environment Rating Scale score. However, none of the scores are connected to STEPS or standards of QRS.
Maryland	X	X	4.0-5.0	At levels 2, 3, & 4,	Level 2:

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
				15 minutes of reading activities per day with children must take place.	Environment rating scale self-assessment completed.  Level 3: Environment rating scale independent assessment – average score per group assessed of 4 or higher.  Level 4: Environment rating scale independent assessment – average score per group assessed of 5 or higher.
Minnesota	X	X	An average score of 3.5-5.0, with no classroom scoring less than 3. Up to 4 points possible.		All preschool classrooms must receive a CLASS score of 3 or higher in each category (Emotional Support, Instructional Support and Classroom Organization) to achieve 4 stars. Up to 3 points possible.
Mississippi	X	X	3.0-7.0	Learning Centers must be utilized in the classrooms for all children at Step 2.	Step 2: 3.0-3.5 Step 3: 3.6-4.0 Step 4: 4.1-5.0 Step 5: 5.1-7.0

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
Missouri	X	X	3.5-5.5		<p>Tier 2: Average of 3.5 with no classroom score below 3.0. Also requires a minimum score of 3.0 on ECERS-E.</p> <p>Tier 3: Average of 4.0 with no classroom score below 3.5. Also requires a minimum score of 3.5 on ECERS-E.</p> <p>Tier 4: Average of 5.0 with no classroom score below 4.5. Also requires a minimum score of 4.5 on ECERS-E.</p> <p>Tier 5: 5.5 or above, with no classroom with a score below 4.5. Also requires a minimum score of 5.0 on ECERS-E.</p>
New Hampshire	X	X	N/A	X	<p>Having the appropriate ERS completed is an optional indicator.</p> <p>The program also has the option of having a written improvement plan based on evaluation tools chosen by the program director.</p> <p>New Hampshire's QRS does not conduct observations but only collects documentation. If a program wants additional points for an observation, a private consultant must be hired by that program.</p>



QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
New Mexico	X	X	Score requirements are at AIM High Level 3. Programs must achieve an average score of 4.0. (4.0 must be maintained for 4 & 5 Star levels)		Indicators specify features of the activities, transitions, materials, schedule, interactions, warm relationships, positive peer relationships, facilitation of independence, the physical environment, and outdoor spaces.
North Carolina	X	X	4.0-5.0	Arranging space by interest area, an area arranged for administrative purposes and private conferences, and enhanced space requirements (number of square feet per child per the total licensed capacity): 30 square feet inside space per child	3 points: Lowest classroom score at least 4.0 4 points: Average 4.5 with no one classroom score lower than 4.0 5 points: Average 4.75 classroom score with no one classroom score lower than 4.0 6 points: Average 5.0 with no one classroom score lower than 4.0 7 points: Lowest classroom score at least 5.0  Other required features of the physical environment are an area arranged for administrative purposes and private conferences. Space requirements (number of square feet per child per the total licensed capacity): 30 square feet inside space per child 100 square feet outside space per child

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
				100 square feet outside space per child	
Ohio			N/A	Programs are assessed with a state-developed observation to ensure that the curriculum aligns with the early learning standards. (Examines room arrangement, learning centers, materials, etc.)	An ERS score of 5.0 may be used as an Alternative Pathway in the Ratio, Group Size Indicator at Step 2 & 3.
Oklahoma	X		N/A	Indicators specify number of interest areas, schedule, time spent reading each day, and lesson plans.	Note: The Environment Rating Scales are used as a way for programs to determine ways they need to improve. They are required for Program Evaluation, but a specific score is not required. Programs are assessed within one year of receiving two star status and every three years thereafter using an approved assessment tool to determine the day-to-day quality of the care provided to children. This assessment is required for programs with 2 and 3 stars that are not accredited, but is not required for accredited programs.
Oregon					
Pennsylvania	X	X	4.25-5.25	Star 2:	Star 1: Centers need to complete Learning

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
				Program includes age appropriate activities for children to prepare for transition.	Environment Checklist. Star 2: A written Improvement Plan is developed to address any ERS subscale score below a 3.0. Star 3: Average facility score must be 4.25 with no classroom less than 3.5. A written Improvement Plan is developed to address any ERS subscale score below a 3.5. Star 4: Average facility score must be 5.25, with no classroom less than 4.25. A written Improvement Plan is developed to address any ERS subscale score below a 4.25.
Tennessee	X	X	4.0-5.0 or above		Level 1: 4.0-4.49 Level 2: 4.5-4.99 Level 3: 5.0 or above  A program is not eligible for averaging ERS scores if any classroom score is below 3.0; in that case, the Program Assessment score becomes that lowest score (from that classroom).
Vermont	X		To earn 2 points, the program must score no less than 3 in any area and should		The program determines through self-assessment that it has obtained the appropriate minimum score, and has an improvement plan based on this assessment. A CDD-approved STARS Assessor has verified the assessment. Staff members provide input for and receive feedback in the assessment.

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
			have an average score of 4 (If a program is assessed with the Environment Rating Scale).		
Virginia	X	X	3.0-6.0	Star 3: Age appropriate activities to prepare children for transitions (sharing stories, reading books about transitions, visiting another classroom, visiting public school, etc)	Also requires use of the CLASS. Range of recognized CLASS scores: 3.0-6.0 (For each scale: Emotional Support, Classroom Organization, and Instructional Support)  Star 2: CLASS score of 3 or higher in all scales Star 3: CLASS score of 4 or higher in all scales Star 4: CLASS score of 5 or higher in all scales Star 5: CLASS score of 6 or higher in all scales
<b>Total</b>	<b>24</b>	<b>20</b>		<b>11</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Notes: N/A=not applicable. The additional description of environmental indicators was not available for all QRS.

ERS = Environment Rating Scales, CLASS = Classroom Assessment Scoring System

Table 4.18. Inclusion of Environment Indicators for Family Child Care Programs in Quality Rating Systems.

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
California, LA County	X	X	3.0-6.0		Points for FCCERS-R scores Step 2: 3.0 Step 3: 4.0 Step 4: 5.0 Step 5: 6.0
Colorado	X	X	3.5 for 2 points – 6.00 for 10 points		Points for FCCERS-R scores 2 points: 3.50 – 3.99 4 points: 4.00 – 4.69 6 points: 4.70 – 5.49 8 points: 5.50 – 5.99 10 points: 6.00 – 7.00
Delaware	X	X	4.0-5.0		Star 3: -ERS self-assessment is completed by a trained provider or LFCC assistant using the appropriate ERS. -Program develops and implements a written improvement plan for any subscale score below a 3.0.  Star 4: - Program must have an average ERS score no less than 4.0 and no item score of 1 on the Personal Care Routines subscale on an assessment completed by a Stars assessor. -Program develops and implements a written improvement plan for meeting standard, if applicable.  Star 5: - Program must have an average ERS score no less than 5.0 and no item score of 3 on the Personal Care Routines subscale on an assessment completed by a

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
					Stars assessor. - Program develops and implements a written improvement plan for meeting standard, if applicable.
District of Columbia	X	X	2.0-4.0		<p>Bronze: A minimum average score of 2.0 in The Family Day Care Rating Scale (FDCRS) with built-in improvement plan</p> <p>Silver: A minimum average score of 3.0 in The Family Day Care Rating Scale (FDCRS) with built-in improvement plan</p> <p>Gold: A minimum average score of 4.0 in The Family Day Care Rating Scale (FDCRS) with built-in improvement plan</p>
Florida, Miami-Dade	X	X	FCCERS-R 1 Point: 3.0-3.49 2 Points: 3.49-3.99 3 Points: 4.0-4.49 4 Points: 4.5-5.49 5 Points: 5.5-7.0		
Florida, Palm Beach	X	X	0-5.0 and above		

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
Illinois	X	X	3.0-5.0		Star 1: 3.0 Star 2: 3.5 and receive information on National Association for Family Child Care (NAFCC) accreditation Star 3: 4.25 or current NAFCC accreditation Star 4: 5.0 and current NAFCC accreditation
Indiana	X		N/A		Indicators specify aspects of the daily schedule, materials and interest centers, and frequency of reading
Iowa	X	X	4.0-5.0 (with no subscales below 2)		The FDCRS is included at Levels 3-5. Programs can earn points for completing FDCRS training, completing a self-assessment using FDCRS, and completing a child development home improvement plan based on FDCRS self-assessment. Programs can also earn points for having an outside expert assess their program using the FDCRS. Programs must score an average of 4 with no subscales below 2. For 2 points, programs must score an average of 5 with no subscales below 2
Kentucky	X	X	3.0-5.5 or higher	At level 3, programs must limit television indicated by a score of 5 on the ERS portion pertaining to use of television Provider limits use of TV to programs and	Level 1: -Programs must agree to complete the family child care ERS at each applicable age level within 12 months, with no minimum score required. In the program's second year at Level 1, they must complete a written ERS improvement plan. -Programs must have a planned program of activities and a daily schedule.  Level 2: -Must achieve an overall average score of at least 3 on

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
				<p>video games regarded as good for children (no more than 2 hrs/day). Activities are provided as an alternative while TV is on.</p>	<p>the family child care ERS, calculated based upon the total number of environment assessments conducted during the quality rating visit</p> <ul style="list-style-type: none"> <li>-If the center achieves an overall average score of 3 on the family child care ERS, they must develop a written plan for improved performance on subsequent environment assessments, and obtain assistance from the cabinet or its designee upon request</li> <li>-Must achieve and maintain an overall average score of at least 4 on the family child care ERS by the fourth year of certification at a Level 2 quality rating</li> </ul> <p>Level 3:</p> <ul style="list-style-type: none"> <li>-Achieve an overall average score of at least 4.5 on the family child care ERS</li> <li>-Must score at least 5 on family child care ERS items related to use of TV.</li> </ul> <p>Level 4:</p> <ul style="list-style-type: none"> <li>-Achieve an overall average score of at least 5.5 on the family child care ERS</li> </ul>
Maine	X		N/A	<p>Steps 2 &amp; 3: The program must follow a daily schedule and the learning environment must support the interests of the children.</p>	<p>ERS scores are used to validate the Steps, but not to rate individual programs. Quality for ME is collecting data from providers by type of setting and STEP level, and validating it using the ERS. Programs receive a report on the ERS score. However, none of the scores are connected to STEPS or standards of QRS.</p>



QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
Maryland	X	X	4.0-5.0	At levels 2, 3, & 4, 15 minutes of reading activities per day with children must take place.	<p>Level 2: Environmental rating scale self-assessment completed.</p> <p>Level 3: Environmental rating scale independent assessment – average score per group assessed of 4 or higher.</p> <p>Level 4: Environmental rating scale independent assessment – average score per group assessed of 5 or higher.</p>
Minnesota	X	X	An average score of 3.5-5.0. Programs can receive 2-5 points.	Programs can earn up to 2 points for demonstrating that activities are aligned with the Minnesota Early Childhood Indicators of Progress.	No requirements beyond the FCCERS-R
Missouri	X	X	3.5-5.5		<p>Tier 2: 3.5 or above and minimum score of 3.0 on ECERS-E (if applicable).</p> <p>Tier 3: 4.0 or above and minimum score of 3.0 on ECERS-E (if applicable).</p> <p>Tier 4: 4.5 or above and minimum score of 3.0 on ECERS-E (if applicable).</p>

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
					applicable).  Tier 5: 5.0 or above and minimum score of 3.0 on ECERS-E (if applicable).
New Hampshire	X	X			Having a completed ERS is an optional standard within Program Evaluation. Scores are not specified. The completion is worth 1 additional point towards a program's final total. New Hampshire's QRS does not conduct observations but only collects documentation. If a program wants additional points for an observation, a private consultant must be hired by that program.  The program also has the option of having a written improvement plan based on evaluation tools chosen by the program director.
New Mexico	X	X	Score requirements are at AIM High Level 3. Programs must achieve an average score of 4.0. (4.0 must be maintained for 4 & 5 Star		Indicators specify features of the activities, transitions, materials, schedule, interactions, warm relationships, positive peer relationships, facilitation of independence, the physical environment, and outdoor spaces.

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
			levels)		
North Carolina	X	X	4.0-5.0		3 points: 4.0 4 points: 4.25 5 points: 4.5 6 points: 4.75 7 points: 5.0
Ohio			N/A		At Step 2 & 3, an Alternative Pathway for meeting Ratio, Group size requirements is an overall FCCERS-R score of 5 and no less than 4 on each subscale.
Oklahoma	X		N/A	All Star Levels: -A written daily schedule that reflects a balanced program of opportunities for learning, indoor/outdoor play, rest periods and meals is posted and followed. -Children are read to a minimum of 15 minutes each day. 2 & 3 Star levels: -Children have opportunities	ERS is used for Program Evaluation; programs are not required to have a specific score.

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
				during the day to access dramatic and manipulative play, blocks, art, and books. -The provider has a plan for transition times.	
Pennsylvania	X	X	4.25-5.25	At Star 1, provider must attest that TV, video, or DVD watching is limited to no more than 5 hours per week, is developmentally appropriate, and supervised.	Star 1: Completion of the Keystone STARS Family Day Care Home Learning Environment Checklist. Star 2: Improvement Plan to address scores below 3 in FDCRS subscales of Language/Reasoning and Learning Activities. Star 3: Average score must be 4.25 on FDCRS subscales of Language/Reasoning and Learning Activities. Improvement plan to address scores below a 3.5 in Language/Reasoning and Learning Activities subscales. Star 4: Average score must be 5.25 on FDCRS subscales of Language/Reasoning and Learning Activities.
Tennessee	X	X	4.0-5.0		Level 1: 4.0-4.49 Level 2: 4.5-4.99 Level 3: 5.0 or above  A program is not eligible for averaging ERS scores if any classroom score is below 3.0; in that case, the

QRS	Environment Indicators	Use of ERS scores in rating	Range of ERS Scores Recognized	Environment Standards Beyond ERS	Description of Environment Indicators
					Program Assessment score becomes that lowest score (from that classroom).
Vermont	X		To earn 2 points, the program must score no less than 3 in any area and should have an average score of 4 (If a program is assessed with the Environmental Rating Scale).		<p>1 point: The program is evaluated using a self-assessment tool and has a written improvement plan based upon findings of self-assessment. Staff members provide input for and receive feedback in the assessment.</p> <p>2 points: The program determines through self-assessment that it has obtained the appropriate minimum score, and has an improvement plan based on this assessment. A CDD-approved STARS Assessor has verified the assessment. Staff members provide input for and receive feedback in the assessment.</p> <p>3 points: The program holds a current accreditation and has a written improvement plan based upon findings of an annual self-assessment</p> <p>ERS are one option for self-assessment.</p>
<b>Totals</b>	<b>21</b>	<b>17</b>			

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: ERS = Environment Rating Scales, FDCRS = Family Day Care Rating Scale, FCCERS = Family Child Care Environment Rating Scale (FDCRS is one of the ERS and FCCERS is a revision of FDCRS)

## Child assessment

Tracking children's learning and growth through periodic structured observations, portfolios or using other tools is recognized by education experts as a critical component of a curriculum. Observations and assessment can assist programs with planning for individual children.

Developmental screening of children is a related but different process from child assessment. While child assessments are used to individualize curriculum and instruction, screening is used to identify children who may need a referral to determine if they have a developmental disability.

Training is needed for teachers and caregivers using both types of tools – child assessment/observation tools and developmental screening tools – to ensure appropriate use and interpretation.

QRS have indicators related to tools used for both purposes: assessment and screening.

Tables 4.19 (child care centers) and 4.20 (family child care programs) provide an overview of how child assessment indicators are included in QRS. Eleven QRS include indicators related to child assessment for child care centers, and eight QRS include child assessment indicators for family child care programs.

For child care centers, four QRS (California, LA County; Florida, Miami-Dade; Louisiana; and Ohio) include indicators related to the use of developmental screening tools. Three QRS (Minnesota, Ohio, and Pennsylvania) specify that results of assessments must be shared with parents. Only three QRS report having a review process for child assessment tools, while seven QRS report that they have approved assessment tools designated in the QRS.

For family child care programs, three QRS (California, LA County; Florida, Palm-Beach; and Ohio) include an indicator related to the use of developmental screening tools. Four QRS (Colorado, Minnesota, Ohio, and Pennsylvania) specify that the results of assessments must be shared with parents. Two QRS report having a review process for child assessment tools, and four QRS report that they have approved assessment tools designated in the QRS.

Table 4.19. Inclusion of Child Assessment Indicators for Child Care Centers in Quality Rating Systems\*

QRS	Assessment Use Required	Description	Assessment Review Process	Description	Approved Assessments	Description
California, LA County	X	Step 3 -5 Indicators specify that children are screened using a high quality, culturally and developmentally appropriate screening tool; families are engaged; results are shared; results are used to individualize services; and, referrals are made.	X	When evaluating whether a child care program is using a high-quality developmental screening tool, Quality Reviewers read (in the program's STEP Portfolio)	X	Programs must choose an assessment tool from a list of developmental screening tools approved by STEP or submit a tool for approval by the LA County Office of Child Care.
Delaware	X	Star 2 -5 Indicators specify that programs use observational assessment, develop plans for transitions, and individualize curriculum.				
Florida, Miami-Dade	X	At the 5th level, developmental screening and referral process must be in place for 90% of				

QRS	Assessment Use Required	Description	Assessment Review Process	Description	Approved Assessments	Description
		all children and results must be shared with staff and families. -Child assessment guides individualized program planning and communicating with families.				
Florida, Palm Beach	X	Level 5: Indicators specify that system is in place for ongoing child observations, individualized program planning and family communication.			X	Ages and Stages Questionnaire is used for screening on children who are receiving subsidies.
Louisiana	X	4 & 5 points levels: -Programs that must complete screening for social-emotional development. They must use a recommended instrument within 45 calendar days of enrollment and annually after that.		Tulane University made recommendations, but there is no formal review.	X	Ages and Stages Questionnaire-Social-Emotional (ASQ-SE) The Early Childhood Screening Assessment (ECSA) The Brief Infant-Toddler Social Emotional Assessment (BITSEA) Preschool Kindergarten Behavior Scale (PKBS)



QRS	Assessment Use Required	Description	Assessment Review Process	Description	Approved Assessments	Description
Maine	X	At STEP 2 and 3 Evidence must be collected 2 (or 3) times per year on children's development and incorporated into curriculum planning. For programs serving infants and toddlers, the observations are linked to Supporting Maine's Infants and Toddlers- Guidelines for Learning and Development. For programs serving children 3-5 years, the observations are linked to Maine's Early Childhood Learning Guidelines that are used as a guide for planning.				
Minnesota	X	Programs earn points by using a research-based child assessment tool, providing families with results, and using results to guide	X	There is a review committee for assessment tools.	X	There is a list of approved assessments along with a process for programs to nominate new assessment tools for approval by the Assessment Committee.

QRS	Assessment Use Required	Description	Assessment Review Process	Description	Approved Assessments	Description
		instruction and design goals for individual children.				
Mississippi	X	<p>Step 4: All teaching staff of three and four year old children must be trained to use on-going child assessment as described in the Mississippi Early Learning Guidelines.</p> <p>Step 5: Programs are required to use an on-going child assessment.</p>			X	Approved assessments are described in MS Early Learning Guidelines.
New Mexico	X	<p>AIM High Level Three (3-Star) and Four (4-star)</p> <p>Indicators specify that programs must develop a system teachers will use for observing &amp; documenting children's development, in all developmental</p>				There are "suggested" assessments in line with pre-k and other programs.

QRS	Assessment Use Required	Description	Assessment Review Process	Description	Approved Assessments	Description
		domains, and used as a means to individualize curriculum planning				
Ohio	X	<p>Step 2 &amp; 3: All children (except school age) receive a developmental screening within 60 days of enrollment. Referrals, if needed, are completed within 90 days. Results are formally communicated with families.</p> <p>Step 3: Children are assessed systematically utilizing both formal and informal methods to inform intentional teaching and the sharing of progress with families.</p>			X	“Suggested” assessments with information are provided on the website.
Pennsylvania	X	Star 2-4 Indicators specify that observations of	X	Requiring sites to use Early Learning Network online-	X	Committee process used to choose assessments.

QRS	Assessment Use Required	Description	Assessment Review Process	Description	Approved Assessments	Description
		children must be completed and shared with parents.		Lower STAR levels (1-2) focus on practice observing and documenting. Higher STAR levels are required to take and are provided training in assessments, supported throughout, and feedback is shared with teachers and parents.		
<b>Total</b>	<b>11</b>		<b>3</b>		<b>7</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Notes: The additional description of assessment indicators was not available for all QRS.

\*Indicators related to the use of developmental screeners are also included in this table.

Table 4.20. Inclusion of Child Assessment Indicators for Family Child Care Programs in Quality Rating Systems\*

QRS	Assessment Use Required	Description	Assessment Review Process	Description	Approved Assessments	Description
California, LA County	X	Step 3-5. Indicators specify that children are screened using a high quality, culturally and developmentally appropriate screening	X	Quality Reviewers read self-reported answers to questions that ask about the use of a developmental screening tool and	X	Programs must choose an assessment tool from a list of developmental screening tools approved by STEP (or submit a tool for

QRS	Assessment Use Required	Description	Assessment Review Process	Description	Approved Assessments	Description
		tool; families are engaged; results are shared; results are used to individualize services; and, referrals are made.		frequency of screenings. Reviewers must also find in the Portfolio evidence of completed developmental screening tools (one per each child ages 0-5 enrolled in the program).		approval by the LA County Office of Child Car
Colorado		In the Family Partnership indicator, programs must document growth and share with parents.				
Delaware	X	3 and 4 Star: Indicators specify that programs implement plans for children based on observation, document activities, and plan for transitions.				
Florida, Palm Beach	X	Utilizes Coalition approved tools and frequency schedules for increasing percentages of subsidized and non-subsidized children as Step levels increase.			X	Ages and Stages Questionnaires (for ages 4-61 months) completed by parent or guardian. Early Screening Inventory (ESI-K) for children ages 5 and 1 month-6 years old, completed

QRS	Assessment Use Required	Description	Assessment Review Process	Description	Approved Assessments	Description
						by the child care provider
Maine	X	Step 3 and 4: Evidence is collected on children’s development and evidence is incorporated in curriculum planning. Observations are linked to Maine’s early learning guidelines.				
Minnesota	X	Programs earn points by using a research-based child assessment tool, providing families with results, and using results to guide instruction and design goals for individual children.	X	An Assessment Review Committee reviews the assessments used.	X	Parent Aware has a list of approved assessments along with a process for programs to nominate new assessment tools for approval by the Assessment Committee
New Mexico	X	AIM High Level Three (3-Star) and AIM High Level Four (4-star) Indicators specify that programs must: develop a system for observing and documenting children’s development, in all developmental domains, and used as a				

QRS	Assessment Use Required	Description	Assessment Review Process	Description	Approved Assessments	Description
		means to individualize curriculum planning in support of the whole child.				
Ohio	X	<p>Step 2 &amp; 3:</p> <ul style="list-style-type: none"> <li>-All children (except school age) receive a developmental screening within 60 days of enrollment. Referrals, if needed, are completed within 90 days.</li> <li>-Children’s progress is formally communicated with parents.</li> </ul> <p>At all Step Levels:</p> <ul style="list-style-type: none"> <li>-A formal transition process is utilized for when children enter and/or exit the program.</li> </ul>			X	<p>“Suggested” List:  ASQ, Battelle Developmental Inventory Screening Test, Bayley-III, Denver II Developmental Screening Test, PEDS, ASQ:SE, BITSEA, DECA, Greenspan Social Emotional Growth Chart, TABS (found in appendices of Guidance Doc)</p>
Pennsylvania	X	<p>Star 2-4</p> <p>Indicators specify that providers have training in observation of children, a system that is established for observations and communicating with parents, and provisions for individualizing instruction based on</p>				

QRS	Assessment Use Required	Description	Assessment Review Process	Description	Approved Assessments	Description
		children's needs.				
<b>Totals</b>	<b>8</b>		<b>2</b>		<b>4</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Notes: The additional description of assessment indicators was not available for all QRS.

\*Indicators related to the use of developmental screening tools are also included in this table.



### Director, teacher and family child care qualifications

Similar to the inclusion of indicators or provisions that relate to licensing, the inclusion of indicators that relate to qualifications of the workforce in child care centers and family child care programs is universal across the QRS examined. This is not surprising given the extensive research base linking educational attainment and participation in specialized training to the quality of early childhood settings (Tout, Zaslow & Berry, 2005; Weber & Trauten, 2008).

The indicators included in QRS that relate to qualifications are extensive. In this section, a brief overview is provided of the basic components included. The indicators are described in Table 4.21. This table incorporates indicators for directors, teachers and family child care providers and notes whether the indicators include educational attainment, experience and/or specialized training. Whether or not a Bachelor's degree is recognized at any level in the QRS is also noted.

For child care centers, most QRS have education and training indicators for both directors and teachers (see Table 4.21). Half of the QRS also reported indicators for years of experience for directors, and nearly half also reported indicators for years of experience for teachers. For 14 QRS, director indicators specifically include having a Bachelors degree. Fourteen QRS have a Bachelors degree indicator for teachers.

For family child care programs, the majority of QRS also have indicators for education and training (22 and 21 respectively). Seven QRS include an indicator related to years of experience for family child care providers. Nine QRS include a Bachelors degree in their family child care provider staff qualification indicators.

### Overview of director qualifications

There is a wide variety of requirements for directors both across the 26 QRS and across levels within the QRS. In terms of education and training, several QRS require a certain number of training hours or training hours toward a credential at the lowest level. Others require a high school diploma, some type of credential, a CDA, or an AA at the lowest level. The highest recognized level of education or training for a center director ranges from simply having additional training hours to an MA or Ph.D. in a child-related field. In some cases, there are no specific requirements for directors. Instead certain percentages of all staff (i.e. director, lead teachers, assistant teachers) have to meet certain requirements such as having a Bachelor's degree. Several QRS specify a certain level on a career lattice for director education and training requirements.

### Overview of teacher qualifications

QRS education and training requirements are also varied for teachers in child care centers. The lowest requirements often include training hours or working toward a credential or CDA. A high school diploma is also often required for teachers. At the highest level, teachers may be required to take more training hours or courses toward a credential or some type of degree. A CDA is commonly the highest requirement for teachers, although several QRS also recognize higher degrees such as a Bachelor's degree, MA, or Ph.D. for teachers. Most QRS don't require all

teachers to have met certain requirements, just percentages of teachers in the center. In some cases, the only difference between the lowest and highest level for teacher qualifications is an increasing percentage of teachers meeting a given requirement, for example, having a CDA.

#### Overview of family child care provider qualifications

Qualifications for family child care providers typically range from training hours or a professional development plan or a high school diploma at the lowest levels to a CDA and/or additional training hours at the highest levels. However, a BA in a child-related field or a higher degree is recognized in several QRS. Other recognized qualifications include membership in a professional association, level on a career lattice, and having a credential or teaching certificate.

Table 4.21. Overview of Qualifications for Directors, Teachers and Family Child Care Providers in Quality Rating Systems

QRS	Director Ed	Director Training	Director Experience	Teacher Ed	Teacher Training	Teacher Experience	FCC Ed	FCC Training	FCC Experience	Dir BA*	Teacher BA*	FCC BA*
California	X	X	X	X	X	X	X	X		X	X	X
Colorado	X	X	X	X	X	X	X	X	X	X	X	X
Delaware	X	X	X	X	X	X	X	X	X	X		
District of Columbia	X	X		X	X		X	X				
Florida, Miami-Dade	X		X	X			X	X			X	X
Florida, Palm Beach	X	X		X	X		X	X				
Illinois							X	X				
Indiana	X	X	X	X	X		X	X	X			
Iowa	X	X	X	X	X	X	X	X	X	X	X	X
Kentucky	X	X		X	X		X	X				
Louisiana	X	X	X	X	X	X						
Maine		X		X	X	X	X	X		X	X	X
Maryland	X	X	X	X	X	X	X	X	X	X	X	X
Minnesota	X			X	X		X	X		X	X	
Mississippi	X	X		X	X					X		
Missouri	X	X		X	X		X	X		X	X	
New Hampshire	X	X		X	X		X	X				
New Mexico	X	X		X	X		X	X				
North Carolina	X		X	X		X	X		X	X	X	X
Ohio	X	X	X	X	X	X	X	X				
Oklahoma	X	X		X	X		X	X			X	X
Oregon												
Pennsylvania	X	X		X	X		X	X		X	X	
Tennessee	X	X	X	X	X	X	X	X		X	X	
Vermont	X	X	X	X	X	X	X	X	X	X	X	X
Virginia	X	X	X	X	X	X				X	X	
<b>Total</b>	<b>23</b>	<b>21</b>	<b>13</b>	<b>24</b>	<b>23</b>	<b>12</b>	<b>22</b>	<b>21</b>	<b>7</b>	<b>14</b>	<b>14</b>	<b>9</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009

Note: \*An “X” in this column indicates that a Bachelor’s degree is recognized in the staff qualification indicators for this position.

## Family partnerships

The extent to which programs involve and engage parents is addressed in indicators related to family partnerships (sometimes called Parent Involvement or Families and Community). Few measures of this construct exist in the early childhood education research literature (though more resources are available in the early intervention literature), so Quality Rating Systems have developed standards and measures of family partnerships without clear guidance from research.

Tables 4.22 and 4.23 (child care centers) and 4.24 and 4.25 (family child care programs) provide an overview of family partnership indicators in QRS. The first tables for each type of care (4.22 and 4.24) use check boxes to designate whether or not a particular family partnership indicator is included in the QRS. The second tables (4.23 and 4.25) provide additional information about family partnership indicators in each QRS.

Tables 4.22 and 4.24 indicate that 24 QRS include family partnership indicators for child care centers and 21 QRS include family partnership indicators for family child care programs. Indicators are included that address the frequency of parent-teacher conferences (18 QRS for child care centers, and 14 QRS for family child care programs), the provision of activities with families (11 QRS for child care centers, and 9 QRS for family child care programs), written communication with families (including the frequency with which written communication occurs) (13 QRS for child care centers, and 14 QRS for family child care programs), provision of a community resource list (9 QRS for child care centers, and 7 QRS for family child care programs), use of a bulletin board (8 QRS for child care centers, and 5 QRS for family child care programs), use of a parent survey (12 QRS for child care centers, and 13 QRS for family child care programs), inclusion/participation of parents in program development (11 QRS for child care centers, and 11 QRS for family child care programs) and having a parent advisory board (5 QRS for child care centers, and 1 QRS for family child care programs).

Tables 4.23 and 4.25 show that QRS include a variety of other family partnership indicators including: provision of a written family handbook, lending libraries, parent resource centers, informational workshops, facilitation of children's transitions to other settings in the community, suggestions boxes, and family meetings.

Table 4.22. Inclusion of Family Partnership Indicators of Different Types for Child Care Centers in Quality Rating Systems

QRS	Family Partnership Indicators	Bulletin Board	Written Communication	Parent Teacher Conferences	Activities with Families	Community Resource List	Parent Participation in Program	Parent Advisory Board	Parent Survey
California, LA County	X	X	X	X	X	X	X		
Colorado	X		X	X	X	X	X		X
Delaware	X		X	X		X	X		X
District of Columbia	X	X	X	X		X	X		X
Florida, Miami-Dade	X			X	X				X
Florida, Palm Beach	X			X	X				X
Illinois	X								
Indiana	X			X					X
Iowa	X			X					
Kentucky	X				X				X
Louisiana	X			X		X		X	
Maine	X	X	X	X	X	X	X	X	X
Maryland	X						X		
Minnesota	X								X
Mississippi	X	X	X	X			X		
Missouri	X	X	X	X	X		X	X	
New Hampshire	X		X	X					X
New Mexico	X	X	X	X	X		X		
North Carolina	X		X	X				X	
Oklahoma	X	X	X	X	X	X	X		
Pennsylvania	X		X	X	X	X			
Tennessee	X	X	X	X	X	X		X	X
Vermont	X						X		X
Virginia	X								
<b>Total</b>	<b>24</b>	<b>8</b>	<b>13</b>	<b>18</b>	<b>11</b>	<b>9</b>	<b>11</b>	<b>5</b>	<b>12</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Table 4.23. Inclusion of Family Partnership Indicators for Child Care Centers in Quality Rating Systems

QRS	Family Partnership Indicators
California, LA County	The indicator lists 4 sets of 10 family and community strategies. Programs select from the sets of strategies to determine their Step level. Indicators include specifications about orientations for families, communication in home language, activities to incorporate culture of enrolled families, opportunities for families to participate; strategies to adapt activities and schedules to meet family needs; conferences, home visits, partnerships with families; creation of consistency between home and the programs; and maintaining relationships with community based services, and engaging in transition to school activities.
Colorado	Programs can earn points by engaging in practices such as: providing information to parents and opportunities for families and staff to interact; providing information to families about their child; including families in decision-making; providing opportunities for families to take part in the program; and informing families about changes. A Family Questionnaire is distributed and specifications exist for how responses are scored.
Delaware	Indicators at Star 2 – 5 specify practices such as: developing procedures for daily communication with families; sharing of information about child progress; offering information to families; involving families in planning; and offering at least two conferences each year
District of Columbia	Indicators at the Bronze, Silver and Gold levels specify indicators such as: a parent bulletin board, conferences each year, provision of a parent handbook; offering parent training sessions; encouraging parent volunteerism; and participation of parents in policy development
Florida, Miami-Dade	Points are earned for practices such as providing a family handbook; offering multiple modes of communication; offering family activities; inviting family conferences; providing transition activities; and, providing opportunities to evaluate the provider in writing.
Florida, Palm Beach	Points are earned for practices such as providing a family handbook; offering multiple modes of communication; offering family activities; providing transition activities, and providing opportunities to evaluate the provider in writing.
Illinois	Indicators related to family partnerships are included in the Program Administration Scale Star 2: Programs receive information on the Program Administration Scale (PAS). Star 3: Current national accreditation in good standing OR PAS Rating of 4.25. Star 4: Current national accreditation in good standing AND a PAS Rating of 5.0.
Indiana	Indicators at level 1 specify that a system is in place for communicating pertinent information to families, daily and in an annual family conference for each child; at level 2, indicators specifies that program evaluation is completed annually by families and staff.

QRS	Family Partnership Indicators
Iowa	1 point is awarded for the following: -Orientation provided for new parents and annual conferences are held with parents
Kentucky	Number of family involvement activities expected corresponds to the level (one at Level 1; 2 at Level 2, 3 at Level 3 and 4 at Level 4.
Louisiana	Indicators at 2 Stars: Parent provided a pre-enrollment visit and center tour , and every parent enrolling a child receives a list of community resources. Indicator at the 4 & 5 star level: conference with parents to review results and provide a list of community resources. One Quality Point can be earned by meeting four requirements on a list of indicators such as provide a list of community resources; offer a group meeting to families; provide a complaint process; offer a workshop ; convene Parent Advisory Council; and provide a parent education workshop.
Maine	At Step 2, the program provides an opportunity to identify strengths and weaknesses, has a parent handbook, has a written philosophy, and makes families aware of local and state resources available to them. At Step 3, parents are offered at least 2 parent conferences a year, parent surveys are conducted annually, parents of infants and toddlers are provided with written daily communication, and the program has a parent advisory/involvement group. At Step 4, the program has a documented plan to involve families and offer opportunities for individualized parent involvement.
Maryland	Options for the Parent Involvement indicator are an open door policy, parent handbook, classroom helpers, workshops, programs, field trips, preparing materials at home, support of the program operation, and a suggestion box. Level 2: Parents are involved in at least 2 ways Level 3: Parents are involved in at least 4 ways Level 4: Parents are involved in at least 6 ways
Minnesota	Points are earned for collecting feedback from parents, having a written plan for using parent feedback, conducting intake interviews, referring parents to preschool screening, creating transition plans for children, using family communication strategies, and meeting with parents about transitions.
Mississippi	At Step 2, programs must have a bulletin board, a quarterly newsletter calendar, and an annual parent/teacher conference. At Step 3, programs must have weekly notes to parents, parent education training (offered annually), and a parental lending library. At Step 4, programs must have a parental involvement program and parent resource center. At Step 5, programs must have parent/teacher conferences twice a year and a monthly newsletter.
Missouri	Indicators at Tiers 2-4 specify practices such as communication methods (activity calendars, lesson plans, bulletin boards, website, or newsletters), family educational workshops, social events, family volunteer

QRS	Family Partnership Indicators
	opportunities, family-teacher conferences, family resource center, home visits, family needs assessments, family advisory board, or family support groups.
New Hampshire	Required indicators including welcoming families, communicating with parent/families on a regular basis, and parent surveys. Optional indicators include communicating program policies, annual parent/teacher conferences, and a Strengthening Families self-assessment.
New Mexico	At 2 Stars, programs must have a statement supportive of family involvement (including an unrestricted open door policy to the classroom/school-age), and children and family members must be acknowledged upon arrival and departure. At 3 Stars, programs must provide at least 2 family involvement activities (Suggestion Box, Family Bulletin Board, Newsletter, Family meetings, Socials, Informational Workshops, Child developmental milestone information, Family/Staff Conferences, Classroom and/or Field Trip volunteer, Support of program operation, Daily (written) communication system between family member and teacher). At 4 Stars, programs must provide at least 3 family involvement activities.
North Carolina	As an option for the quality point within Program Standards, programs must have evidence of an infrastructure of parent involvement which would include at least two of the following: parent newsletters offered at least quarterly, parent advisory board, periodic conferences for all children, or parent information meetings offered at least quarterly.
Oklahoma	At all Star levels: programs have a communication system with parents; parents are welcomed at all times, annual parent conferences; parent resource area; at least two parent meetings each year; parent information provided by two methods (bulletin board, newsletter, parent handbook, web-site specific to each center location, or e-mails); parents participate in program and policy development; licensing requirements are available for parents; and staff and parents are surveyed every two years. At 2 & 3 Star levels: a written report about the child is given to parents at the annual conference; and program maintains a current list of available community resources and assists parents in locating and connecting with these services.
Pennsylvania	At each star level, programs are required to specify family involvement practices and transition practices. At Star 1: "Getting to Know You" meeting with parents is offered within 60 days of enrollment and program provides general information to parents regarding transitioning children to another classroom or educational setting. At Star 2: Writing information is given and explained to parents; if applicable to the child, provider requests from parents copies of child's IEP or IFSP, written plans, and/or special needs assessments; written communication daily for infants and toddlers; information is shared with parents daily using a visual communication format; annual parent conference; program transfers child records when the child



QRS	Family Partnership Indicators
	<p>transitions to another educational setting; list of community/school stakeholders regarding child transition. At Star 3: Written plan for referring parents to services; annual group activity; two parent conferences per year; and group parent meeting to provide information about a child’s transition.</p> <p>At Star 4: If applicable to the child, provider implements activities appropriate to meet IEP or IFSP goals and/or special needs plans and objectives; program has policies that demonstrate engagement and partnership with parents in program planning and decision making; individual meeting with parents regarding a child’s transition; and written planning for child’s transition.</p>
Tennessee	<p>Indicators at Levels 1-3 specify practices such as a quarterly bulletin board, written communication to parents, annual group parent meetings, annual parent conferences, parent education handouts, annual family projects/activities, annual parent educational trainings, providing a list of current community resources, Parent Advisory Council, and offering parents an annual opportunity to evaluate aspects of the program.</p>
Vermont	<p>For 1 point: The program collects annual parent satisfaction survey and actively makes resources available to parents; program participates in professional networking at least four times a year; and program has a written philosophy about the relationship between the parents and the program. For 2 points: Routinely participates in community teams at least 24 hours per year; opportunities are available for parent involvement; and the program is prepared to serve children with special needs including protective services. For 3 points: Plays a leadership role in the early childhood or after school professional community.</p>
Virginia	<p>The family partnership indicators focus on preparing children and families to deal with upcoming transitions (e.g. going to kindergarten). At Star 2, programs must have orientation for families, written planning for children with special needs, and general information available to parents on transiting children to another setting. At Star 3, programs must have group meetings for parents to provide information regarding a child’s transition, and age appropriate activities to prepare children for transitions. At Star 4, programs must have individual meetings with families to share information regarding the child’s transition, coordination to transfer child records, and transition-related training for all involved teaching staff.</p>
<b>Total</b>	<b>24</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Table 4.24. Inclusion of Family Partnership Indicators of Different Types for Family Child Care Programs in Quality Rating Systems

QRS	Family Partnership	Bulletin Board	Written Communication	Parent Teacher Conferences	Activities with Families	Community Resource List	Parent Participation in Program	Parent Advisory Board	Parent Survey
California, LA County	X	X	X	X	X	X	X		
Colorado	X		X	X	X	X	X		X
Delaware	X		X	X			X		X
District of Columbia	X		X			X	X		X
Florida, Miami-Dade	X								X
Florida, Palm Beach	X		X	X			X		
Illinois	X								
Indiana	X			X					X
Iowa	X			X					
Kentucky	X		X		X				X
Maine	X	X	X	X	X	X	X		X
Maryland	X						X		
Minnesota	X								X
Missouri	X	X	X	X	X		X		
New Hampshire	X		X	X					X
New Mexico	X	X	X	X	X		X		
North Carolina	X		X	X				X	
Oklahoma	X		X	X	X	X			X
Pennsylvania	X		X	X	X	X	X		X
Tennessee	X	X	X	X	X	X			X
Vermont	X						X		X
<b>Total</b>	<b>21</b>	<b>5</b>	<b>14</b>	<b>14</b>	<b>9</b>	<b>7</b>	<b>11</b>	<b>1</b>	<b>13</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Table 4.25. Family Partnership Indicators for Family Child Care Programs in Quality Rating Systems

QRS	Family Partnership Indicators
California, LA County	The indicator lists 4 sets of 10 family and community strategies. Programs select from the sets of strategies to determine their Step level. Indicators include specifications about orientations for families, parent handbook, communication in home language, activities to incorporate culture of enrolled families, opportunities for families to participate; strategies to adapt activities and schedules to meet family needs; conferences, home visits, partnerships with families; creation of consistency between home and the programs; and maintaining relationships with community based services, and engaging in transition to school activities.
Colorado	Programs can earn points by engaging in practices such as: written information about the program, providing information to parents and opportunities for families and staff to interact; providing information to families about their child; including families in decision-making; providing opportunities for families to take part in the program; and informing families about changes. A Family Questionnaire is distributed and specifications exist for how responses are scored.
Delaware	Indicators at Star 2 – 5 specify practices such as: daily communication, developing procedures for daily communication with families; sharing of information about child progress; offering information to families; parent handbook; involving families in planning; and offering at least two conferences each year.
District of Columbia	Indicators at the Bronze, Silver and Gold levels specify indicators such as: program policy on parent involvement, documentation of parent/provider communication, parent satisfaction measure, weekly child progress reports, parent volunteerism, and list of resources.
Florida, Miami-Dade	For 3 points, families have an opportunity to evaluate the provider annually. For 4 points, a family handbook includes: philosophy, schedule, payment policies, nutrition and medication policies, and emergency procedures.
Florida, Palm Beach	Indicators at Star 1-4 specify practices such as an open door policy, parent orientation, group parent meeting, annual provider/parent meetings, sharing child development milestone information, month activity suggestions, written monthly communication, and parent volunteer opportunities.
Illinois	Indicators related to family partnerships are included in the Business Administration Scale. Star 2: Programs receive information on the Business Administration Scale (BAS). Star 3: Current national accreditation in good standing OR BAS Rating of 4.25. Star 4: Current national accreditation in good standing AND a BAS Rating of 5.0.
Indiana	Indicators at Levels 2 & 3 specify practices such as daily communication, annual family conferences, written

QRS	Family Partnership Indicators
	emergency plan, written policy contract, and program evaluation completed annually by families.
Iowa	For 1 point, orientation may be provided for new parents and annual conferences are held with parents.
Kentucky	Number of family involvement activities expected corresponds to the level (one at Level 1; 2 at Level 2, 3 at Level 3 and 4 at Level 4). Other indicators include a written plan for family involvement; documented family feedback procedure used annually, written daily reports for children, and a parent handbook.
Maine	At Step 2, the program provides an opportunity to identify strengths and weaknesses, has a parent handbook and has written policies. At Step 3, the program has a written philosophy, families made aware of local and state resources available; provider sets goals for children’s development, parent conferences, parent surveys, and parents of infants and toddlers are provided with written daily communication. At Step 4, the program has a documented plan to involve families and offer opportunities for individualized parent involvement.
Maryland	Options for the Parent Involvement indicator are an open door policy, parent handbook, classroom helpers, workshops, programs, field trips, preparing materials at home, support of the program operation, and a suggestion box. Level 2: Parents are involved in at least 2 ways Level 3: Parents are involved in at least 4 ways Level 4: Parents are involved in at least 6 ways
Minnesota	Points are earned for collecting feedback from parents, having a written plan for using parent feedback, conducting intake interviews, referring parents to preschool screening, creating transition plans for children, using family communication strategies, and meeting with parents about transitions.
Missouri	Indicators at Tiers 2-4 specify practices such as communication methods (activity calendars, lesson plans, bulletin boards, website, or newsletters), child-specific communication, a communication center, family educational workshops, social events, family volunteer opportunities, family-teacher conferences, family resource center, home visits, family needs assessments, family advisory board, or family support groups.
New Hampshire	Required indicators including welcoming families, communicating with parent/families on a regular basis, communicating program policies, and parent surveys. Optional indicators include annual parent/teacher conferences, and a Strengthening Families self-assessment.
New Mexico	At 2 Stars, programs must have a statement supportive of family involvement (including an unrestricted open door policy to the classroom/school-age), and children and family members must be acknowledged upon arrival and departure. At 3 Stars, programs must provide at least 2 family involvement activities (Suggestion Box, Family Bulletin Board, Newsletter, Family meetings, Socials, Informational Workshops,

QRS	Family Partnership Indicators
	Child developmental milestone information, Family/Staff Conferences, Classroom and/or Field Trip volunteer, Support of program operation, Daily (written) communication system between family member and teacher). At 4 Stars, programs must provide at least 3 family involvement activities.
North Carolina	As an option for the quality point within Program Standards, programs must have evidence of an infrastructure of parent involvement which would include at least two of the following: parent newsletters offered at least quarterly, parent advisory board, periodic conferences for all children, or parent information meetings offered at least quarterly.
Oklahoma	At all Star levels: signed contract for each family; parents are welcomed at all times; annual parent conferences; opportunities for parent involvement; provides information and list of resources for referrals; licensing requirements are available for parents; and staff and parents are surveyed every two years. At 2 & 3 Star levels: has at least two provider references; and has a system for sharing and communicating with parents.
Pennsylvania	At Star 1: A written method whereby parents and provider can exchange observations, concerns, and comments (e.g. daily log, notebook message center, parent-teacher journal, take-home envelope); at least one parent conference is offered annually; food safety and nutrition information provided. At Star 2: At least one way is offered for parent involvement; parents are informed of substitutes' & assistants' credentials and schedules; and parents are offered one additional parent conference. At Star 3: Program provides general information to parents regarding the procedures on transitioning a child to subsequent educational setting, including formal schooling. At Star 4: At least two ways are offered for parent involvement, one of which is to coordinate opportunity for parent group information activity; families and school age children are asked, at least once per year, to evaluate the program's efforts to meet their needs; and updated local school district transition policies are available and reviewed with parents prior to a child transitioning from the program.
Tennessee	Indicators at Levels 1-3 specify practices such as an orientation meeting, written communication to parents, annual parent conferences, bulletin board, parent packet (including policies, philosophy, and resources), group parent meetings, parent education handouts, list of current community resources, and offering parents an annual opportunity to evaluate aspects of the program.
Vermont	For 1 point: The program collects annual parent satisfaction survey and actively makes resources available to parents; program participates in professional networking at least four times a year; and program has a written philosophy about the relationship between the parents and the program. For 2 points: Routinely participates in community teams at least 24 hours per year; opportunities are available for parent involvement; and the program is prepared to serve children with special needs including protective services.

QRS	Family Partnership Indicators
	For 3 points: Plays a leadership role in the early childhood or after school professional community.
<b>Total</b>	<b>21</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

## Administration and management

Indicators related to the administration and management of programs are expected to impact the quality of children's experiences in an indirect way by ensuring that the infrastructure and supports are in place to promote optimal experiences and interactions.

Tables 4.26 (child care centers) and 4.27 (family child care programs) provide an overview of the numbers of QRS that include indicators related to administration and management, as well as specific details about the types of indicators that are included. The majority of QRS include indicators related to administration and management for child care centers (22) and for family child care programs (18).

While there are many common features of the administration and management indicators – such as performance evaluations and business practices/policies - variation exists in the extent to which QRS address certain issues such as staff compensation and benefits.

The most commonly included features of the administration and management indicators for child care centers are business practices/policies and compensation. Business practices and policies include items such as how practices are documented and financial record keeping. QRS may include salary scales and paid planning time for staff in the compensation feature. Several QRS include staff benefits, such as insurance, paid membership fees to professional organizations, and educational opportunities in their indicators. Many include staff communication (i.e. staff meetings) and some include formal job descriptions in their administration and management indicators. Other features mentioned by one or two QRS included using the Program Administration Scale, having a staff orientation, and a business course for staff.

The most common feature of administration and management indicators for family child care was inclusion of business practices/policies. Performance evaluations for staff, compensation, and benefits were reported by a few QRS each. Other features mentioned by one or two QRS each included using the Business Administration Scale, having staff orientation, and features involving self-assessment and staff communication.

Table 4.26. Inclusion of Administration and Management Indicators for Child Care Centers in Quality Rating Systems

QRS	Administration and Management Indicators
California, LA County	Administration and management indicators are separated into three categories: staff stability, employee benefits, and working conditions . Examples of included indicators are: written confirmation of job title, salary, and hours, teacher retention rates, access to health insurance, paid time off, regular staff meetings, and paid release time to attend training.
Delaware	Indicators include: documentation of salary and benefits, financial record-keeping system and operating budgets, mission statement shared with staff and families, written plan for staff communication, job performance feedback provided, employee benefits such as paid leave and health insurance.
District of Columbia	Silver level: Percentage increases for staff in terms of salary and/or benefits, individual staff that completes advanced education or credential receive percentage or bonus (contingent on funding) Gold level: Higher salary and benefits percentage for all staff, individual staff that completes advanced education or credential receive percentage or bonus (contingent on funding)
Florida, Miami-Dade	1 Point: Risk management plan is in place (written action plan for emergencies such as hurricanes, fire, flood, etc. including evacuation routes identified and practice drills) 2 Points: Personnel policy manual includes written staff orientation procedures and job descriptions 3 Points: Staff meetings are held at least quarterly. Written performance evaluations are completed annually. 4 Points: Written operating policies and procedures include standard business and fiscal management practices. Marketing plan is in place to maximize full enrollment. Performance evaluations include classroom observation. 5 Points: Salary scale is in place and is differentiated by education, experience. Financial record-keeping system provides quarterly reports and analysis and 1 year projected budget. Performance evaluations include professional development plans.
Florida, Palm Beach	Level 1: Provider has a risk management plan (a written action plan for emergencies such as hurricanes, fire, flood, etc. including evacuation routes identified and practice drills) in place. Level 2: Personnel policy manual includes written staff orientation procedures and job descriptions: Monthly staff turnover report is submitted to Registry. Level 3: Staff meetings are held at least quarterly: Written performance evaluations are completed annually.



QRS	Administration and Management Indicators
	<p>Level 4: Written operating policies &amp; procedures include standard business and fiscal management practices: Marketing plan is in place to maximize full enrollment: Performance evaluations include classroom observation.</p> <p>Level 5: Salary scale is in place and is differentiated by education and experience: Financial recordkeeping system provides quarterly reports and analysis and 1-year projected budget: Performance evaluations include professional development plans.</p>
Illinois	<p>Star 1: Programs must receive information including professional development and program resources, developmental screening information</p> <p>Star 2: Programs must receive information on the Program Administration Scale (PAS)</p> <p>Star 3: Current national accreditation in good standing or Program Administration Scale Rating of 4.25</p> <p>Star 4: Current national accreditation in good standing and Program Administration Scale Rating of 5.0</p>
Indiana	<p>Level 2: Program must have a written philosophy and goals for children, and an advisory board must be in place to provide input and support to the director</p> <p>Level 3: The program must have been in operation for a minimum of one year. At a minimum, the lead teacher receives paid planning time, and a strategic plan is completed and includes annual evaluation/goal setting and long range planning/goal setting</p> <p>Level 4: -Director volunteers to informally mentor a program at a Level 1, 2, or 3.</p>
Iowa	<p>Level 2: Programs must provide basic orientation to all staff, an Iowa Department of Public Health Child Care Business—Partnership Agreement (an agreement between program and nurse consultant) must be completed, an Iowa Department of Public Health Child Care Center Director/Owner Survey must be completed</p> <p>Levels 3-5: 1 point is awarded for each of the listed options: All staff receive yearly written evaluation, development and annual updating of an overall center improvement plan, all staff have completed professional development plans, all staff who have direct contact with children have a full, center-based orientation within 4 months of starting employment</p>
Kentucky	<p>Level 2: Program must have written standardized staff evaluations annually</p> <p>Level 3: Programs must offer a minimum of 6 days paid leave/year and minimum of 11 days paid leave time after 1 year</p> <p>Level 4: To qualify for Enhancement Award, health insurance must be made available, with the</p>

QRS	Administration and Management Indicators
	program paying no less than 50% of a single plan for full-time employees.
Louisiana	<p>2 Star: Written personnel policies, job descriptions on file, one staff benefit (such as health insurance, paid leave, child care benefit etc.)</p> <p>1 Quality Point:            Must meet three requirements: Provide four of the benefits for all full time staff, include grievance procedure and a professional conduct code for staff in written personnel policies, pay scale based on education, experience, responsibilities and merit, provide training to staff on cultural sensitivity, written parent and staff confidentiality policy and provide training to staff.</p>
Maine	<p>Step 2: Programs hold staff meetings on a monthly basis, programs have an employee handbook, all staff are evaluated at least annually.</p> <p>Step 3 (In addition to Step 2): The program is evaluated yearly using a self assessment tool (Accreditation Guidelines, Head Start Standards, age appropriate environment rating scale, High Scope) and has a written improvement plan based upon findings, at least 2 benefits (such as reduced child care rates, tuition reimbursement, health insurance, paid leave), staff participate in development of program policies.</p> <p>Step 4: Programs has a plan to implement a salary scale that is based on professional qualifications, length of employment, and performance evaluation.</p>
Maryland	Indicators include: Staff evaluations, salary based on education and experience, staff and parent surveys used, program goals set, benefits package at highest level.
Mississippi	<p>Step 2: A staff handbook is required</p> <p>Step 3: Staff must complete a course in the management of a child care facility as a business offered by the Mississippi State Extension Service, staff must completed a Memorandum of Understanding (MOU) with Mental Health (Local Education Agency, Public Health System)</p> <p>Step 4: An annual staff evaluation, professional development plans for all staff</p> <p>Step 5: Developmental checklists for each child and transition plan for children entering kindergarten, director to peer mentoring must occur for a minimum of 2 hours/month</p>
Missouri	Indicators include: Family and staff handbooks, financial documentation, budget reviewed by outside professional, job descriptions, staff evaluations, orientation for staff and families, written procedures for identifying, documenting, and reporting child abuse, copies of Missouri's Core Competencies and Missouri's Standards for each age group.
New Hampshire	Required indicators include: Performance evaluations for staff, staff handbook, documentation of benefits, parent survey documentation.

QRS	Administration and Management Indicators
	Optional indicators include: Written salary scale based on qualifications and tenure, job descriptions, staff surveys.
New Mexico	<p>Indicators include administrative policies, staff compensation/benefits, staff evaluation, and staff communication.</p> <p>Administrative policies: Business plan, one-year budget, policies for financial transactions, written plan for all operations, plan for using evaluation results for improvement, exit interviews.</p> <p>Staff compensation/benefits: Compensation philosophy statement in handbook, incremental compensation plan, benefits (such as payment of professional membership fee, insurance supplement, paid leave, bonuses, health insurance).</p> <p>Staff evaluation: Evaluation of staff on annual basis, plan for improvement.</p> <p>Staff communication: Regular meetings, staff participation in developing agendas.</p>
North Carolina	<p>As an option for the quality point within Program Standards, programs may have:</p> <ul style="list-style-type: none"> <li>-Enhanced policies which include the following topics: emergency evacuation plan, field trip policy, staff development plan, medication administration, enhanced discipline policy, and health rules for attendance.</li> <li>-A staff benefits package that offers at least four of the following six benefits: paid leave for professional development, paid planning time, vacation, sick time, retirement or health insurance.</li> <li>-Completed a business training course and a wage and hour training by the center administrator that is at least 30 hours total.</li> </ul>
Ohio	Indicators include increased use of annual PAS self-assessment and increasing numbers of the following benefits with each Step: Salary structure based on education and length of employment; Employer offers and/or pays a portion of health insurance; 5 days of paid leave; Paid professional membership; Education benefits (T.E.A.C.H.); Retirement; Discount on childcare.
Oklahoma	<p>All Star levels: Staff and parent surveys, staff have access to licensing requirements, annual written staff evaluations.</p> <p>2 &amp; 3 Star levels: Self-assessment every two years, program assessments, written plan for program goals, salary scale based on education and experience, staff manual on site, at least two staff meetings per year.</p>
Pennsylvania	Indicators are categorized as Business Practices, Continuous Quality Improvement, Staff

QRS	Administration and Management Indicators
	<p>Communication and Support, and Employee Compensation.</p> <p>Business Practices: Parent handbook, operating budget, financial record-keeping system, personnel policy manual, mission statement, code of conduct, review by CPA, business plan, risk management plan.</p> <p>Continuous Quality Improvement: Annual professional development plan for site, tracks illnesses and injuries, strategic plan aligned with mission statement.</p> <p>Staff Communication and Support: Staff meetings, paid preparation time, classroom observations conducted and feedback about job performance is provided to staff, annual written performance evaluation.</p> <p>Employee Compensation: Salary scale based on education and experience, increasing number of benefits given to staff.</p>
Tennessee	<p>Indicators include: Copies of applicable developmental standards, provide employee pay scale related to education and experience, increasing numbers of benefits (such as paid professional membership fees, paid leave, reduced child care, bonuses, insurance, tuition reimbursement, paid training).</p>
Vermont	<p>Indicators include: Professional development plans for staff, staff receive feedback and guidance, employee handbook, staff breaks, staff planning time, benefits (2 of the following: paid vacation, sick, personal or professional days), staff input in program policies, salary scale.</p>
<b>Total</b>	<b>22</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Table 4.27. Inclusion of Administration and Management Indicators for Family Child Care in Quality Rating Systems

QRS	Administration and Management Indicators
California, LA County	<p>Step 2: Average tenure for Assistant(s) over the past three years is 12 months. Assistants who are not family members, are provided a written confirmation of job, salary, and hours.</p> <p>Step 3: Non-family staff are provided annual evaluation and informed of training opportunities.</p> <p>Step 4: Professional Growth Plans are put in place for all non family staff.</p> <p>Step 5: Licensee provides professional development training to other providers.</p>
Delaware	<p>Indicators include: documentation of salary and benefits, financial record-keeping system and operating budgets, mission statement shared with staff and families, contract on file for each family served, system for taking attendance, employee benefits such as paid leave and health insurance.</p>
Florida, Miami-Dade	<p>Indicators include: maintain children’s records, discipline policy given to parents, provider-parent agreement in place, financial record-keeping system, member of professional organization, annual business plan and budget are written, provider maintains up-to-date portfolio with program information, trainings completed and letters of recommendation.</p>
Florida, Palm Beach	<p>Indicators include: maintain children’s records, discipline policy given to parents, provider-parent agreement in place, documentation of training, orientation, attendance, record-keeping system for income/expenses, liability and accident coverage, written annual plan including budget, member of professional organization.</p>
Illinois	<p>Star 1: Programs must receive information including professional development and program resources; developmental screening information.</p> <p>Star 2: Programs must receive information on the Business Administration Scale (BAS)</p> <p>Star 3: Current national accreditation in good standing OR BAS rating of 4.25.</p> <p>Star 4: Current national accreditation in good standing and BAS rating of 5.0.</p>
Indiana	<p>Level 2: Child care home has a written philosophy and goals for children, written emergency plan, parent-provider contract.</p> <p>Level 4: Lead caregiver volunteers to informally mentor a program at a Level 1, 2, or 3.</p>
Iowa	<p>Level 2: Participates in federal food program (CACFP), completes IDPH Child Care Business Partnership Agreement, completes IDPH Home Child Care Center Director/Owner Survey.</p> <p>There are no administration and management indicators for level 3-5.</p>
Kentucky	<p>Level 1: Program must have written program policies including: fees, holidays, vacation, late fees, illness, hours of operation, who may pick up a child, and a plan for how info is shared daily with parents. Programs must have a written parent/provider agreement</p>

QRS	Administration and Management Indicators
	Level 2: Programs must maintain a financial program/record-keeping system.
Maine	<p>Step 2: Regular staff meetings, employee handbook, written job description for assistant, annual job performance review, written policies given to parents.</p> <p>Step 3: Evaluated yearly with self-assessment tool and has written improvement plan based on findings, provider learns about children’s interests and needs through observation and talking with parents, uses information to set goals for children, uses substitute 20% of time or less.</p> <p>Step 4: Assistant paid minimum wage and employer’s share of social security and workers’ compensation (for non-related assistants working more than 15 hours a week).</p>
Missouri	Indicators include: Family and staff handbook, basic financial documentation, orientation for staff and families, 1 copy of Missouri’s Core Competencies for each age group, 1 copy of Missouri’s Standards for each age group, written procedures for identifying, documenting, and reporting child abuse and neglect, budget, job descriptions.
New Hampshire	<p>Required indicators: Documentation of benefits, parent survey documentation, one-year operating budget or has liability insurance coverage, verification of taxes filed annually, staff handbook (for Family Group Homes).</p> <p>Optional indicators: Written salary scale based on qualifications and tenure, job descriptions, staff survey documentation.</p>
New Mexico	<p>Indicators include administrative policies, staff compensation/benefits, staff evaluation, and staff communication.</p> <p>Administrative policies: Business plan, one-year budget, policies for financial transactions, written plan for all operations, plan for using evaluation results for improvement, exit interviews.</p> <p>Staff compensation/benefits: Compensation philosophy statement in handbook, incremental compensation plan, benefits (such as payment of professional membership fee, insurance supplement, paid leave, bonuses, health insurance).</p> <p>Staff evaluation: Evaluation of staff on annual basis, plan for improvement.</p> <p>Staff communication: Regular meetings, staff participation in developing agendas.</p>
North Carolina	<p>As an option for the quality point within Program Standards, programs may have:</p> <ul style="list-style-type: none"> <li>-Enhanced policies which include the following topics: emergency evacuation plan, field trip policy, staff development plan, medication administration, enhanced discipline policy, and health rules for attendance.</li> <li>-A staff benefits package that offers at least four of the following six benefits: paid leave for</li> </ul>

QRS	Administration and Management Indicators
	professional development, paid planning time, vacation, sick time, retirement or health insurance. - Completion of a 30 hour or longer business training course by a family child care home provider.
Ohio	Indicators include a FCCERS self-assessment and action plan and increasing numbers of the following benefits with each Step: Salary structure based on education and length of employment; Employer offers and/or pays a portion of health insurance; 5 days of paid leave; Paid professional membership; Paid specialized training/tuition; Discount on child care; T.E.A.C.H.
Oklahoma	2 & 3 Star levels: Self-assessment every two years, program assessment, written plan for program goals, written job description, annual written staff evaluation.
Pennsylvania	Indicators include: Copies of inspection reports posted, financial record-keeping system, file tax forms, safety checks, one-year operating budget, proof of liability insurance, policy and procedure manual, business plan, written job descriptions.
Tennessee	Indicators include: Provides parents with contracts, policies etc., financial record-keeping system, orientation for substitutes.
Vermont	Indicators include: Parent-provider contract including policies, payment, and daily routine for children, defined vacation, sick, holiday, and professional day closings, membership in professional organization, parent handbook, conforms to federal standards for a small business including fees derived from a budget, carries liability insurance.
<b>Total</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

## Cultural and linguistic diversity

The extent to which quality rating systems include standards related to cultural and linguistic competence is an issue gaining increasing attention at the national level (Bruner, Ray, Wright & Copeman, 2009; CLASP, 2009; NAEYC, 2009). Key stakeholders are looking to research for guidance about quality standards related to cultural and linguistic diversity that could be included in QRS, but to date, the practical application of research on this topic has not occurred in QRS. As can be seen in Table 4.28, five QRS include indicators related to cultural and linguistic diversity for centers. Three of the QRS have an indicator(s) related to families' home languages and the need for staff or other resources for communicating with families. Louisiana's QRS provides points for programs that receive training on cultural sensitivity. Three QRS include indicators related to cultural and linguistic diversity for family child care (Table 4.29). Two have an indicator(s) related to families' home languages and one (Indiana) includes having representations of each child's family and culture in the environment.

As explained in the notes for Table 4.28, the information in the table does not reflect QRS that use national accreditation or the Environment Rating Scales as the basis for quality indicators in the QRS. Each of these has standards that relate to cultural and linguistic diversity. Bruner and colleagues (2009) report that the accreditation standards for the National Association for the Education of Young Children in particular are relatively comprehensive in the inclusion of standards related to cultural and linguistic competence in early childhood programs. They note, however, that accreditation is typically include at only the highest levels in QRS (as can be seen in Tables 4.30 and 4.31 below), so the standards will not be met by the majority of programs in a QRS. Additionally, they report that 10 of the 43 indicators on the ECERS-R (Harms, Clifford & Cryer, 2005) have some reference to race, language and culture. In their analysis, a program could score in the top range on the ECERS-R without meeting any of the indicators on race, language and culture (Bruner et al., 2009).

Table 4.28. Inclusion of Indicators on Cultural and Linguistic Diversity for Child Care Centers in Quality Rating Systems\*

QRS	Cultural/Linguistic Diversity	Description
California, LA County	X	Communicating in children's home language is included as an option in the Family and Community Connections category.
Florida, Miami-Dade	X	At the 5 point level in the Family Engagement indicator, programs must have resources available to communicate with families in the family's primary language.
Florida, Palm Beach	X	At level 5 in Family Engagement, programs are required to have resources are available to communicate with families in the family's primary language.
Indiana	X <sup>a</sup>	In Level 2 of all provider types, the environment must include representations of each child and



		family including age, abilities, cultures which might include books, pictures, photographs, music/songs, games, toys, dress up clothes/materials and foods.
Louisiana	X	There is an option under Administration in Quality Point for programs to provide training to staff on cultural sensitivity.
<b>Totals</b>	<b>5</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.  
Notes: \*This does not include indicators that are embedded in national accreditation standards or the Environment Rating Scales which many QRS include in their indicators.

<sup>a</sup>This indicator is similar to indicators that appear in the ERS (which Indiana uses only for evaluation purposes). Other QRS that use the ERS are not designated here as including specific provisions for cultural and linguistic diversity.

Table 4.29. Inclusion of Cultural and Linguistic Diversity Indicators for Family Child Care Programs in Quality Rating Systems\*

QRS	Cultural/Linguistic Diversity	Description
California, LA County	X	Options include providing written materials in home languages of families, communications in home languages of families including securing adults to translate as needed, and materials and activities that incorporate the cultures of enrolled families and the community at large.
Florida, Palm Beach	X	Programs must be sensitive to native languages and written material must be translated.
Indiana	X <sup>a</sup>	In Level 2 of all provider types, the environment must include representations of each child and family including age, abilities, cultures which might include books, pictures, photographs, music/songs, games, toys, dress up clothes/materials and foods.
<b>Totals</b>	<b>3</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.  
Notes: \*This does not include indicators that are embedded in national accreditation standards or the Environment Rating Scales which many QRS include in their indicators.

<sup>a</sup>This indicator is similar to indicators that appear in the ERS (which Indiana uses only for evaluation purposes). Other QRS that use the ERS are not designated here as including specific provisions for cultural and linguistic diversity.

## Accreditation

Accreditation is a voluntary process that programs can complete in which their achievement of a set of program quality standards is assessed. Accreditation is awarded if programs adequately demonstrate their compliance with the standards. Common national accrediting bodies for early childhood and school-age programs include the National Association for the Education of Young Children (NAEYC), the National Early Childhood Program Accreditation (NECPA), the National Association of Family Child Care (NAFCC), the National Afterschool Association (NAA), the National Accreditation Commission (NAC), the Association of Christian Schools International (ACSI) and the Council on Accreditation (COA).

Tables 4.30 (child care centers) and 4.31 (family child care) provide an overview of whether accreditation is included in a QRS, and if so, the role of accreditation in the QRS. The majority of QRS do include accreditation for child care centers (20) and family child care (19).

There are three common ways in which accreditation may be included. First, accreditation status may serve as the highest level in a QRS, such that programs in the QRS can “bypass” the other indicators in the QRS and meet accreditation standards to achieve the highest rating. Alternative routes to the highest level may still be available, but accreditation serves a relatively automatic pathway to the highest rating. This process is available in four QRS for child care centers and in three QRS for family child care programs.

The second role that accreditation may play is to be one criterion in the highest rating category, such that accreditation is recognized but other criteria are also included. Accreditation status is used this way in ten QRS for child care centers and ten QRS for family child care programs. Note that Vermont uses accreditation as both the highest level and as one criterion in the highest rating category (depending on the accrediting agency).

The third approach to using accreditation status in QRS is to include it as a standard for which points are awarded. Three QRS for child care centers and three QRS for family child care programs use this approach.

Finally, QRS may use accreditation in other ways (reported by four QRS for child care centers and five QRS for family child care programs). For example, accredited programs in Miami-Dade (Florida) earn a “plus” on their rating. Other QRS use accreditation as an option for meeting certain standards, such as the Learning Environment and Program Administration indicators in Illinois or the Ratio/Group Size indicators in Ohio.

Table 4.30. Inclusion of Accreditation Indicators for Child Care Centers in Quality Rating Systems

QRS	Accreditation	Role of Accreditation	Description
Colorado	X	As a standard for which points are awarded	Accredited programs receive 2 points.
Delaware	X	Other	Accredited programs may enroll through Alternative Pathways.

QRS	Accreditation	Role of Accreditation	Description
District of Columbia	X	One criterion in highest rating	<p>Bronze: Application for accreditation from a national accrediting institution recognized by DHS/OECD</p> <p>Silver: -Evidence of self-study submitted for accreditation from a national accrediting institution recognized by DHS/OECD</p> <p>Gold: -Accredited by a national accrediting institution recognized by DHS/OECD</p>
Florida, Miami-Dade	X	Other	Programs holding current Gold Seal designation (accreditation by an approved accrediting body, identified by the Department of Children and Families) earn a "plus" on their Star Rating.
Illinois	X	One criterion in highest rating	At Star Level 3, accreditation is an option for the Learning Environment indicator. (If a center is not accredited at Level 3, a program must achieve a 4.25 on the ERS for Learning Environment, as well as a 4.25 on the Program Administration Scale (PAS) for Program Administration). Accreditation is an option at Level 3, and a requirement at Level 4. At Level 4 programs need to have a score of 5.0 on the ERS and PAS plus accreditation.
Indiana	X	One criterion in highest rating	At Level 4, in addition to accreditation, programs must meet the requirements of all previous levels and the director must volunteer to informally mentor a program at a Level 1, 2, or 3.
Iowa	X	As a standard for which points are	3 points are awarded to accredited programs.

QRS	Accreditation	Role of Accreditation	Description
		awarded	
Kentucky	X	One criterion in highest rating	
Maine	X	One criterion in highest rating	
Maryland	X	One criterion in highest rating	Level 2: Accreditation self-study has begun Level 3: Accreditation self-study completed Level 4: Accreditation achieved
Minnesota	X	Used as highest rating	Accredited programs automatically receive 4 stars. Recognized Accrediting Bodies: -National Association for Family Child Care -National Association for the Education of Young Children -Council on Accreditation -National Early Childhood Program Accreditation -American Montessori Society -Association of Montessori International-USA
Missouri	X	One criterion in highest rating	Only accredited programs are eligible to earn enough points for a 5-star rating.
New Hampshire	X	Other	For applying using Option 2, centers must prove that they are engaged in a national accreditation process but have not yet achieved national accreditation. National Association for the Education of Young Children (NAEYC) is accepted by New Hampshire QRS for child care centers.
New Mexico	X	Used as highest rating	At AIM High level 5 (5 Star), programs continue meeting requirements of previous levels, in addition to becoming accredited.  Accreditation must be through a nationally recognized accrediting

QRS	Accreditation	Role of Accreditation	Description
			<p>body approved by the Office of Child Development Board through demonstration that the program's accreditation significantly matches standards set by the NAEYC Academy of Early Childhood Program Accreditation. Certificate must be posted.</p> <p>Accepted accrediting bodies for child care centers:</p> <ul style="list-style-type: none"> <li>-NAEYC (National Academy of Early Childhood Programs, National Association for the Education of Young Children)</li> <li>-NECPA (National Early Childhood Program Association)</li> <li>-ACSI (Association of Christian Schools International)</li> <li>-COA (Council on Accreditation)</li> <li>-NAC (National Accreditation Commission for Early-Care and Education Programs)</li> <li>-ICAA (International Christian Accrediting Association)</li> </ul> <p>Certificate must be posted.</p>
Ohio	X	Other	<p>Accreditation is not required by Step Up to Quality Indicators. However, it is included as an Alternative Pathway for reaching the Ratio, Group Size Indicator.</p>
Oklahoma	X	One criterion in highest rating	<p>To qualify for a three star center, the facility must meet all of the two star criteria listed above AND have current accreditation by one of these agencies:</p> <ul style="list-style-type: none"> <li>Association of Christian Schools International's Preschool Accreditation (ACSI)</li> <li>Council on Accreditation (COA)</li> <li>National Accreditation Commission for Early Care and Education (NAC)</li> <li>National Association for Education of Young Children (NAEYC)</li> </ul>

QRS	Accreditation	Role of Accreditation	Description
			National Early Childhood Program Accreditation (NECPA)
Oregon	X		
Pennsylvania	X	One criterion in highest rating	<p>Accreditation is one pathway to STAR 4, but it is not required. If used, there are other requirements for the program:</p> <ol style="list-style-type: none"> <li>1) Directors annually participate in 3 professional growth and development activities and 27 annual clock hours of professional development,</li> <li>2) Teacher/Assistant Teachers complete 24 annual clock hours of professional development, aides complete 15 annual clock hours; annually all staff are involved in 2 professional growth and development activities,</li> <li>3) Average ERS Score must be 5.25 with individual classrooms scoring at least a 4.25; a written improvement plan is developed to address an ERS score below 4.25.</li> <li>4) A strategic plan is aligned with program mission statement and put in place.</li> </ol> <p>National Association for the Education of Young Children and National and Afterschool Association are the two forms of accreditation recognized.</p>
Tennessee	X	As a standard for which points are awarded	Program can receive 1 additional points for accreditation
Vermont	X	One criterion in highest rating or used as highest rating	If accredited through the NAEYC, accreditation is equivalent to highest rating. If accredited through NAFCC, NAA, or NECPA, accreditation is one criterion in the highest rating.

QRS	Accreditation	Role of Accreditation	Description
<b>Total</b>	<b>20</b>		

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Notes: Additional description of accreditation indicators was not available for all QRS.

ERS = Environment Rating Scales, PAS = Program Administration Scale, NAEYC = National Association for the Education of Young Children, NAFCC = National Association for Family Child Care, NAA = National Afterschool Association, NECPA = National Early Childhood Program Accreditation, NAC = National Accreditation Commission, ACSI = Association of Christian Schools International, COA = Council on Accreditation

Table 4.31. Inclusion of Accreditation Indicators for Family Child Care Providers in Quality Rating Systems

QRS	Accreditation	Role of Accreditation	Description
California, LA County			
Colorado	X	As a standard for which points are awarded	Accredited programs receive 2 points
Delaware			
District of Columbia	X	One criterion in highest rating	Bronze level requires that a provider apply to the Mentoring Program for Accreditation. Silver level requires that a provider submit proof of working with a mentor for Accreditation for at least six months and apply for accreditation to National Family Child Care (NFCC) or other national accrediting institution recognized by DHS/OEC. Gold level requires that a provider be accredited by NAFCC or other national accrediting institution recognized by DHS/OECD.
Florida, Miami-Dade	X	Other	Programs holding current Gold Seal designation (accreditation by an approved accrediting body) earn a "plus" on their Star Rating.
Florida, Palm Beach	X	Other	Accreditation provides one option to meet the education requirement if a provider does not have CDA.
Illinois	X	One criterion in highest rating	At Star Level 3, accreditation is an option for the Learning Environment indicator. If a home is not accredited at Level 3, a program must achieve a specific score on the ERS for Learning Environment, as well as a Business Administration Scale (BAS) score for Program Administration. Accreditation is an option at Level 3, and a requirement

QRS	Accreditation	Role of Accreditation	Description
			at Level 4. At Level 4, programs need to have a score of 5.0 on ERS and BAS plus accreditation.
Indiana	X	One criterion in highest rating	At Level 4, in addition to accreditation, programs must meet the requirements of all previous levels, the lead caregiver must have a current CDA or equivalent or ECE degree or an equivalent degree, and the lead caregiver must volunteer to informally mentor a program at a Level 1, 2, or 3.
Iowa	X	As a standard for which points are awarded	3 points are awarded to accredited programs.
Kentucky	X	One criterion in highest rating	
Louisiana			
Maine	X	One criterion in highest rating	
Maryland	X	One criterion in highest rating	Level 2: Accreditation self-study has begun Level 3: Accreditation self-study completed Level 4: Accreditation achieved
Minnesota	X	Used as highest rating	Accredited programs automatically receive 4 stars.
Mississippi			
Missouri	X	One criterion in highest rating	Only accredited programs are eligible to earn enough points for a 5-star rating.
New Hampshire	X	Other	For one rating option in NH, programs demonstrate that they are engaged in a national accreditation process but have not yet achieved national accreditation. NAFCC is accepted by New Hampshire QRS for family child care providers
New Mexico	X	One criterion in highest rating	Accredited programs must also continue to meet requirements of previous levels. Accepted accrediting body is NAFCC; certificate must be posted.
North Carolina			
Ohio	X	Other	Accreditation serves as an Alternative Pathway for reaching the Ratio, Group Size Indicator at Steps 2 and 3
Oklahoma	X	One criterion in highest rating	To receive three stars, a program must be NAFCC accredited and also continue to meet requirements of previous levels
Oregon			



QRS	Accreditation	Role of Accreditation	Description
Pennsylvania	X	Used as highest rating	Accrediting bodies include: NAEYC, NSACA, NAFCC, NECPA.
Tennessee	X	As a standard for which points are awarded	1 additional point is awarded for accreditation.
Vermont	X	Used as highest rating, one criterion in highest rating.	If accredited through the NAEYC, accreditation is equivalent to highest rating. If accredited through NAFCC, NAA, or NECPA, accreditation is one criterion in the highest rating. The other process includes that accredited programs have a STARS Streamlined application process.
Virginia			
<b>Total</b>	<b>19</b>		

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Notes: Additional description of accreditation indicators was not available for all QRS.

CDA = Child Development Associate, ERS = Environment Rating Scale, BAS = Business Administration Scale, NAA = National Afterschool Association, NAFCC = National Association for Family Child Care, NAEYC = National Association for the Education of Young Children, NSACA = National School-Aged Care Alliance, NECPA = National Early Childhood Program Accreditation, CoA = Council on Accreditation, AMS = American Montessori Society, AMI = Association of Montessori International-USA.

### Provisions for children with special needs

Indicators in this category include provisions for children with special needs and the extent to which programs meet standards for inclusion of children with disabilities or other limiting conditions. As seen in Tables 4.32 (child care centers) and 4.33 (family child care programs), eight QRS include specific indicators related to children with special needs for centers and six for family child care programs. The elements appearing in one or more of the indicators include: specialized training for staff, screening procedures, planning for children with special needs, documentation of plans and activities, integration of children with their peers, and environmental accommodations for children with special needs. The information in the tables does not reflect QRS that use national accreditation or the Environment Rating Scales as the basis for quality indicators in the QRS. Each of these has standards that relate to provisions for children with special needs.

Table 4.32. Inclusion of Indicators Related to Children with Special Needs for Child Care Centers in Quality Rating Systems.

QRS	Provisions for Children with Special Needs	Description
California, LA County	X	Provisions for Children with Special Needs indicators are separated into three categories under every Step in the QRS: identification,

QRS	Provisions for Children with Special Needs	Description
		inclusion, and special needs training . There are numerous indicators related to the use of screening tools, sharing information with families, making referrals as need, using information from an Individualized Family Services Plan (IFSP) or Individualized Education Plan (IEP) and input from the family to structure activities and services that are supportive of the IFSP/IEP, and provision of resources for families.
Delaware	X	<p>Program must document activities and instruction that help to support goals in a child’s IEP/IFSP, when applicable.</p> <p>4 Star: -Program involves families in planning to meet the needs of their child(ren), including IFSP/IEP goals.</p> <p>5 Star: -When applicable, program makes staff available to attend IEP/IFSP meetings to participate in planning efforts with family and service providers.</p>
Florida, Miami-Dade	X	At the 5th level, activity suggestions must be developed with staff and families for children identified with potential delays.
Indiana	X	Plans and environmental accommodations for children with special needs must be evident in terms of written plans, space arrangement, adaptation of materials, inclusion in age-appropriate self-help activities, and handling questions about differences.
New Hampshire	X	The program must welcome children and families of all abilities and must modify the program and make reasonable accommodations to maintain children with special needs in the program.
Pennsylvania	X	<p>Star 2: If applicable to the child, provider requests from parents copies of child’s IEP or IFSP, written plans, and/or special needs assessments completed by professionals to inform classroom practice.</p> <p>Star 3: A plan is written and implemented describing procedures to refer parents to appropriate social, mental health, educational, wellness, and medical services.</p> <p>Star 4: If applicable to the child, provider, in conjunction with parents and service providers from public social and community service organizations, implements activities appropriate to meet IEP or IFSP goals and/or special needs plans and objectives.</p>
Vermont	X	In Families and Communities indicator category, providers must complete training for caring for children with special needs in order to achieve 2 points and be a “Vermont Specialized Child Care Provider”.

QRS	Provisions for Children with Special Needs	Description
Virginia	X	<p>Star 2: -Programs must have a written plan for supporting individual children with special needs (medical, educational, or behavioral)</p> <p>Star 3: -Age appropriate activities to prepare children for transitions (sharing stories, reading books about transitions, visiting another classroom, visiting public school, etc)</p> <p>Star 4: -Coordination with families and schools, programs, or agencies to transfer child records, including written information concerning child's abilities, learning styles, medical/safety concerns.</p>
<b>Total</b>	<b>8</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.  
Notes: IEP = Individual Education Plan; IFSP = Individual Family Service Plan

Table 4.33. Inclusion of Indicators Related to Children with Special Needs for Family Child Care Programs in Quality Rating Systems.

QRS	Provisions for Children with Special Needs	Description
California, LA County	X	Provisions for Children with Special Needs indicators are separated into three categories under every Step in the QRS: identification, inclusion, and special needs training . There are numerous indicators related to the use of screening tools, sharing information with families, making referrals as need, using information from an Individualized Family Services Plan (IFSP) or Individualized Education Plan (IEP) and input from the family to structure activities and services that are supportive of the IFSP/IEP, and provision of resources for families.
Delaware	X	Included as part of Family Communication and Involvement Category. At 3 star level, program must request copies of a child's IEP/IFSP, assessment results, and other pertinent written information from families. At 4 star level, program involves families in planning to meet the needs of their child(ren), including IFSP/IEP goals/activities/instruction that help to support goals in a child's IEP/IFSP. At 5 star level, provider attends IEP/IFSP meetings to participate in planning efforts with family and service providers or provides information for the meeting.
Indiana	X	At level 3, programs must demonstrate that plans and environmental accommodations for children with special needs are evident (Written plan, space arrangement, adaptation of materials, inclusion in age-appropriate self-help activities, and handling questions about differences).

QRS	Provisions for Children with Special Needs	Description
New Hampshire	X	The program must welcome children and families of all abilities and must modify the program and make reasonable accommodations to maintain children with special needs in the program.
Pennsylvania	X	At Star Level 2, provider must obtain general information/facts on any of the special needs issues of children in care. At Star Level 3, provider must have a written plan describing procedures for referring parents to appropriate social, mental health, educational, and medical services is included in the Policy and Procedures AND must request basic information from special needs assessments completed by professionals AND all prescribed special needs treatments must be followed AND, if applicable, provider must have a copy of child's IEP or IFSP and a written plan.
Vermont	X	In the Families and Communities indicator category, providers must take training for caring for children with special needs in order to achieve 2 points and be a "Vermont Specialized Child Care Provider".
<b>Total</b>	<b>6</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Notes: IEP = Individual Education Plan; IFSP = Individual Family Service Plan

### Community involvement

Indicators in this category include activities and strategies that programs use to connect with the community or to help families and children link to resources in the community. As seen in Tables 4.34 (child care centers) and 4.35 (family child care), seven QRS include indicators related to community involvement for centers and six for family child care programs. The indicators address relationships with community services, linking families to community resources, participation in community events, and helping families plan for and navigate the transition of their children to local school districts. The information in the table does not reflect QRS that use national accreditation or the Environment Rating Scales as the basis for quality indicators in the QRS. Each of these has some standards that relate to community involvement.

Table 4.34. Inclusion of Community Involvement Indicators for Child Care Centers in Quality Rating Systems.

QRS	Community Involvement	Description
California, LA County	X	Options related to community involvement are embedded in the Family and Community Connections indicator set lists. Options include: Cultivating working relationships with public and community based services; Developing and maintaining current list of community resources; Linking families to

QRS	Community Involvement	Description
		identified liaisons in public and community-based services; Helping families navigate community resources.
Delaware	X	In Families and Community Resources, 2 Star: -Information about community services and resources is shared with staff.  3 Star: -At least annually, program makes written information available about state programs such as Purchase of Care, the Children's Health Insurance Program, Women, Infants and Children (WIC), Child Development Watch, and Child Find.  4 Star: -Program develops and implements a written plan for referring families to appropriate community services, including the plan in a policy manual.
Illinois	X	Indicators related to community involvement are included in the Program Administration Scale (PAS)
Louisiana	X	For the 2 Star level, programs must give every parent enrolling a child a list of community resources including, but not limited to: LaCHIP, Medicaid, Child Care Assistance, housing assistance, food stamps, and information on a child's medical home.  For the Family and Community Involvement Quality point, it is an option to provide an expanded list of local community resources to parents annually.
Maine	X	Program must maintain current and accurate information about community resources by connecting with their local Resource Development Center two times per year.
Pennsylvania	X	Program must develop and share a written plan for a child's transition to school with parents and community/school stakeholders.
Vermont	X	In the Families and Community indicator category, options include: Programs show evidence of engaging with the community as well as with families; Programs participate in Community Teams 24 hours per year (serve on a school board, talk to other providers, etc.); and programs play a leadership role in Early Childhood or Afterschool Community.
<b>Totals</b>	<b>7</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Table 4.35. Inclusion of Community Involvement Indicators for Family Child Care Programs in Quality Rating Systems

QRS	Community Involvement	Description
California, LA County	X	Options related to community involvement are embedded in the Family and Community Connections indicator set lists. Options include: Cultivating working relationships with public and community based services; Developing and maintaining current list of community resources; Helping families navigate community resources; Inviting community programs to share their expertise with staff, parents, and children; and informing families of relevant, local community events.
Delaware	X	<p>Programs must have a plan to share community resources with families and reach out to local school district.</p> <p>In Families and Community Resources,</p> <p>2 Star: -Information about community services and resources is shared with employees.</p> <p>3 Star: -At least annually, program makes written information available about state programs such as Purchase of Care, the Children’s Health Insurance Program, Women, Infants and Children (WIC), Child Development Watch, and Child Find.</p> <p>4 Star: -Program develops and implements a written plan for referring families to appropriate community services, including the plan in family</p>
Illinois	X	Indicators related to community involvement included in the Business Administration Scale (BAS)
Maine	X	At Steps 3 & 4, programs must maintain current and accurate information about community resources by connecting with their local Resource Development Center two times per year.
Pennsylvania	X	<p>Star 2: At enrollment, families are provided with resource contact information for publicly funded child care/ health insurance programs and tax credits (Earned Income Tax Credit, PA Tax Back).</p> <p>Star 3: A written plan describing procedures referring parents to appropriate social, mental health, educational, and medical services is included in the Policy and Procedures.</p> <p>Star 4: All staff have at least 2 hours of training in the last 2 years on inclusive early education and care practices, including how to</p>

		access local community health and human services resources for families.
Vermont	X	In the Families and Community indicator category, options include that: -Routinely participates in community teams at least 24 hours per year. -Plays a leadership role in the early childhood or after school professional community
<b>Totals</b>	<b>6</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

### Issues Related to Rating Process

#### Length of time that rating is valid

Information on the length of time a quality rating is valid can be found in Table 4.36. In just over half of the QRS (15), the rating is valid for 1 year. In other QRS, the rating is valid for 2 years (7) or more than 2 years (7). In Kentucky and Oklahoma, the length of time the rating is valid depends on the star level a program is assigned. In Kentucky, A level 1 is valid for 1 year, a level 2 is valid for 2 years, a level 3 is valid for 3 years and a level 4 is valid for 4 years. In Oklahoma, programs with a 1+ star rating are valid for 2 years.

Table 4.36. Length of Time that Rating is Valid

QRS	1 year	2 years	> 2 years
California, LA County	X		
Colorado		X	
Delaware			X
District of Columbia			X
Florida Miami-Dade			X
Florida, Palm Beach	X		
Illinois			X
Indiana	X		
Iowa		X	
Kentucky*	X	X	X
Louisiana		X	
Maine			X
Maryland	X		
Minnesota	X		
Mississippi		X	
Missouri	18 months		
New Hampshire	X		
New Mexico	X		
North Carolina			X
Ohio	X		

QRS	1 year	2 years	> 2 years
Oklahoma*	X	X	
Oregon	X		
Pennsylvania	X		
Tennessee	X		
Vermont	X		
Virginia		X	
<b>Total</b>	<b>15</b>	<b>7</b>	<b>7</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: \*Kentucky and Oklahoma are counted in multiple categories because the length of time that the rating is valid in these QRS varies according to star level.

#### Events that trigger re-rating

In addition to setting parameters for how long a rating is valid, QRS also have policies outlining events that would trigger a re-rating of a program. The most common event that triggers a re-rating is a licensing violation. Other events or issues that could trigger a re-rating include: new ownership of a program, a change in a center director, a change in location of the program, and high teacher turnover.

#### Availability of an appeal or grievance process

QRS typically have an appeal or grievance process available for programs that are dissatisfied with the rating they receive. The process for filing an appeal or grievance is available on the QRS website or in other documentation that programs receive upon application to the QRS.



## 5. Use of Observational Measures

The use of observational measures in QRS is an important issue to both QRS program developers and policymakers because of the staff and infrastructure supports needed to implement measures that require on-site observation. To date, there are no established guidelines indicating whether observational measures are a critical component of a QRS or detailed recommendations about how they should be implemented. Analysis has been conducted to determine the cost of observational measures in QRS (Mitchell & Ghazvini, 2007), and provisions have been offered by the developers of some observational measures to support the use of their tools in QRS (for example, by offering a listserv for sharing experiences with certain tools or offering a “users” conference to discuss best practices and lessons learned with others using the tools). The information described in this section builds on the discussion in Chapter 4 on strategies used by QRS to measure the learning environment. The focus here is on providing detailed information about whether and how QRS use observational measures in their rating process. This includes information about which measures are used, the frequency of observational assessment, the process for selecting classrooms to assess (in center-based settings) and the procedures used for training and reliability.

### Observational Measures Used

Twenty-three of the 26 QRS examined used an observational measure in some capacity in their QRS. As described in Chapter 4, the majority of QRS including an observational measure in their system use one or more scales from the family of Environment Rating Scales (ERS) developed by Harms, Clifford, Cryer and colleagues at the University of North Carolina, Chapel Hill. This set of scales includes the Early Childhood Environment Rating Scale – Revised (ECERS-R; Harms, Clifford & Cryer, 2005), the Family Child Care Environment Rating Scale – Revised (FCCERS-R; Harms, Cryer & Clifford, 2007) or the Family Day Care Rating Scale (FDCRS, Harms & Clifford, 1989), the Infant and Toddler Environment Rating Scale – Revised (ITERS-R, Harms, Cryer & Clifford, 2006) and the School-Age Care Environment Rating Scale (SACERS, Harms, Jacobs & Romano, 1995). These scales are designed to assess features of the learning environment such as the materials, activities, routines, provisions for health and safety, and interactions that influence children’s experiences in the setting. Other scales used in QRS include the Classroom Assessment and Scoring System (Pianta, La Paro & Hamre, 2008) that focuses more specifically than the ERS on interactions as well as Early Childhood Environment Rating Scale – Extended (Sylva, Siraj-Blatchford & Taggart, 2006). Tools such as the Program Administration Scale and the Business Administration Scale (Talan & Bloom, 2004; Talan & Bloom, 2009) that do not require observation are not included in this section.

Table 5.1 describes the different observational measures used in QRS and the purpose for which they are used.

Table 5.1. Use and Purpose of Observational Tools in Quality Rating Systems

QRS	Purpose	ECERS-R	FCCERS-R	ITERS-R	SACERS	Other
California, LA county	Score required for rating	X	X	X		Adult Involvement Scale (AIS)
Colorado	Score required for rating	X	X	X		
Delaware	Score required for rating	X	X	X	X	
District of Columbia	Score required for rating	X	X	X		
Florida, Miami-Dade	Score required for rating	X	X	X		
Florida, Palm Beach	Score required for rating	X	X	X		
Illinois	Score required for rating *	X	X	X	X	
Indiana	Used in evaluation only					
Iowa	Optional; score can be used to achieve additional points	X	FDCRS	X	X	
Kentucky	Score required for rating	X	FDCRS	X	X	
Louisiana	Score required for rating	X		X		X
Maine	Used in evaluation only					
Maryland	Score required for rating	X	X	X	X	
Minnesota	Score required for rating*	X	X	X		CLASS
Mississippi	Score required for rating	X		X		
Missouri	Score required for rating	X	X	X	X	ECERS-E, Missouri Infant/Toddler Responsive Caregiving Checklist, Missouri School-Age Intentional Teaching Checklist
New Hampshire	Optional quality standard that can be	X	X	X		

QRS	Purpose	ECERS-R	FCCERS-R	ITERS-R	SACERS	Other
	completed; specific score not required*					
New Mexico	Score required for rating	X	X	X	X	
North Carolina	Score required for rating	X	X	X	X	
Ohio	Score required if using ERS as an “alternative pathway” for the Ratio and Group Size indicator*	X	X	X		State-developed tool ensures curriculum aligns with early learning standards.
Oklahoma	Used in rating; specific score not required*	X	X	X	X	
Oregon	Not used					
Pennsylvania	Score required for rating	X	FDCRS	X	X	
Tennessee	Score required for rating	X	FDCRS	X	X	
Vermont	Optional; Score can be used to achieve additional points *	X	X	X	X	Vermont Essential Practices Inventory (EPI), and National Afterschool Association accreditation observation tool
Virginia	Score required for rating	X		X	X	CLASS
<b>Total</b>		<b>23</b>	<b>19</b>	<b>23</b>	<b>13</b>	<b>7</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Notes: \* indicates that requirements do not apply to programs that have national accreditation. ECERS-R = Early Childhood Environment Rating Scale – Revised, FCCERS-R = Family Child Care Environment Rating Scale – Revised, ITERS-R = Infant/Toddler Environment Rating Scale, SACERS = School-Age Care Environment Rating Scale, ECERS-E = Early Childhood Environment Rating Scale – Extension, CLASS = Classroom Assessment Scoring System.

As seen in Table 5.1, the majority of QRS that use observational measures use the ERS for some purpose. Twenty-three of 26 QRS use the ECERS-R and ITERS-R; 19 QRS use the FCCERS-R (or the FDCRS since some QRS like Kentucky have not yet begun using the revised version), and 13 QRS use the SACERS. A small number of QRS use other tools in addition to the ERS. For example, Minnesota and Virginia use the CLASS in preschool-aged center-based classrooms in addition to the ECERS-R. Missouri uses the ECERS-E in addition to the ECERS-R.

While the majority of QRS use the ERS, there are various ways that the tools are used. In the majority of QRS that use the ERS, either alone or with another measure, the scores on the measures are used to determine a participating program’s final rating. In these QRS, enrolled programs (except accredited programs, in some QRS as designated by a \* in Table 5.1) participate in an observational assessment conducted by a trained observer. The QRS indicators specify a score that is needed to achieve a particular level or to receive a particular number of points in the QRS, and the score received is used to make this determination.

In a small number of QRS (Iowa and Vermont), programs can decide whether they want to complete the observational assessment as a way of potentially achieving more points. For example, to achieve a rating of three to five stars in Iowa, points can be received if the program director participates in an ERS training, conducts a self-assessment, and completes an improvement plan. Additional points can be earned if an outside evaluator completes the ERS assessment on the program and the program receives a specific score (with more points available for higher scores).

Two QRS (New Hampshire and Oklahoma) include the ERS (with options in Oklahoma to use other measures) as a tool for conducting “self”/program assessments. Specific scores are not required on the measures, but they must be used for setting goals and creating a program quality improvement plan. In New Hampshire, programs may select the ERS program assessment indicator as one of five optional indicators (whereas completion of 11 other indicators is required) and work with an independent consultant to have the assessment done. In Oklahoma, the self assessment and program goal setting indicators are required for stars 2 and 3.

### Frequency of Visits

One component of the observational assessment protocol that must be decided is how often observations will be conducted in programs. Table 5.2 contains a description of the frequency with which observational assessments are conducted.

Table 5.2. Frequency of observational assessment visits in Quality Rating Systems

QRS	1 Year	2 Years	3 Years	Other	Description (if applicable)
California, LA county				X	After the initial observation, all other observations are optional.
Colorado		X			
Delaware			X		
District of Columbia	X				

QRS	1 Year	2 Years	3 Years	Other	Description (if applicable)
Florida, Miami-Dade			X		Programs showing 1 star or more growth on the annual self-study (Update Report) may apply for formal assessment on any anniversary.
Florida, Palm Beach				13 months	
Illinois			X		Every three years unless they re-apply, or are on a national accreditation timeline.
Indiana				X	There is a random, one time study to assess the correlation between the Environmental Rating Scale scores and the Paths to Quality level.
Iowa		X			
Kentucky				X	After the initial assessment, observations are conducted according to level attained: Level 1-valid for 1 year Level 2-valid for 2 years Level 3-valid for 3 years Level 4- valid for 4 years
Louisiana	X				
Maine					None
Maryland		X			
Minnesota	X				
Mississippi				6 months	
Missouri				18 months	
New Hampshire				X	Programs have the option to hire a private consultant to conduct an observation to earn additional points.
New Mexico	X				
North Carolina			X		
Ohio	X				
Oklahoma			X		
Oregon					None
Pennsylvania		X			
Tennessee	X				
Vermont	X				A new model in Vermont will assess programs every 3 years.
Virginia		X			
<b>Total</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>7</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

As seen in Table 5.2, the QRS that use observational assessments are equally split in the timeframe used for observational assessments. Seven QRS conduct annual observations, five QRS conduct observations every two years, and five QRS conduct observations every three years. Seven QRS use different timeframes for observational assessments. For example, Mississippi conducts observations every six months, Missouri every 18 months, Palm Beach

every 13 months, and Kentucky varies the timeframe depending on the level a program achieved (with programs at higher levels having a longer time between observational visits).

### Training and Reliability Requirements for Observers

The use of observational assessment tools for the purposes of assigning ratings to programs requires systematic procedures for training and assessing the reliability of observers. Training refers to the initial process conducted with the observer to introduce the observational assessment tools, the content and the scoring procedures. Reliability in this context means that observers are tested initially and periodically to ensure that the scores they assign during an observational assessment are consistent with those of an expert or “anchor” observer. To establish reliability, the observer and the expert attend a visit together, score the visit and then compare their scores to determine the extent of their inter-rater reliability.

Table 5.3 provides an overview of the training and reliability requirements for observational assessments in quality rating systems.

Table 5.3. Training and Reliability Requirements for Observational Assessments

QRS	Observational Training	Initial Reliability Requirements	Ongoing Reliability Requirements
California, LA county	Yes, two days of training with AIS & ERS scale authors, plus additional training on visit protocols and quality review protocol.	Reviewers must have minimum mean weighted Kappa (K) of .70 for each item of the measure.	Assessed every 10 <sup>th</sup> visit or at least every 3 months. Require a Kappa of .70*
Colorado	Yes	Must achieve 85% agreement on 3 consecutive visits.	Assessed every 10 <sup>th</sup> visit. Requires 85% agreement.
Delaware	Yes, trained by ERS anchors at FPG.	None	Assessed every 10 <sup>th</sup> visit.
District of Columbia	Other, observations are contracted out.	Must achieve 85% agreement with Anchor Assessor.	Assessed every 10 <sup>th</sup> visit.
Florida, Miami-Dade	Yes	Must achieve 85% agreement with an anchor on 3 consecutive visits.	Assessed every 6-10 visits.
Florida, Palm Beach	Yes, trained by scale authors at FPG	Must achieve higher than 85% agreement.	Assessed every 6-8 visits
Illinois	Yes, trained by scale authors at FPG	Must achieve 80% agreement.	Assessed every 8 visits.
Indiana	N/A	N/A	N/A
Iowa	Yes, mostly self-directed. Watching videos and completing training	Must achieve 85% agreement (within one point) with Anchor	Assessed every 6-9 months. After 3 years of maintaining 85%

QRS	Observational Training	Initial Reliability Requirements	Ongoing Reliability Requirements
	worksheets, and consulting with the Anchor Assessor.	Assessor.	agreement, reliability is assessed annually.
Kentucky	Yes, training with local anchors.	Must achieve an average of 85% agreement over 3 visits.	Observers are assessed every 6 visits for 85% agreement. Raters are assessed every 10 visits for 90% agreement.
Louisiana	Yes, five day training with scale authors.	Must achieve 85% agreement on 3 consecutive visits.	Assessed every 6 visits. After 1 year of maintaining 85% agreement, reliability is assessed every 12 visits.
Maine	N/A	N/A	N/A
Maryland	Yes, a train-the-trainer model is used via contract with the CCR&R organization.	Must achieve 85% agreement.	
Minnesota	Yes, anchors from the University of MN are trained by scale authors and observers are trained by anchors.	Must achieve 85% agreement with anchor on 3 consecutive visits.	Assessed every 7 <sup>th</sup> visit.
Mississippi	Yes, trained by a Master Trainer.	Must achieve 85% agreement.	Scoring is reviewed by a Master Trainer every 6 <sup>th</sup> visit.
Missouri	Yes	Must achieve 80/90% agreement on 2 consecutive visits.	Assessed at least every 10 <sup>th</sup> visit.
New Hampshire	N/A	N/A	N/A
New Mexico	Yes, trained to reliability with scale authors using tiered system. Includes one-on-one training.	Must achieve 85% agreement with anchors.	Assessed periodically.
North Carolina	Yes, trained by state anchors.	Must achieve 85% agreement with anchors.	Assessed by visit number or elapsed time depending on the individual.
Ohio	Initial training must be completed with the Step Up Supervisor.	Must achieve consistency with supervisor during unannounced field visit.	The observer is accompanied by the supervisor at least biannually to ensure consistency. All reports are reviewed after every visit.

QRS	Observational Training	Initial Reliability Requirements	Ongoing Reliability Requirements
Oklahoma	Yes, trained by scale authors once a year on at least 1 scale	Must achieve 85% agreement.	Ongoing reliability checks are conducted throughout the year.
Oregon			
Pennsylvania	Yes, assessors are trained individually by the core assessor	Must achieve 85% agreement with core assessor on 5 visits.	Assessed every 10 visits. After a year of reliability, assessed every quarter.
Tennessee	Yes, training at the University of TN College of Social Work and then practice assessments.	Must achieve an average of 85% agreement over 3 visits.	Assessed about every 6 visits.
Vermont	Yes	Not formally assessed	Assessed every 7 visits.
Virginia	Yes, training by scale authors, when possible or by a Master Trainer who was trained by the scale authors		

Source: Document review and interviews with QRS Administrators from July to October, 2009. Notes: \*A Kappa statistic is a measure of inter-rater agreement that corrects for expected chance agreement. A Kappa of .60-.70 is considered acceptable in research studies. N/A= Not applicable; FPG=Frank Porter Graham Child Development Institute at the University of North Carolina, the developers of the ERS scales.

All QRS that use observational assessments have a training process for the observers conducting the visits. Eight QRS use training conducted by the authors of the ERS (which involves sending observers to North Carolina for training or bringing the authors (or consultants) to the QRS location for onsite training. The other QRS report that observers are trained by university partners or by “master” or “anchor” coders who represent the gold standard for coders in the QRS.

Initial and ongoing reliability requirements in QRS are quite similar across the 23 QRS that use observational measures. Most QRS report that observers must demonstrate 85% agreement with a master coder.<sup>20</sup> One QRS (California, LA County) uses a kappa statistic (.70) rather than percent agreement.<sup>21</sup> Some QRS specify that initial reliability must be demonstrated on three consecutive visits, while other QRS calculate an average reliability over three visits.

<sup>20</sup> Details about whether agreement within 1 point on the scale is acceptable or whether exact agreement is needed for reliability were not collected.

<sup>21</sup> A Kappa statistic is a measure of inter-rater agreement that corrects for expected chance agreement. A Kappa of .60-.70 is considered acceptable in research studies.



Maintenance of reliability is also quite similar across QRS. As seen in Table 5.3, reliability visits are required every 6<sup>th</sup>-12<sup>th</sup> time an observer conducts a visit across the QRS examined. In some QRS, a timeframe (for example, every 6-9 months in Iowa) may be specified for reliability visit, rather than checking reliability after a specified number of visits have been conducted. A number of QRS noted that periods between reliability visits can be extended for those observers who consistently demonstrate high reliability.

### Procedures for Conducting Observational Assessments in Center Classrooms

QRS have procedures in place for the use of observational measures in center-based settings with multiple classrooms serving multiple age groups of children. These procedures outline the methods for determining the number or percentage of classrooms that will be assessed as well as the method for determining which classrooms will be assessed. A review of these procedures is outline in Table 5.4.

Table 5.4. Procedures for Selecting the Percentage of Classrooms to be Assessed and for Determining which Classrooms will be Assessed in Child Care Centers

QRS	Proportion of Classrooms Assessed	Selection of Classrooms
California, LA county	50% are assessed	Random selection
Colorado	100% are assessed	All are selected
Delaware	50% with at least one of each age group	Policy not yet set
District of Columbia	Not available	Not available
Florida, Miami-Dade	33% with at least one of each age group	Random selection
Florida, Palm Beach	50% with at least one of each age group	Random selection
Illinois	33% with at least one of each age group	Random selection
Indiana	N/A	N/A
Iowa	33% with at least one of each age group	Random selection
Kentucky	33% with at least one of each age group	Random selection
Louisiana	33% with at least one of each age group	Random selection
Maine	N/A	N/A
Maryland	50% with at least one of each age group	Random selection
Minnesota	33% with at least one of each age group	Random selection
Mississippi	2 classrooms per center are selected	Random selection
Missouri	50% with at least one of each age group	Random selection
New Hampshire	N/A	N/A
New Mexico	100% are assessed	All are selected
North Carolina	33% with at least one of each age group	Random selection
Ohio	100% are assessed	All are selected
Oklahoma	One of each age group is selected	Random selection
Oregon	N/A	N/A
Pennsylvania	33% with at least one of each age group	Random selection
Tennessee	33% with at least one of each age group	Random selection
Vermont	100% are selected	All are selected
Virginia	33% with at least one of each age level	Random selection

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: N/A=Not applicable.

The majority of QRS examined designate a proportion of classrooms that will be assessed. In ten QRS, 33% of classrooms are assessed. Five QRS assess 50% of classrooms, and four assess 100% of classrooms. Two other QRS designate a number of classrooms that are assessed (one per age group in Oklahoma and two per center in Mississippi).

In most QRS, at least one classroom of each age group must be assessed. Thus, for smaller centers with, for example, one or two infant and toddler classrooms, the percentage of classrooms assessed is actually much higher than 33% or 50%.

All QRS that assess a set percentage of classrooms and for which information is available use a random selection process.

## 6. Quality Improvement Processes

Quality Rating Systems generally include strategies to support participating programs in quality improvement. These support systems often include professional development/training opportunities required as part of participation in the QRS and/or specifically linked or aligned with the QRS, on-site or other forms of individualized assistance for programs, and quality improvement loans or grants.

### Content of Training Available for Quality Improvement

The availability of trainings linked to or aligned with the QRS was reported in 23 of the QRS (see Table 6.1). Eighteen reported on the content of available trainings.

The most commonly reported content was assessment of the environment, followed by language and literacy, specific curriculum, business practices, safety, and social and emotional development. Child assessment content was reported by the fewest number of QRS (9). Several states reported additional content areas in available trainings. Additional content areas included infant/toddler in family child care, adult-child relationships, developmental screenings, observation and assessment, inclusion, and specific trainings for the Program Administration Assessment and the state's Early Learning Guidelines. Table 6.1 provides an overview of the training content available in each quality rating system.

### Onsite Assistance

All 26 QRS reported that some type of onsite assistance is available to programs for quality improvement, and eighteen provided information regarding the content of onsite assistance. Thirteen of these reported that onsite assistance included supporting programs with navigation of the QRS (i.e., assisting with filling out paperwork, explaining the rating process). Other content areas mentioned were implementation of a developmental screening tool, training on early learning guidelines, infant/toddler information, staff training, and classroom layout (see Table 6.2)

Information was collected on the frequency and length of onsite contact as well as the duration of assistance. The vast majority of responses were that all three aspects of onsite assistance varied depending on the needs of the program seeking quality improvement services. Seventeen QRS reported that the frequency of contacts varies. Delaware reported monthly contacts, and Louisiana and Ohio reported bi-weekly contacts.

For length of onsite contact, 14 reported that length of contacts varies by the needs of the program. Tennessee reported one-hour contacts, Vermont, Ohio, Iowa, and Florida, Miami-Dade reported 1-4 hours of contact, and Louisiana and Mississippi reported contacts lasted more than 4 hours.

The duration of onsite assistance lasted from less than one month (Mississippi), 1-6 months (New Mexico and Pennsylvania), to 6 months – 1 year (Louisiana, Ohio, Vermont). Florida,

Miami-Dade and Virginia reported ongoing contact and 14 QRS reported that the duration of onsite assistance varies depending on the program.

Table 6.1. Quality Rating System and Content of Linked Trainings

QRS	Business Practices	Child Assessment	Environment Assessment	Language and Literacy	Safety	Social and Emotional Development	Specific Curriculum	Other Content Areas
California, LA County			X	X	X			Family child care infant/toddler training, adult-child relationships, learning environments, developmental screening.
Colorado	X	X	X	X	X	X	X	
Delaware		X	X				X	Early learning foundations, observation and assessment, and inclusion
District of Columbia	X		X					
Florida Miami-Dade	X	X	X	X	X	X	X	
Florida Palm Beach								Other
Illinois			X					Program Administration Assessment/ Business Administration Assessment
Indiana	X		X	X	X	X	X	
Iowa	X		X	X	X	X		
Kentucky								Other, varies
Louisiana			X			X		Louisiana Early Learning Guidelines
Maine								Maine's Early Learning Guidelines
Maryland	X	X	X	X	X	X	X	
Minnesota		X		X			X	
Mississippi	X	X	X	X	X	X	X	Mississippi Early Learning

QRS	Business Practices	Child Assessment	Environment Assessment	Language and Literacy	Safety	Social and Emotional Development	Specific Curriculum	Other Content Areas
								Guidelines
Missouri			X				X	Availability of training is pending state-wide implementation.
New Mexico								New Mexico has 7 core competencies (trainings offered at the entry level, AA level, BA level). Most trainings linked to the 7 core competencies are at the entry level.
North Carolina								Content areas vary, based on needs.
Ohio	X	X		X		X	X	
Pennsylvania	X	X	X	X	X		X	Continuous Quality Improvement Plans, Facility Professional Development Planning, Child Abuse Mandated Reporter (for director), Learning Standards, Inclusive Practices, Learning Standards
Tennessee	X		X	X	X	X	X	
Vermont	X	X	X	X	X	X	X	
Virginia								The trainings are currently in a development phase. No specific information is available at this time.
<b>Total</b>	<b>11</b>	<b>9</b>	<b>15</b>	<b>12</b>	<b>10</b>	<b>10</b>	<b>12</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Table 6.2. Quality Rating System by Content of Onsite Assistance

QRS	Business Practices	Child Assessment	Environmental Assessment	Language and Literacy	Safety	Social and Emotional Development	Specific Curriculum	Support in Navigating QRS	Other content Areas
California, LA County									Implementing developmental screening tool and developing a quality learning environment
Colorado									Content areas vary by what the program needs and coaching availability.
Delaware									Varies
District of Columbia									Varies
Florida Miami-Dade	X		X		X		X	X	
Florida Palm Beach									Varies
Illinois			X					X	
Indiana	X		X	X	X	X	X	X	Indiana Early Learning Guidelines
Iowa					X			X	Infant/toddler development
Kentucky	X	X	X	X	X	X	X	X	
Louisiana			X			X			
Maine									Varies
Maryland	X	X	X	X	X	X	X	X	
Minnesota	X	X	X				X	X	
Mississippi	X	X	X	X	X	X	X	X	

QRS	Business Practices	Child Assessment	Environmental Assessment	Language and Literacy	Safety	Social and Emotional Development	Specific Curriculum	Support in Navigating QRS	Other content Areas
New Hampshire	X	X	X	X	X	X	X	X	
New Mexico									Series-based on individual program needs. Follow-up is done to assess understanding and what the program might need next.
North Carolina									Varies
Ohio	X	X	X	X	X	X	X	X	
Oklahoma									Varies
Pennsylvania	X	X	X		X			X	Other: for any/all of the performance standards
Tennessee	X	X	X	X	X	X	X	X	
Vermont	X	X	X	X	X	X		X	
Virginia	X	X	X	X	X	X	X	X	Staff training and classroom layout
<b>Total</b>	<b>12</b>	<b>10</b>	<b>14</b>	<b>9</b>	<b>12</b>	<b>10</b>	<b>10</b>	<b>14</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.



## Improvement Grants

Improvement grants are similar to quality awards (described in Chapter 7) but are typically tied directly to a specific facet of quality improvement. Funds may be awarded for the purchase of items or services related to a quality improvement plan. Table 6.3 provides an overview of improvement grants in QRS.

Table 6.3. Improvement Grants in Quality Rating Systems

QRS	Improvement Grants Available	Description of improvement grants, if applicable
California, LA County	X	Mini grants for quality improvement are available for STEP participants. Mini-grant funding may be used only to purchase items or services that improve quality in any of the six categories in the STEP rating system. Grants are capped at \$5,000.
Colorado	X	Grants are available but amounts and process vary by community and different funding streams. Grant money is also available to school readiness programs (funded by the Child Care and Development Fund).
Delaware	X	Participating programs can apply for a Quality Improvement Grant upon approval of their Quality Improvement Plan. Grant funds must be spent to support strategies and actions outlined in the plan. Based on program type and Star Level.
Florida, Miami-Dade	X	Support Grants are available to all programs for materials and equipment to address issues identified in the Quality Improvement Plan. The materials and equipment will be delivered based on meeting the goals in the QIP (Only 1 grant or award per program is awarded each year).
Florida, Palm Beach County	X	Quality Counts mini-grants are available for programs in their first year of participating in Quality Counts. These grants are often used for environment improvements.
Illinois	X	Some grants are available, but they are not exclusive to QRS
Indiana	X	Providers who achieve Level 3 and desire to move on to Level 4, which includes becoming accredited by an approved national accrediting body, will be eligible for financial support and technical assistance. The amount of financial support is based on need and the number of children enrolled in a program. Support is available to assist with the accrediting process, the validation/endorsement phase, and/or equipment needed to meet the accreditation criteria.
Louisiana	X	Louisiana Department of Human Services offers grants, technical assistance, and training to help child care providers achieve higher quality and more stars.
Maine	X	Programs that pay state taxes and have a Quality Improvement Plan may apply for a Child Care Investment Tax Credit for expenses incurred to improve quality.
Maryland	X	Accreditation support funds are available to help programs pay the cost of program accreditation application fee.

QRS	Improvement Grants Available	Description of improvement grants, if applicable
Minnesota	X	After receiving 1-3 Star rating, centers and family child care programs receive Quality Improvement Dollars for improvements directed by Quality Improvement Plan
New Mexico	X	Programs participating in AIM High are provided with funds for training and equipment. This improvement grant is called the 25% set-aside. The 25% set-aside is in the AIM HIGH budget to be used for program expenses necessary for the attainment of program improvement goals.
North Carolina	X	Improvement grants are offered at the local level. However, not all counties participate.
Ohio	X	A minimum of 25% of the Quality Achievement Award must be spent on Program improvements.
Pennsylvania	X	Support Awards are available for quality improvement efforts (for up to 2 years), for programs at STAR 1. Some awards are time-limited and some are on-going in order to help facilitate upward movement by programs.
Tennessee	X	TN Department of Human Services offers grants, technical assistance, and training to help child care providers achieve higher quality and more stars.
Vermont	X	The Vermont Community Loan Fund uses state funds and funds from child care license plate sales to award grants or low interest loans to programs to improve or expand facilities. Programs participating in STARS are prioritized.
Virginia	X	The Quality Improvement Resource Support funds go to the local coalitions working with the programs. The local coalition will make purchase of services (mentoring, training) or equipment and materials that are equivalent to \$1,500 per participating center based on their quality improvement plan. The Quality Incentive Fund is an incentive award for programs whose enrollment of subsidized children is 25% or more. This amount is a one-time incentive that is given to the early childhood program based on their star rating and the number of children served at the site. This amount varies from \$500 – 3250 per program.
<b>Total</b>	<b>18</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: \* indicates that the same information appears in the table on quality awards in section 7 of this document.

Eighteen QRS offer improvement awards to participating programs. In two QRS (Ohio and Pennsylvania), the award amount is provided in a matrix, with amounts differing by quality level, type or size of program, and the density of at-risk children served. Two others (California, LA County and Virginia) provide a standard amount or an upper threshold for grant amounts. The remaining QRS (14) do not specify the grant amount but often note that the improvement grant will align with items included in the programs quality improvement plan.

## 7. Incentives

A variety of incentives are used in QRS to encourage and reward participation of programs, to help programs achieve and maintain higher quality, to assist parents in accessing higher quality programs and to support programs in the QRS that are serving children from low-income families. This section describes and analyzes the basic strategies available through a QRS or linked to a QRS including tiered reimbursement, quality awards, scholarships, wage enhancement and retention bonuses.

### Tiered Reimbursement

One direct link between QRS and the child care subsidy system is through tiered reimbursement policies. In the subsidy system, state market rate surveys are conducted to determine the typical rates charged for child care programs and to understand how these rates vary by type of program, age of child served and geographical region. Using the market rate survey data, a state sets maximum reimbursement rates that will be paid to programs that serve children receiving child care subsidies. If a program charges private paying families less than the maximum reimbursement rate, they will be paid the lower rate by the subsidy system. If a program charges private paying families more than the maximum reimbursement rate, they will not be paid the higher rate by the subsidy system. The family receiving the subsidy is expected to contribute the difference (in addition to any co-payment that they owe, which is based on their income level and family size).<sup>22</sup>

Tiered reimbursement policies set higher maximum reimbursement rates for each subsidized child served by an early care and education or school age program meeting specific quality standards. In a QRS, tiered reimbursement is typically linked to the levels of the QRS, with the maximum rate increasing as the levels increase. Prior to the widespread implementation of QRS, national accreditation was used to distinguish programs that had achieved quality levels beyond licensing. In fact, it was the recognition of the steep gap between licensing and accreditation status in tiered reimbursement that led ultimately to the creation of multi-level rating systems that provided a more gradual “climb” and set of interim steps for programs to achieve (Mitchell, 2005).

Tiered reimbursement may provide a monetary incentive for a program to improve its QRS level and to care for subsidized children. Programs can receive the higher reimbursement rate as long as it does not exceed the rate they charge non-subsidized children for the same services. Tiered reimbursement is linked directly to the child care subsidy system which means that the benefit to the individual programs depends in part on the density of subsidized families cared for by the program. If the program cares for only a small number of children receiving child care assistance, the monetary award for improving quality may be negligible. In addition, effective tiered reimbursement policies also depend on the extent to which the reimbursement rate is based on a current market rate survey. If the maximum reimbursement rate is based on an outdated survey, a tiered or “bonus” rate may still be significantly below the current level charged which

---

<sup>22</sup> Note that in some states, the tiered reimbursement payment to a program can exceed the rate charged to private paying families if the payment is considered a quality investment.

may discourage programs from caring for subsidized children. Finally, it is important to know the degree of difference between the rate that a program charges to private paying families and the tiered reimbursement rates. As noted above, if the rate charged for all families exceeds the tiered reimbursement rate, the program will need to charge and collect the difference from parents of children receiving subsidies or find another source of obtaining this income.

Tiered reimbursement policies are typically implemented as a flat-rate increase or a percentage increase per subsidized child. To date, there is little research to indicate the structure and rate differential that are most effective. One study indicated that a 15% differential was the threshold at which programs sought national accreditation (Gormely & Lucas, 2000) in states/municipalities with tiered reimbursement, but new research is needed to determine how tiered reimbursement works for programs in the context of QRS.

A flat-rate increase adds a fixed dollar (or portion of a dollar) amount to the maximum reimbursement rate for each subsidized child. The fixed amounts may need to be updated on a regular basis if the amounts over time become a shrinking portion of rising child care rates. A percentage increase is calculated from the maximum reimbursement rate available for a program. With this method, percentages would not necessarily need to be increased over time because the amount calculated increases as prices increase. As noted, with both methods, there is little guidance available to indicate the differential amount that is most effective for allowing parents to access high quality programs and for providing an incentive for programs to increase their quality.

Table 7.1 contains details about the tiered reimbursement policies of the QRS examined. It shows whether or not a tiered reimbursement policy exists and, if so, information about the policy.

Table 7.1. Tiered Reimbursement Policies in Quality Rating Systems

QRS	No	Yes	Description of Tiered Reimbursement Policy
California, LA County	X		A pilot in Santa Monica links STEP rating with subsidy. However, it is not a part of the fully-implemented program.
Colorado		X	The option for tiered reimbursement is available at the county level. Three counties have a policy in place which provides a flat rate increase that varies based on the age category of child served and the star rating.
Delaware	X		N/A
District of Columbia		X	A flat rate increase is provided that varies based on the age of child served and the star rating. Reimbursements vary from \$16 to \$50..
Florida, Miami-Dade		X	Programs with Gold Seal accreditation can receive a percentage increase of 20% per subsidized child.
Florida, Palm Beach County	X		N/A
Illinois		X	Licensed programs can receive a percentage increase of 5% to 20% per subsidized child depending on star

QRS	No	Yes	Description of Tiered Reimbursement Policy
			level. License exempt programs can receive 10% to 20% depending on tier level.
Indiana		X	Programs with accreditation can receive a percentage increase of 10% per subsidized child.
Iowa	X		N/A
Kentucky		X	A flat rate increase per subsidized child is provided that varies based on the density of subsidized children in the setting and star level. It is called a quality award, not tiered reimbursement.
Louisiana		X	Programs can receive a percentage increase of 3% to 20% per subsidized child depending on star level (with no increase for Star 1).
Maine		X	Programs can receive a percentage increase of 5% (for Step 3 or programs awaiting an accreditation) or 10% (for Step 4) or 2% (for Step 2).
Maryland		X	Programs can receive a percentage increase from 10% to 44% per subsidized child depending on the age of the child, type of care and level (starting with level two).
Minnesota		X	Accredited programs can receive a percentage increase of 15% per subsidized child.
Mississippi		X	Programs can receive a percentage increase from 7% to 25% per subsidized child, depending on star level (beginning at Star 2).
Missouri	X		N/A
New Hampshire	X		A change proposed for January 2010 would provide a percentage increase of 5% for Licensed-Plus programs and 10% for nationally accredited programs.
New Mexico		X	A flat rate increase per subsidized child is available that varies based on star level (beginning at Star 2). Programs must serve at least 25% state subsidized children to be eligible for AIM HIGH.
North Carolina		X	A flat rate increase per subsidized child is available that varies based on age of child and star level.
Ohio		X	Star rated programs that have not exceeded state customary rate get a percentage increase of 5%. This subsidy add-on is available for Star 2 and 3.
Oklahoma		X	A flat rate increase per subsidized child is available that varies based on star level. Reimbursement rates increase with each star level and are highest for the youngest children. Rates range from \$6 to \$35.
Oregon	X		N/A
Pennsylvania		X	A flat rate increase per subsidized child is available that varies based on star level (beginning at Star 2). This is called an "add-on rate".

QRS	No	Yes	Description of Tiered Reimbursement Policy
Tennessee		X	Programs can receive a percentage increase “quality bonus” of 5% to 20% per subsidized child depending on star level.
Vermont		X	Programs can receive a percentage increase from 4% to 20% per subsidized child depending on star level.
Virginia	X		N/A
<b>Total</b>	<b>8</b>	<b>18</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

The majority of QRS offer tiered reimbursement (18 out of 26). In three QRS (Florida, Miami-Dade, Indiana and Minnesota), the tiered bonus is only offered to accredited programs, not to programs meeting lower level standards in the QRS. Seven QRS offer a flat rate increase per subsidized child that varies based on the star level. QRS using this approach typically provide a rate matrix to programs showing the rates they are eligible to receive at different star levels for serving subsidized children. The rate matrices also incorporate differences in rates by type of care, geographical location (county) and age of child. Kentucky includes the density of subsidized children in the program as an additional factor in the rates (with those serving more subsidized children eligible for higher rates). Eight QRS offer a percentage increase or differential that is added to the maximum rate a program is eligible to receive for serving a child receiving child care subsidies. The differentials increase with each quality level. Similar to the flat rate approach, a percentage increase may differ depending on the age of child served and the type of care. At the lower quality levels, the differential tends to be in a range from 3% to 5%. At higher levels, the differential can be from 15% to 25% above the maximum rate. It is noteworthy that the differentials at higher QRS levels in the majority of QRS examined here are in a range that meets or exceeds the recommendation by Gormely and Lucas (2000). However, more in-depth analysis is needed to better understand whether and how tiered reimbursement works for programs and for families.

## Quality Awards

In contrast to tiered reimbursement, quality awards are not tied to a specific child receiving subsidies, and in fact, may not be connected to child care subsidies at all. Awards are typically based on the size of the facility and, in some cases, the density of subsidized children served. Some quality awards may be offered for achieving an initial quality level or for moving to a higher quality level. Some quality awards may be offered with the expectation that the funds will be used to implement a quality improvement plan developed by the program. In these QRS, documentation of how the funds were used may need to be submitted.

Table 7.2 contains a summary of the QRS that provide quality awards and, if available, a description of the size (or range available) of the awards.

Table 7.2. Quality Awards in Quality Rating Systems

QRS	No	Yes	Description of awards if applicable
California, LA County	X		
Colorado	X		
Delaware		X	Programs can receive a one-time Merit Award ranging from \$250 to \$2,500 depending on type/size of care offered and star level achieved.
District of Columbia	X		
Florida, Miami-Dade		X	Programs achieving 4 or 5 stars are eligible for an annual Achievement Award to address specific goals in their quality improvement plan.
Florida, Palm Beach		X	An award is available for programs above Star 1. Higher Star awards are calculated by star rating and number of children enrolled.
Illinois	X		
Indiana		X	Programs are eligible for one-time Recognition Awards. At levels 2 and 3, programs can receive a non-cash award equivalent to \$300 (homes) or \$1,000 (centers or ministries). At levels 4, programs can receive a cash award of \$500 (homes) or \$1,500 (centers or ministries). An Accreditation Maintenance cash award is also available (\$300 for homes, and \$1,000 for centers or ministries).
Iowa		X	Achievement bonuses are available when a rating is re-determined or renewed and range from \$400 to \$4,000 depending on the size of the program and star level achieved.
Kentucky		X	Programs can receive Initial Achievement, Annual Achievement (for programs moving up a level) or Annual Enhancement Awards (for programs at the top quality level) ranging from \$100 to \$5,000, depending on the size of the program and star level achieved.
Louisiana	X		
Maine	X		
Maryland	X		
Minnesota	X		
Mississippi	X		
New Hampshire	X		
New Mexico	X		
North Carolina		X	Awards are offered at the local level, provided by Resource and Referral agencies and Smart Start Partnerships (not awarded by the State).
Ohio		X	Programs can receive a Quality Achievement Award, with the base award ranging from \$600 to \$7,000 depending on type of care, size of program and star level. The award is supplemented with a set dollar amount per subsidized child served, ranging from \$50

QRS	No	Yes	Description of awards if applicable
			to \$500 per child depending on type of care and star level. A minimum of 25% of the award must be spent on quality improvement, and the remainder on merit expenditures such as professional development, administrative supports such as computers, and staff compensation.
Oklahoma	X		
Oregon	X		
Pennsylvania		X	Programs at the Start with Stars or Star 1 level can receive a Support Award ranging from \$315 to \$9,450, depending on type and size of program, star level, and density of vulnerable and at-risk children (defined as receiving subsidy or participating in early intervention services). Using the same parameters for calculating awards, programs at Stars 2-4 can receive a Merit Award ranging from \$788 to \$63,000.
Tennessee	X		
Vermont		X	Programs can receive a one-time incentive payment, ranging from \$250 to \$1,550, depending on stars earned.
Virginia		X	Programs can receive a one-time award of \$500 – \$3,250 if more than 25% of the children they serve are subsidized. The award is based on size of program and star level.
<b>Total</b>	<b>14</b>	<b>11</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.  
Note: Additional descriptions of the quality awards were not available for all QRS.

Unlike tiered reimbursement which is used in the majority of QRS, quality awards or bonuses are used in only eleven QRS. Five QRS (Delaware, Indiana, Kentucky, Vermont, and Virginia) offer a one-time merit or achievement payment upon receipt of the rating. These awards are generally modest in size (between \$250 and \$2500), depending on the type of program and the star level of the program. Six QRS (Florida-Miami Dade, Florida-Palm Beach, Iowa, Kentucky, Ohio and Pennsylvania) offer awards to support achievement or maintenance of quality on an annual (or biennial) basis. These awards (with the exception of those offered in Pennsylvania and Ohio, described below) are similar in size to those awarded on a one-time basis.

Two QRS – Pennsylvania and Ohio – offer substantial awards to programs that serve higher densities of vulnerable or at-risk children. In addition to a base rate provided for being at a particular quality level, Ohio offers a dollar amount per subsidized child served that is factored into an annual payment for a program. For example, a medium sized center (serving 60-99 children) at star level three (the highest level) is eligible for an annual base award of \$5,000. If the center serves an average of 20 children receiving subsidies, the center could receive an additional \$10,000 annually (for a total payment of \$15,000, with payment contingent upon the availability of funds). Pennsylvania uses a different but related strategy for payment. An award amount is available for programs that is based on quality level achieved and density of



vulnerable or at-risk children served (either 5-25% density or 26% and above). A medium center (serving 46-99 children) at star level four (the highest level) is eligible for a Merit award of \$18,900 if the density of vulnerable or at-risk children served is between 5-25% or a Merit award of \$25,200 if the density of vulnerable or at-risk children served is above 26%. Ohio has specific requirements for how the funds can be used. For example, merit expenditures can be made on professional development, accreditation expenses, compensation and administrative supports like computers. Likewise, Pennsylvania provides a “best practices” document to provide guidance on use of the additional funds.

### Other Financial Incentives

A variety of other financial incentives may be linked to a QRS including scholarships, wage enhancements and retention bonuses.<sup>23</sup> These incentives are directed specifically toward individual staff, either for assisting staff with increasing their educational attainment (through the availability of scholarships such as T.E.A.C.H.) or by providing incentives for staying in their workplace. Because these incentives are directed at individual staff, they typically are available to all practitioners in the state/municipality, not just those in programs that participate in the QRS. Table 7.3 lists various financial incentives and their availability in QRS. The majority of QRS (18) offer access to scholarships, while fewer offer access to wage enhancements (6) or retention bonuses (5).

Table 7.3. Other Financial Incentives Used in Quality Rating Systems

QRS	Startup Support	Scholarships	Wage enhancements	Retention bonuses
California, LA County				
Colorado		X		
Delaware		X		
District of Columbia		X		
Florida, Miami-Dade		X	X	
Florida, Palm Beach	X	X	X	X
Illinois		X	X	X
Indiana	X	X		
Iowa				
Kentucky		X		
Louisiana		X		
Maine		X		
Maryland		X		
Minnesota		X		X
Mississippi				
New Hampshire				

<sup>23</sup> Tax credits are an additional type of incentive, but they were not examined in the data collection for the Compendium.

QRS	Startup Support	Scholarships	Wage enhancements	Retention bonuses
New Mexico		X		
North Carolina		X	X	X
Ohio		X		
Oklahoma		X	X	
Pennsylvania	X	X	X	X
Tennessee		X		
Vermont				
Virginia				
<b>Total</b>	<b>3</b>	<b>18</b>	<b>6</b>	<b>5</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

## 8. Outreach and Marketing

Outreach refers to the strategies used by QRS to disseminate information about the QRS to parents, providers, and the public. Options for methods of outreach included a website, dissemination of written materials (through mailings or by QRS contractors/partners), information provided in languages other than English, assistance provided to non-English speaking parents, billboards, print advertising, television, and radio. All 26 QRS reported using some method of outreach to providers. Twenty-four QRS also reported outreach to the public and specifically to parents (the exceptions were Maine and Missouri).

The most common method of outreach to parents is a website (23), followed by the dissemination of written materials by QRS contractors/partners (15). Fewer than half of the QRS provide information in languages other than English (9) or provide assistance to non-English speaking parents (9). Eight QRS use mailings as a means of distribution of QRS information to parents, and some report other methods such as posting information in doctors' offices or other public venues.

Twenty-five QRS report using a website to reach providers. The next most frequently used method of outreach to providers is written materials, distributed either through QRS contractors/partners (22) or through mailings (16). Ten QRS provide information to programs/providers in languages other than English. Other methods used to reach programs include print, television, radio, and distribution at community events or conferences.

Twenty-four QRS also report using a website to reach the public. Information is disseminated to the public by QRS contractors/partners in 13 QRS, and through other methods such as print advertising (9), radio (7), television (5), and billboards (3).

QRS Administrators reported on the percent of the QRS budget that is dedicated to outreach and marketing. Of the 19 QRS that provided information on the marketing budget, 12 reported that they do not have any money in the QRS budget specifically earmarked for marketing/outreach. Indiana reported that they spend \$100,000 per year on marketing, and other QRS reported amounts ranging from < 1% to 10% of the QRS budget spent on marketing (Pennsylvania < 0.5%, New Mexico < 1%, Vermont 1%, Ohio 2%, Iowa 5%, Minnesota 10%).

## **9. Linking QRS with Other Systems**

As Quality Rating Systems have become more established in the landscape of early care and education programs (and, to a lesser extent, in school-age programs), the potential of them to serve as “hubs” for quality improvement and for bringing together other complementary services and supports has been recognized by key stakeholders (Tout, Zaslow & Forry, 2009). In Mitchell’s original conceptualization of QRS as a system connector (Mitchell, 2005), the role was described in this way: “The QRS is a systemic approach that provides the structure for connecting previously disparate strategies and initiatives and aligning them toward system goals” (p. 55). Mitchell described efforts such as consumer education, quality improvement, and investments in services and supports as potential system players that could be brought together with QRS activities.

Data collected in the Compendium provide an opportunity to examine the extent to which connections are being made between QRS and other strategies and services. In this section, linkages are examined between a QRS and child care subsidies, professional development systems, standards (such as early learning guidelines and core competencies for practitioners). As a caveat, the data presented here provide a helpful but surface understanding of linkages. Understanding this issue in depth will require a more targeted and intensive data collection strategy such as that proposed for the next phase of the QRS Assessment project.

### **Child Care Subsidies**

Two primary linkages between QRS and child care subsidies are evident in the data described in this Compendium, though these linkages are not uniform or equivalent across QRS.

First, contingencies are created that link the QRS and the subsidy system. These are provisions such as those in Maine and Illinois that require programs serving subsidized children to enroll in the QRS, or in Oklahoma which requires that programs meet requirements for the one-plus level to be eligible to contract with the state to serve subsidized children.

Second, incentives are available to encourage higher quality programs to serve subsidized children. As described in Chapter 7 on incentives, the majority of QRS (18) have a tiered reimbursement policy which allows a differential to be added above the maximum reimbursement rate for which a program is eligible. As noted, for this policy to be beneficial to programs, they must serve a high density of children receiving subsidies. Most of the QRS that incorporate a tiered reimbursement policy have set the differentials in a range that meets or exceeds the 15% recommendation by Gormely and Lucas (2000) for encouraging improvements in program quality (see Chapter 7). However, more research is needed to understand the ideal structure and scope of the incentives to link QRS and child care subsidies.

### **Programs from Different Sectors of Early Childhood Education**

One important linkage being made in QRS is the creation of a common framework for bringing together a variety of early childhood programs including community-based child care programs, Head Start programs and pre-kindergarten programs. As noted earlier, most QRS include a

range of programs and have established processes for aligning the quality standards used across different program types. Some pre-kindergarten programs, such as those in Ohio and Pennsylvania, require QRS enrollment as an eligibility criteria for serving as a pre-kindergarten program.

With respect to Head Start/Early Head Start, the majority of QRS include these programs (23 QRS). In most QRS, Head Start programs are rated using the same standards as other center-based programs. In Maine and Pennsylvania, Head Start programs are assessed using slightly different quality standards. In Minnesota, New Hampshire and Vermont, Head Start programs that are in compliance with federal monitoring of Performance Standards) are eligible to be automatically rated at the highest level of the QRS.

More detail is needed to understand the processes that QRS use to support multiple program types and to align the QRS requirements with those of the other programs (such as the Head Start Performance Standards and state-specific criteria for pre-kindergarten programs) and to understand whether/how QRS are linking their quality improvement supports to these programs.

### **Professional Development Systems**

There are multiple possible connection points between QRS and professional development systems (PD Systems). Three were described in the data presented. The first connection is with the PD system infrastructure. Multiple QRS report that they require enrollment in the PD Registry system in the state, so that demographics, educational qualifications and ongoing training records can be accessible in one place. QRS also incorporate levels on the career ladders in the PD System to assess the qualifications of the workforce in programs enrolling in the QRS.

A second connection is with the indicators for staff or provider qualifications. In some QRS, specific state credentialing or certificate programs are included in the QRS standards.

A third connection is with the supports and services provided to help programs meet quality indicators and to improve their quality. The connections here were less defined according to the QRS Administrators that provided information.

### **Standards**

Standards are a foundational element in early care and education systems because they provide consensus definitions of the skills and competencies that practitioners need and the goals for children that programs are striving to achieve. Standards are incorporated into QRS in at least two key areas. As described in Chapter 4, a small number of QRS report that they have indicators related to curriculum in which alignment with early learning guidelines is assessed. In addition, QRS require that directors, family child care providers or other staff attend training on early learning guidelines and core competencies to practitioners.

## 10. Evaluation

Evaluation of QRS is a critical activity for documenting features of implementation, validating the tools used in the QRS, and assessing the degree to which the QRS activities are producing desired outcomes for programs, families, children and the early childhood system.

Eighteen of 26 QRS reported that some type of evaluation (conducted internally by an external contractor) either has been or is currently being conducted on the QRS. Of those QRS, 9 reported an ongoing evaluation and 9 reported periodic evaluation(s) (see Table 10.1).

Table 10.1. Quality Rating System by Status of Evaluation

QRS	No Evaluation to Date	Ongoing	Periodic Evaluation
California, LA County			X
Colorado			X
Delaware		X	
District of Columbia	X		
Florida Miami-Dade		X	
Florida, Palm Beach			X
Illinois	X		
Indiana		X	
Iowa	X		
Kentucky	X		
Louisiana			X
Maine		X	
Maryland	X		
Minnesota		X	
Mississippi	X		
Missouri			X
New Hampshire	X		
New Mexico		X	
North Carolina			X
Ohio		X	
Oklahoma			X
Oregon			
Pennsylvania			X
Tennessee			X
Vermont		X	
Virginia		X	
<b>Totals</b>	<b>7</b>	<b>9</b>	<b>9</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: Both ongoing and periodic evaluation could be indicated for a particular QRS.

Fifteen QRS reported using only an external contractor to conduct the evaluation, and three more reported using both external and internal evaluators. Missouri and Vermont reported using only internal evaluation. Thirteen QRS were evaluated by Universities, and several QRS hired independent research organizations (i.e. Child Trends, Mathematica Policy Research, RAND) or independent consultants to conduct the evaluations. Seven of those QRS reported issuing requests for proposals when seeking an external evaluator (see Table 10.2.)

Table 10.2. Quality Rating System by Type of Evaluator

QRS	Internal Evaluator	External Evaluator	Request for Proposals Issued	External Contractor
California, LA County	X	X		TBD
Colorado		X	X	RAND Corporation
Delaware	X	X		Mathematica Policy Research
Florida Miami-Dade		X	X	University of North Carolina Frank Porter Graham Child Development Institute
Florida, Palm Beach		X	X	University of Chicago, Chapin Hall Center for Children
Indiana		X	X	Purdue University
Kentucky		X		Universities of Kentucky and Louisville
Louisiana		X	X	Not Found
Maine	X	X		University of Southern Maine, University of Maine, Orono
Minnesota		X		Child Trends
Missouri	X			University of Missouri, Center for Family Policy and Research
New Mexico		X		University and Community College Partners
North Carolina		X		UNC Chapel Hill, FPG UNC Greensboro
Ohio		X		Ohio State University and University of Washington
Oklahoma		X		University of Oklahoma and Oklahoma State
Oregon		X	X	NPC Research Zetetic Associates, Inc. Shannon Williams, Ph.D., Independent Consultant
Pennsylvania		X		University of Pittsburgh Office of Child Development, Pennsylvania State University State Research Center
Tennessee		X		University of TN Knoxville, State Controllers Office of Research

QRS	Internal Evaluator	External Evaluator	Request for Proposals Issued	External Contractor
Vermont	X			
Virginia		X	X	Education Policy Institute, University of Virginia
<b>Totals</b>	<b>5</b>	<b>18</b>	<b>7</b>	

Source: Document review and interviews with QRS Administrators from July to October, 2009.

## Evaluation Questions

Seventeen QRS had information available about the research questions asked in the evaluations. The type of questions described most frequently addressed the quality improvement in programs participating in the QRS (reported by nine QRS; see Table 10.3). For example, the evaluation of Indiana’s Paths to Quality examined how programs moved through the QRS levels, the barriers to moving through levels, and the length of time it takes to move (Elicker et al. 2007).

Seven QRS reported that their evaluations examined issues regarding the implementation of the system. The evaluation in Louisiana assessed issues involved in using the QRS rating framework across the state. Evaluation questions in Oregon include the strengths and challenges encountered in the QRS and what might work to improve it.

The evaluations in seven QRS included the validation of the quality ratings in their research questions. The central question in a validation study is whether the different levels that make up a QRS represent different levels of quality. For example, the evaluation in Indiana includes comparing a program’s level in Paths to Quality to scores on the Environment Rating Scales.

Four QRS evaluations include links between the QRS and child outcomes in their research questions. The evaluations including child outcomes are in process in Minnesota and Virginia and results have been reported in Colorado and Missouri.

Several of the QRS reported specific evaluation research questions that fall outside of the categories just discussed. For example, the evaluation of the Florida – Miami-Dade QRS asks whether poverty is predictive of rating scores. Some evaluations are looking at how the QRS affects parent decision-making (i.e., Tennessee and Minnesota). Other research questions include examining the costs involved in achieving higher QRS levels (New Mexico) and how authentic assessment is being conducted in programs at the highest level of the QRS (Maine).

Table 10.3. Quality Rating System by Type of Evaluation Research Question

QRS	Description/ Implementation	Validation of Quality Rating	Quality Improvement	Child Outcomes	Other
California, LA County	X				
Colorado		X	X	X	
Delaware*					



QRS	Description/ Implementation	Validation of Quality Rating	Quality Improvement	Child Outcomes	Other
Florida, Miami-Dade	X				X
Florida, Palm Beach	X	X	X		
Indiana		X	X		
Louisiana	X				
Maine		X	X		X
Minnesota	X	X	X	X	X
Missouri				X	
New Mexico					X
North Carolina		X			
Ohio*					
Oklahoma		X	X		
Oregon	X				
Pennsylvania			X		
Tennessee			X		X
Vermont	X		X		
Virginia				X	
<b>Totals</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>4</b>	<b>5</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.

Note: \*Information about research questions was not available for Delaware and Ohio.

## Evaluation Findings Overview

Thirteen QRS reported references to published evaluation reports. Date of release ranged from North Carolina in 2001 to reports from Florida, Miami-Dade, Indiana, and Missouri in 2009. Evaluation reports for 11 QRS were reviewed to provide an overview of evaluation findings. As shown in Table 10.4, the most commonly reported findings were in regard to description of the QRS or implementation issues and validation of the quality rating (six QRS reported each type). Four QRS reported findings on program quality improvements over time, and Colorado and Missouri reported on child outcomes.

Table 10.4. Quality Rating System by Type of Evaluation Findings

QRS	Report Release Dates	Description/ Implementation	Validation of Quality Rating	Quality Improvement	Child Outcomes
California, LA County	2008	X			
Colorado	2008	X	X	X	X
Delaware	2007	X			
Florida, Palm-Beach	2008	X	X	X	

QRS	Report Release Dates	Description/ Implementation	Validation of Quality Rating	Quality Improvement	Child Outcomes
Florida, Miami-Dade	2009				
Indiana	2007 2009		X	X	
Minnesota	2008	X			
Missouri	2009				X
North Carolina	2001		X		
Oklahoma	2003		X		
Oregon	2008				
Pennsylvania	2006		X		
Tennessee	2003 2004 2005 2006	X		X	
<b>Totals</b>		<b>6</b>	<b>6</b>	<b>4</b>	<b>2</b>

Source: Document review and interviews with QRS Administrators from July to October, 2009.  
Note: Reports for Florida (Miami-Dade) and Oregon were not available for review.

The evaluations of four QRS have demonstrated improvements in program quality across time. The Florida, Palm-Beach 1<sup>st</sup> Year Evaluation reported that participating programs improved in quality as measured by the Environment Rating Scales between baseline and formal assessment about one year later. Thirty-six centers were assessed at baseline and 66 were assessed at the formal assessment. Eighteen of the programs were assessed at both time-points (Shen et al., 2008). In the 2007 evaluation report for Indiana, 92% (217) of providers participating in the original Paths to Quality implementation had increased at least one level since entering the QRS (Elicker et al., 2007). The evaluation of Colorado's QRS followed a sample of participating centers across three waves (each wave approximately 12 months apart). The sample started with 65 centers, but 17 were lost due to attrition by Wave 3. In the remaining 48 centers, quality improved significantly as measured by the Environment Rating Scales across the three waves (Zellman et al., 2008). Tennessee also reported improved program quality over time, based on qualitative data from interviews with providers and staff from support organizations involved in the QRS (Pope et al., 2006).

Evaluation reports for three QRS provided descriptions of the first year of QRS implementation (California, Delaware, and Minnesota), and did not include outcomes. These reports included descriptions of program participation numbers and other aspects of the structure and process of the QRS.

Other evaluations discussed QRS implementation in addition to reporting on outcomes. For example, RAND's evaluation of Colorado's QRS discussed how to improve the measurement of two QRS indicators: Ratio and Family Partnerships (Zellman et al., 2008). The evaluators of Tennessee's QRS reported on providers perceptions of the system.

The validation of quality indicators has been the most commonly reported outcome in the available evaluation reports. Several evaluations have shown that QRS level is related to other measures of quality, such as the Environment Rating Scales (i.e., Pennsylvania, Indiana), and teacher education and wages (i.e., North Carolina, Oklahoma). However, the Colorado evaluation found a lack of relation between the QRS rating components and measures of teacher-child interaction (the Caregiver Interaction Scale and the Pre-Kindergarten Snapshot).

There have been mixed findings concerning links between QRS and child outcomes. In Colorado, evaluation findings indicated a lack of relation between QRS level and child outcomes (Zellman et al., 2008). However, a recently released report on Missouri's QRS found that children in higher quality early childhood education programs (as rated by the QRS) made greater gains from pre- to post-test in social and emotional development than children in lower quality programs. This finding also held true for vocabulary scores for children in poverty (Thornburg et al., 2009). Results were based on a sample of 350 children already enrolled in 32 centers and 6 family child care homes.

## **Summary**

Of the QRS examined, over two-thirds report having some type of evaluation linked to their QRS. Of those, most selected an external contractor to evaluate the QRS, commonly a University, but sometimes independent research organizations or consultants. Thirteen QRS reported information regarding published reports of QRS evaluations, and reports for 11 QRS were located and reviewed. It is reasonable to conclude, therefore, that evaluation has not yet become a central component of QRS. Yet, among the QRS that have had an evaluation or that are in the process of conducting evaluation, commonalities were noted. Across evaluations, research questions tended to focus on descriptions of QRS implementation, quality improvement, and validation of quality indicators. Questions concerning child outcomes have been a recent development, with only two published evaluations reporting how child outcomes are linked to the ratings in QRS.

## 11. Next Steps

The Compendium provides information about Quality Rating Systems using defined constructs and a common metric for examining variations across QRS. It is anticipated that this approach will be useful to the QRS stakeholders as they continue to examine the effectiveness of various approaches to designing, implementing and evaluating Quality Rating Systems.

- QRS Administrators and policymakers can use the information in the Compendium to examine the range of existing strategies used and to assess the parameters of their own QRS in relation to others. For example, as shown in Chapter 4, QRS Administrators may want to examine the proportion of programs rated at different levels of the QRS and determine whether their current rating structure (building block, points, or combination) is contributing to a desirable distribution of programs (for example, adequate numbers of programs at the top or bottom level of the QRS).
- QRS Administrators and policymakers can use the information in the Compendium to better understand the options available for QRS and how certain choices may impact the effectiveness. For example, the information in Chapter 8 about the relative lack of resources devoted to marketing and outreach of a QRS suggests that this is an important potential area of future investments. Policymakers must weigh the costs and benefits of shifting costs to different activities in the QRS.
- QRS researchers can use the information in the Compendium to identify new areas of research needed on QRS. For example, the extensive information provided on QRS indicators demonstrates the potential for further research on quality indicators, especially their concurrent and predictive validity. Evaluation is also needed to understand the effectiveness of strategies for combining and weighting quality indicators to produce overall ratings.

To facilitate quick access to the key constructs and themes discussed in the Compendium, a series of QRS Data Briefs will be produced. These short documents are intended to support readers of the Compendium by highlighting important information and, when possible, adding further analysis to the data.

Finally, the QRS Assessment project will use the information provided in the Compendium to develop plans for in-depth multi-case studies. This next phase of the project will follow up on the issues described in the Compendium and will provide an opportunity for targeted, intensive analysis on key dimensions of QRS.

## References

- Arnett, J. (1989). *Caregiver Interaction Scale*. Princeton, NJ: Educational Testing Service.
- Barnard, W., Smith, W.E., Fiene, R., & Swanson, K. (2006). *Evaluation of Pennsylvania's Keystone Stars Quality Rating System in child care settings*. University of Pittsburgh Office of Child Development and Pennsylvania State University Prevention Research Center.
- Bruner, C., Ray, A., Wright, M.S., & Copeman, A. (2009). Quality rating and improvement systems for a multi-ethnic society. Build.
- Center for Law and Social Policy (March 2009). *Support a diverse and culturally competent workforce*. Reinvesting in Child Care: State Infant/Toddler Policies.
- Chavez, H.E. (2008). *Steps to Excellence Project Annual Report 2007-2008*. Los Angeles County Office of Child Care.
- Child Care Bureau. (2007). *Child care bulletin. Winter/Spring 2007*. Available online: <http://www.nccic.acf.hhs.gov/ccb/issue32.pdf>.
- Delaware Stars for Early Success (2007). *Phase I Report*.
- Elicker, J., Langill, C.C., Ruprecht, K., Kwon, K. (2007). *A child care Quality Rating System for Indiana. What is its scientific basis?* Purdue University: Center for Families and Department of Child Development and Family Studies.
- Gormley, W., & Lucas, J. (2000). *Money, accreditation and child care center quality*. Working Paper Series. New York: Foundation for Child Development.
- Harms, T. & Clifford, R.M. (1989). *Family Day Care Rating Scale*. New York: Teacher College Press.
- Harms, T., Clifford, R.M., & Cryer, D. (2005). *Early Childhood Environment Rating Scale (Rev. Ed.)*. New York: Teachers College Press.
- Harms, T., Cryer, D., & Clifford, R.M. (2006). *Infant/Toddler Environment Rating Scale (Rev. Ed.)*. New York: Teachers College Press.
- Harms, T., Cryer, D., & Clifford, R.M. (2007). *Family Child Care Environment Rating Scale (Rev. Ed.)* New York: Teachers College Press.
- Harms, T., Jacobs, E.V., & Romano, D. (1995). *The School-Age Care Environment Rating Scale*. New York: Teachers College Press.

- Mitchell, A. W. (2005). *Stair steps to quality: A guide for states and communities developing quality rating systems for early care and education*. Alexandria, VA: United Way of America, Success by 6.
- Mitchell, A. & Ghazvini, A. (July, 2007). *Florida's Quality Rating System: A conceptual model for estimating cost assumptions, explanations, and supporting data*. Publication 2007-Q001a. The Policy Group for Florida's Children and Families.
- National Association for the Education of Young Children (June 2009). *Quality benchmark for cultural competence project*.
- Norris, D.J, Dunn, L., & Eckert, L. (November, 2003). "Reaching for the stars": *Center validation study final report*. Early Childhood Collaborative of Oklahoma. An OU/OSU Partnership.
- Pianta, R.C., La Paro, K.M., & Hamre, B.K. (2008). *Classroom Assessment Scoring System*. Baltimore, MD: Paul H. Brookes Publishing Co., Inc.
- Pope, B.G., Denny, J.H., Homer, K. & Ricci, K. (November 2006). *What is working? What is not working?: Report on the qualitative study of the Tennessee report care and Star-Quality Program and support system*. The University of Tennessee College of Social Work, Office of Research and Public Service.
- Shen, J., Tackett, W., Ma, X. (2008). *First evaluation report for Palm Beach County Quality Improvement System (QIS)*. Children's Services Council of Palm Beach County.
- Smart Start Evaluation Team (February 2001). *Validating North Carolina's 5-Star Child Care Licensing System*. Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.
- Sylva, K., Siraj-Blatchford, I., & Taggart, B. (2006). *Early Childhood Environment Rating Scale (Extension)*. Trentham Books.
- Talan, T.N. & Bloom, P.J. (2004). *Program Administration Scale*. New York: Teachers College Press.
- Talan, T.N. & Bloom, P.J. (2009). *Business Administration Scale*. New York: Teachers College Press.
- Thornburg, K.R., Mayfield, W.A., Hawks, J.S., & Fuger, K.L. (2009). *The Missouri Quality Rating System school readiness study*. The Mid-America Regional Council's Metropolitan Council on Early Learning.
- Tout, K., Starr, R., & Cleveland, J. (2008). *Evaluation of Parent Aware: Minnesota's Quality Rating System pilot: Year 1 evaluation report*. Child Trends.

- Tout, K., Zaslow, M., & Berry, D. (2006). *Quality and qualifications*. In M. Zaslow & I. Martinez-Beck (Eds.), *Critical issues in early childhood professional development* (pp. 77–110). Baltimore: Paul H. Brookes Publishing.
- Tout, K., Zaslow, M., Halle, T., & Forry, N. (2009). *Issues for the next decade of quality rating and improvement systems*. OPRE Issue Brief #3. Washington DC: Child Trends.
- Weber, R., & Trauten, M. (2008). *A review of the research literature: Effective investments in the child care and early education profession*. Oregon Child Care Research Partnership.
- Zellman, G. L. and Perlman, M. (2008). *Child Care Quality Rating Improvement Systems in Five Pioneer States: Implementation issues and lessons learned*. Santa Monica, CA: RAND Corporation.
- Zellman, G. L., Perlman, M., Le, V., and Setodji, C. M. (2008). *Assessing the validity of the Qualistar Early Learning quality rating and improvement system as a tool for improving child-care quality*. (MG-650-QEL). Santa Monica, CA: RAND Corporation.

## **Appendix**

1. Expert Panel Members
2. Template used for Quality Rating System Profiles (with explanation of data elements)
3. Quality Rating System Profiles (appear individually under separate cover)



## QRS Assessment Expert Panel Members

### **Sheri Azer Fischer**

Information Specialist  
National Child Care Information and  
Technical Assistance Center  
10530 Rosehaven Street, Suite 400  
Fairfax, VA 22030  
Phone: 703-219-3952  
Fax: 800-716-2242  
E-mail: [sazer@nccic.org](mailto:sazer@nccic.org)

### **Kimberly Boller, Ph.D.**

Senior Research Psychologist  
Mathematica Policy Research, Inc.  
600 Alexander Park  
Princeton, NJ 08543  
Phone: 609-275-2341  
Fax: 609-799-0005  
E-mail: [kboller@mathematica-mpr.com](mailto:kboller@mathematica-mpr.com)

### **J. Lee Kreader, Ph.D.**

Director, Research Connections  
National Center for Children in Poverty  
Mailman School of Public Health, Columbia University  
215 West 125th Street, 3rd floor  
New York, NY 10027  
Phone: 646-284-9625  
Fax: 646-284-9623  
E-mail: [jk821@columbia.edu](mailto:jk821@columbia.edu)

### **Kelly Maxwell, Ph.D.**

Scientist  
Frank Porter Graham Child Development  
Kelly Maxwell, Ph.D.  
Scientist and Associate Director  
FPG Child Development Institute  
CB #8180, UNC-CH  
Chapel Hill, NC 27599-8180  
Phone: 919-966-9865  
Fax: 919-966-1786  
E-mail: [maxwell@unc.edu](mailto:maxwell@unc.edu)

### **Deb Swenson-Klatt**

Director  
Child Development Services  
Minnesota Department of Human Services

P.O. Box 64962  
444 Lafayette Road, North  
St. Paul, MN 55164-0962  
Phone: 651-431-4886  
Fax: 651-431-7483  
E-mail: [deb.swenson-klatt@state.mn.us](mailto:deb.swenson-klatt@state.mn.us)

**Kathy Thornburg, Ph.D.**

Director  
Center for Family Policy and Research  
University of Missouri, Columbia  
1400 Rock Quarry Road  
Columbia, MO 65211-3280  
Phone: 573-882-9998  
Fax: 573-884-0598  
E-mail: [ThornburgK@missouri.edu](mailto:ThornburgK@missouri.edu)

**Gail L. Zellman, Ph.D.**

Senior Research Psychologist  
RAND Corporation  
1776 Main Street  
Santa Monica, CA 90401  
Phone: 310-393-0411, ext. 6233  
Fax: 310-260-8158  
E-mail: [zellman@rand.org](mailto:zellman@rand.org)

## Child Care Quality Rating System (QRS) Assessment Study

### PROFILE

<b>Site:</b>	<b>State or Geographical Area</b>
<b>Program Name:</b>	<b>QRS Name</b>
<b>Respondents:</b>	<b>Name(s), Agency(ies)</b>
<b>Information Reviewed and Finalized:</b>	<b>Month Day, 2009</b>

Funded by the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families, U.S. Department of Health and Human Services. Conducted by Mathematica Policy Research with a subcontract to Child Trends (contract #HHSP233200800394G).

## Program Information

This section provides general information about the QRS including the location, numbers and types of programs participating in the QRS, and goals.

<b>Site name:</b>	State or geographic area
<b>Program name:</b>	QRS name
<b>Service area:</b>	Geographic area eligible to participate in the QRS. Options include: statewide, counties, or other geographic area.
<b>Details about other geographic area:</b>	A description of the specific counties or geographic regions that are included in a QRS if “other geographic area” is noted as the service area.
<b>Pilot:</b>	A test-run of a QRS that takes place in a defined service area during a specific timeframe. A pilot is designed to identify and address program issues before broad scale implementation. Options include: Yes, No, or Yes, pilot completed.
<b>Pilot time frame:</b>	Dates of operation for a current pilot or completed pilot.
<b>Date full program launched:</b>	Start date of the fully implemented program.
<b>Voluntary:</b>	Whether QRS participation is voluntary. Options include: Yes or No.
<b>Website:</b>	Address of primary website for the QRS.
<b>Eligible programs:</b>	Types of programs that are eligible to participate in the QRS. Options include: center-based programs, Head Start/Early Head Start, pre-kindergarten / comprehensive early childhood programs, licensed family child care, school-aged programs, legally non-licensed home based providers, and other programs (specified by site).
<b>Source of funds for eligible public program:</b>	Source of funds for pre-kindergarten or comprehensive early childhood program eligible to participate in the QRS
<b>Total numbers of programs participating:</b>	Total number of programs currently enrolled in the QRS at the time of data collection (see date in top right corner).
<b>Number of participating child care centers:</b>	Total number of child care centers currently enrolled in the QRS at the time of data collection (see date in top right corner).
<b>Number of participating family child care programs:</b>	Total number of family child care programs currently enrolled in the QRS at the time of data collection (see date in top right corner).
<b>Number of other programs participating:</b>	Total number of other programs currently enrolled in the QRS at the time of data collection (see date in top right corner). Includes a description of “other” programs.
<b>Percent of total programs enrolled in QRS:</b>	Across the population of eligible programs, percent of eligible programs that are enrolled in the QRS at the time of data collection (see date in top right corner)
<b>Percent of programs at each rating level:</b>	Percent of participating programs at each rating level at the time of data collection (see date in top right corner)

<b>Additional details about programs in the QRS:</b>	Additional details to clarify program participation data (if needed).
<b>Goals:</b>	The articulated purpose or vision statement of the QRS program and/or anticipated results of program activities.
<b>Language from statute:</b>	Language from state statute that refers to the QRS (if available).

## Rating Details

This section provides details about how the rating component is structured and the process that is used to rate programs.

<b>Rating structure:</b>	Three different methods are typically used in a QRS for combining information from the quality indicators: a <i>building block</i> approach in which a set of quality indicators must be met in full before a program can receive the rating for that level, a <i>points</i> system in which points are awarded for meeting each quality indicators 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 <i>combination</i> of the building block and points approach. Options include: building block, points or combination.
<b>Number of levels:</b>	The number of levels in the QRS.
<b>Length of time rating is valid:</b>	The length of time that a rating is valid.
<b>Rating process:</b>	Information about the process used to determine the program rating.
<b>Method of combining points:</b>	Details about the method used to combine points from the quality indicators (does not apply if a building block approach is used).
<b>Method used to assess programs for infants/toddlers:</b>	Information about specific tools or processes used to assess programs or provisions for infants/toddlers.
<b>Method used to assess programs for school-aged children:</b>	Information about specific tools or processes used to assess programs or provisions for school-aged children.
<b>Different process used to assess family child care:</b>	Information about specific tools or processes used to assess family child care programs.
<b>Different process used to assess Head Start/Early Head Start:</b>	Information about specific tools or processes used to assess Head Start/Early Head Start programs.
<b>Different process used to assess accredited programs:</b>	Information about specific tools or processes used to assess accredited programs.

<b>Events that trigger re-rating:</b>	A description of events that trigger a re-rating of the program. Options include: new director, change of location, teacher turnover, licensing violation, or other.
<b>Description of re-rating trigger:</b>	Further information about events that trigger re-rating.
<b>Appeal process:</b>	Description of the process for appeals in the QRS. Options: Yes or No.
<b>Availability of technical assistance for rating process:</b>	Whether assistance is available during the process of being rated. Options: Yes or No.
<b>Description of technical assistance for rating process:</b>	A description of assistance available to providers during the rating process.
<b>Availability of technical assistance for preparatory process:</b>	Whether assistance is available during a preparatory process (prior to formally entering the rating process). Options: Yes or No.
<b>Description of technical assistance for preparatory process:</b>	A description of assistance available to providers during a preparatory process (prior to formally entering the rating process).

## Quality Indicators for Center-Based Programs

This section describes the indicators used in a QRS to assess the quality of center-based programs. The indicators are divided into the following categories: licensing compliance, ratio and group size, health and safety, curriculum, environment, child assessment, staff qualifications, family partnership, administration and management, cultural/linguistic diversity, accreditation, community involvement and provisions for children with special needs. A QRS may not have indicators in one or more of these categories, and the category labels used in the profile may differ from the site-specific category names used in a QRS.

<b>Number of site-specific indicator categories:</b>	The number of categories used to organize indicators in the QRS.
<b>Site-specific names of categories used in the QRS:</b>	The labels for the indicator categories used in the QRS.

### Licensing Compliance (centers)

Licensing requirements frequently serve as a minimal set of provisions to ensure that care and education environments are safe, healthy and provide for children's basic needs. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at:

<http://nrckids.org/STATES/states.htm>.

<b>Licensing compliance included:</b>	Licensing compliance indicators are included in the QRS. Options: Yes or No.
---------------------------------------	--

<b>Licensing required for enrollment:</b>	Whether licensing is required for enrollment of child care centers in the QRS. Options: Yes or No.
<b>Licensing equivalent to the first level:</b>	Whether licensing is required at the first level of the QRS. Options: Yes or No.
<b>Licensing compliance referred to within:</b>	The site-specific QRS category with indicators related to licensing compliance.
<b>Source of evidence:</b>	The process by which the QRS collects information related to licensing compliance. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

### Ratio and Group Size (centers)

Ratio and group size requirements are frequently established in state licensing regulations. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Ratio and group size indicators included:</b>	Ratio and group size indicators are included in the QRS. Options: Yes or No.
<b>Description:</b>	A description of ratio and group size indicators.
<b>Ratio and group size referred to within:</b>	The site-specific QRS category with indicators related to ratio and group size.
<b>Source of evidence:</b>	The process by which the QRS collects information related to ratio and group size. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

### Health and Safety (centers)

Provisions for health and safety are frequently established in state licensing regulations. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>. Health and safety indicators are also included in the Environment Rating Scales which are used in some QRS.

<b>Health and safety indicators included:</b>	Health and safety indicators are included in the QRS. Options: Yes or No.
<b>Description:</b>	A description of health and safety indicators.
<b>Health and safety referred to within:</b>	The site-specific QRS category with indicators related to health and safety.

<b>Source of evidence:</b>	The process by which the QRS collects information related to health and safety. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.
----------------------------	--

## Curriculum (centers)

A curriculum is a written document that provides a plan for intentional activities and interactions in an early childhood program. Indicators described in this section refer to requirements for the use of particular curricula or to demonstrate that certain features of curriculum are in place. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Curriculum indicators included:</b>	Indicators related to curriculum are included in the QRS. Options: Yes or No.
<b>Description:</b>	A description of indicators related to curriculum.
<b>Curriculum review process:</b>	Whether the QRS reviews curricula as part of the rating process. Options: Yes or No.
<b>Description of curriculum review process:</b>	A description of the curriculum review process.
<b>Approved curricula identified:</b>	Whether the QRS has identified particular curricula as meeting certain standards set by the QRS.
<b>List of approved curricula:</b>	The names of specific curricula approved or accepted in the QRS.
<b>Curriculum referred to within:</b>	The site-specific QRS category with indicators related to curriculum.
<b>Curriculum source of evidence:</b>	The process by which the QRS collects information related to curriculum. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

## Environment (centers)

Indicators in this section refer to features of the classroom environment. Further details about Observational Measures included in the QRS are included in a section below. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.



<b>Environment indicators included:</b>	Indicators related to the environment are included in the QRS. Options: Yes or No.
<b>Environment Rating Scales (ERS) included:</b>	Whether the Environment Rating Scales by Harms, Cryer and Clifford are included in one or more indicators in the QRS. [Further details about are described below in the section on Observational Measures.] Options: Yes or No.
<b>Range of recognized ERS scores:</b>	The range of scores on the ECERS-R that is needed for getting lowest-highest amount of credit in the QRS.
<b>Description:</b>	Description of the environment related indicators in the QRS.
<b>Additional indicators related to the environment (e.g. activities, interactions, specific features):</b>	Indicators related to activities, interactions, specific features the environment are included (not including those specified in the ERS or CLASS).
<b>Environment referred to within:</b>	The site-specific category with indicators related to the Environment
<b>Environment source of evidence:</b>	The process by which the QRS collects information related to the environment. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

## Child Assessment (centers)

Indicators in this section refer to processes in place to assess, observe or monitor children's development on a regular basis. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Child assessment indicators included:</b>	Indicators related to the use of child assessment are included in the QRS. Options: Yes or No.
<b>Description:</b>	A description of indicators related to the use of child assessment.
<b>Child assessment review process:</b>	Whether the QRS reviews child assessment tools as part of the rating process. Options: Yes or No.
<b>Description of child assessment review process:</b>	A description of the process used to review child assessment tools.
<b>Approved child assessments identified:</b>	Whether the QRS has identified particular assessment tools as meeting certain standards set by the QRS.

<b>List of approved child assessments:</b>	The names of specific assessment tools approved or accepted in the QRS.
<b>Child assessment referred to within:</b>	The site-specific category with indicators related to child assessment.
<b>Child assessment source of evidence:</b>	The process by which the QRS collects information related to child assessment. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

## Staff Qualifications (centers)

Indicators in this section refer to specific educational or training requirements for staff. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at:

<http://nrckids.org/STATES/states.htm>.

<b>Staff qualification indicators included:</b>	Indicators related to the qualifications of staff are included in the QRS. Options: Yes or No.
<b>Indicators for teachers include:</b>	An overview of the type of teacher qualifications included in the QRS. Options include: Education, training, years of experience, and other (described).
<b>Indicators for directors include:</b>	An overview of the type of director qualifications included in the QRS. Options include: Education, training, years of experience, and other (described).
<b>Directors qualifications related to administration and management:</b>	Whether director qualifications include reference to specific administration and management education or training. Options: Yes or No.
<b>Administrative and management qualifications included in the indicators:</b>	A description of the administration and management qualifications included in the QRS.
<b>Bachelors degree indicator for director:</b>	Whether attainment of a Bachelors degree is included in the indicators for the director. Options: Yes or No.
<b>Bachelors degree indicator for director at level:</b>	The level of the QRS that includes attainment of a Bachelors degree for the director.
<b>Bachelors degree indicator for teacher:</b>	Whether attainment of a Bachelors degree is included in the indicators for teachers. Options: Yes or No.
<b>Bachelors degree indicator for teacher at level:</b>	The level of the QRS that includes

	attainment of a Bachelors degree for teachers.
<b>Bachelors degree indicator for assistant teacher:</b>	Whether attainment of a Bachelors degree is included in the indicators for assistant teachers. Options: Yes or No.
<b>Bachelors degree indicator for assistant teacher at level:</b>	The level of the QRS that includes attainment of a Bachelors degree for assistant teachers.
<b>Description:</b>	Description of the indicators related to staff qualifications.
<b>Staff qualifications referred to within:</b>	The site-specific category with indicators related to staff qualifications
<b>Staff qualifications source of evidence</b>	The process by which the QRS collects information related to staff qualifications. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

## Family Partnership (centers)

Indicators in this section refer to activities and strategies to involve and engage families. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at:

<http://nrckids.org/STATES/states.htm>.

<b>Family partnership indicators included:</b>	Indicators related to family partnership are included in the QRS. Options: Yes or No.
<b>Description:</b>	A description of the indicators related to family partnership
<b>Family partnership referred to within:</b>	The site-specific category with indicators related to family partnership.
<b>Family partnership source of evidence:</b>	The process by which the QRS collects information related to family partnership. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

## Administration and Management (centers)

Indicators in this section refer to features of the administration and management of the program. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at:

<http://nrckids.org/STATES/states.htm>.

<b>Administration and management indicators</b>	Indicators related to administration and
---	--

<b>included:</b>	management are included in the QRS. Options: Yes or No.
<b>Description:</b>	A description of the indicators related to administration and management.
<b>Administration and management referred to within:</b>	The site-specific category with indicators related to administration and management.
<b>Administration and management source of evidence:</b>	The process by which the QRS collects information related to administration and management. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

## Cultural/Linguistic Diversity (centers)

Indicators in this section refer to provisions for responsiveness to cultural and linguistic diversity. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>. Cultural/Linguistic Diversity indicators are also included in the Environment Rating Scales which are used in some QRS.

<b>Cultural/linguistic diversity indicators included:</b>	Indicators related to cultural/linguistic diversity are included in the QRS. Options: Yes or No.
<b>Comments:</b>	Further information about indicators related to cultural/linguistic diversity.

## Accreditation (centers)

Indicators described in this section refer to accreditation by a national accrediting body. Accreditation is a process in which programs demonstrate that they meet standards set forth by the accrediting body. The standards are determined by the accrediting body. There is not a common set of standards used for early childhood program accreditation. The National Association for the Education of Young Children (NAEYC) accreditation, the National Early Childhood Program Accreditation (NECPA), the National Accreditation Commission for Early Care and Education Programs (NAC) and the Council on Accreditation (COA) are commonly included accreditation systems used in QRS for center-based programs.

<b>Accreditation included:</b>	Indicators related to accreditation are included in the QRS. Options: Yes or No.
<b>If yes, accreditation is:</b>	Options include: Used as highest rating, used as a separate category, one criterion in highest rating, as a standard for which points are awarded, or other.
<b>Comments:</b>	Further information about indicators related to accreditation.

## Community Involvement (centers)

Indicators described in this section refer to the type or frequency of involvement in the community. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Community involvement indicators included:</b>	Indicators related to community involvement are included in the QRS. Options: Yes or No.
<b>Comments:</b>	Further information about indicators related to community involvement.

## Provisions for Children with Special Needs (centers)

Indicators described in this section refer to provisions for children with special needs and the extent to which programs meet standards for inclusion of children with disabilities or other limiting conditions. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>. Provisions for Children with Special Needs indicators are also included in the Environment Rating Scales which are used in some QRS.

<b>Indicators that specify provisions for children with special needs included:</b>	Indicators related to provisions for children with special needs are included in the QRS. Options: Yes or No.
<b>Comments:</b>	Further information about indicators related to provisions for children with special needs.

## Indicators for Family Child Care Programs

This section describes the indicators used in a QRS to assess the quality of family child care programs. The indicators are divided into the following categories: licensing compliance, ratio and group size, health and safety, curriculum, environment, child assessment, staff qualifications, family partnership, administration and management, cultural/linguistic diversity, accreditation, community involvement and provisions for children with special needs. A QRS may not have indicators in one or more of these categories, and these category labels may not be used in their QRS.

<b>Number of site-specific indicator categories:</b>	The number of categories used to organize indicators in the QRS.
<b>Site-specific names of categories used in the QRS:</b>	The labels for the indicator categories used in the QRS.

## Licensing Compliance (family child care)

Licensing requirements frequently serve as a minimal set of provisions to ensure that care and education environments are safe, healthy and provide for children's basic needs. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the

licensing requirements for a specific state can be found at:  
<http://nrckids.org/STATES/states.htm>.

<b>Licensing compliance included:</b>	Licensing compliance indicators are included in the QRS. Options: Yes or No.
<b>Licensing required for enrollment:</b>	Whether licensing is required for enrollment of child care centers in the QRS. Options: Yes or No.
<b>Licensing equivalent to the first level:</b>	Whether licensing is required at the first level of the QRS. Options: Yes or No.
<b>Licensing compliance referred to within:</b>	The site-specific QRS category with indicators related to licensing compliance.
<b>Source of evidence:</b>	The process by which the QRS collects information related to licensing compliance. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

### Ratio (family child care)

Ratio and group size requirements are frequently established in state licensing regulations. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at:  
<http://nrckids.org/STATES/states.htm>.

<b>Ratio and group size indicators included:</b>	Ratio and group size indicators are included in the QRS. Options: Yes or No.
<b>Description:</b>	A description of ratio and group size indicators.
<b>Ratio and group size referred to within:</b>	The site-specific QRS category with indicators related to ratio and group size.
<b>Source of evidence:</b>	The process by which the QRS collects information related to ratio and group size. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

### Health and Safety (family child care)

Provisions for health and safety are frequently established in state licensing regulations. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at:

<http://nrckids.org/STATES/states.htm>. Health and safety indicators are also included in the Environment Rating Scales which are used in some QRS.

<b>Health and safety indicators included:</b>	Health and safety indicators are included in the QRS. Options: Yes or No.
<b>Description:</b>	A description of health and safety indicators.
<b>Health and safety referred to within:</b>	The site-specific QRS category with indicators related to health and safety.
<b>Source of evidence:</b>	The process by which the QRS collects information related to health and safety. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

### Curriculum (family child care)

A curriculum is a written document that provides a plan for intentional activities and interactions in an early childhood program. Indicators described in this section refer to requirements for the use of particular curricula or to demonstration that certain features of curriculum are in place. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Curriculum indicators included:</b>	Indicators related to curriculum are included in the QRS. Options: Yes or No.
<b>Description:</b>	A description of indicators related to curriculum.
<b>Curriculum review process:</b>	Whether the QRS reviews curricula as part of the rating process. Options: Yes or No.
<b>Description of curriculum review process:</b>	A description of the curriculum review process.
<b>Approved curricula identified:</b>	Whether the QRS has identified particular curricula as meeting certain standards set by the QRS.
<b>List of approved curricula:</b>	The names of specific curricula approved or accepted in the QRS.
<b>Curriculum referred to within:</b>	The site-specific QRS category with indicators related to curriculum.
<b>Curriculum source of evidence:</b>	The process by which the QRS collects information related to curriculum. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

## Environment (family child care)

Indicators in this section refer to features of the classroom environment. Further details about Observational Measures included in the QRS are included in a section below. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at:

<http://nrckids.org/STATES/states.htm>.

<b>Environment indicators included:</b>	Indicators related to the environment are included in the QRS. Options: Yes or No.
<b>Environment Rating Scales (ERS) included:</b>	Whether the Environment Rating Scales by Harms, Cryer and Clifford are included in one or more indicators in the QRS. [Further details about are described below in the section on Observational Measures.] Options: Yes or No.
<b>Range of recognized ERS scores:</b>	The range of scores on the ECERS-R that is needed for getting lowest-highest amount of credit in the QRS.
<b>Description:</b>	Description of the environment related indicators in the QRS.
<b>Additional indicators related to the environment (e.g. activities, interactions, specific features):</b>	Indicators related to activities, interactions, specific features the environment are included (not including those specified in the ERS or CLASS).
<b>Environment referred to within:</b>	The site-specific category with indicators related to the Environment
<b>Environment source of evidence:</b>	The process by which the QRS collects information related to the environment. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

## Child Assessment (family child care)

Indicators in this section refer to processes in place to assess, observe or monitor children's development on a regular basis. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Child assessment indicators included:</b>	Indicators related to the use of child assessment are included in the QRS. Options: Yes or No.
<b>Description:</b>	A description of indicators related to the use of child assessment.



<b>Child assessment review process:</b>	Whether the QRS reviews child assessment tools as part of the rating process. Options: Yes or No.
<b>Description of child assessment review process:</b>	A description of the process used to review child assessment tools.
<b>Approved child assessments identified:</b>	Whether the QRS has identified particular assessment tools as meeting certain standards set by the QRS.
<b>List of approved child assessments:</b>	The names of specific assessment tools approved or accepted in the QRS.
<b>Child assessment referred to within:</b>	The site-specific category with indicators related to child assessment.
<b>Child assessment source of evidence:</b>	The process by which the QRS collects information related to child assessment. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

### Staff qualifications (family child care)

Indicators in this section refer to specific educational or training requirements for staff. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Staff qualification indicators included:</b>	Indicators related to the qualifications of staff are included in the QRS. Options: Yes or No.
<b>Indicators for family child care providers include:</b>	An overview of the type of qualifications for family child care providers included in the QRS. Options include: Education, training, years of experience, and other (described).
<b>Family child care qualifications related to administration and management:</b>	Whether family child care provider qualifications include reference to specific administration and management education or training. Options: Yes or No.
<b>Administrative and management qualifications included in the indicators:</b>	A description of the administration and management qualifications included in the QRS.
<b>Bachelors degree indicator for family child care provider:</b>	Whether attainment of a Bachelors degree is included in the indicators for the family child care provider. Options: Yes or No.
<b>Bachelors degree indicator for family child care provider at level:</b>	The level of the QRS that includes attainment of a Bachelors degree for the family child care provider.

<b>Description:</b>	Description of the indicators related to staff qualifications.
<b>Staff qualifications referred to within:</b>	The site-specific category with indicators related to staff qualifications
<b>Staff qualifications source of evidence</b>	The process by which the QRS collects information related to staff qualifications. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

## Family Partnership (family child care)

Indicators in this section refer to activities and strategies to involve and engage families. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at:

<http://nrckids.org/STATES/states.htm>.

<b>Family partnership indicators included:</b>	Indicators related to family partnership are included in the QRS. Options: Yes or No.
<b>Description:</b>	A description of the indicators related to family partnership
<b>Family partnership referred to within:</b>	The site-specific category with indicators related to family partnership.
<b>Family partnership source of evidence:</b>	The process by which the QRS collects information related to family partnership. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.

## Administration and Management (family child care)

Indicators in this section refer to features of the administration and management of the program. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at:

<http://nrckids.org/STATES/states.htm>.

<b>Administration and management indicators included:</b>	Indicators related to administration and management are included in the QRS. Options: Yes or No.
<b>Description:</b>	A description of the indicators related to administration and management.
<b>Administration and management referred to within:</b>	The site-specific category with indicators related to administration and management.
<b>Administration and management source of</b>	The process by which the QRS collects

<b>evidence:</b>	information related to administration and management. Options include: self-report, verified; self-report, unverified; documentation submitted; observation; or other.
------------------	--

## Cultural/Linguistic Diversity (family child care)

Indicators in this section refer to provisions for responsiveness to cultural and linguistic diversity. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>. Cultural/Linguistic Diversity indicators are also included in the Environment Rating Scales which are used in some QRS.

<b>Cultural/linguistic diversity indicators included:</b>	Indicators related to cultural/linguistic diversity are included in the QRS. Options: Yes or No.
<b>Comments:</b>	Further information about indicators related to cultural/linguistic diversity.

## Accreditation (family child care)

Indicators described in this section refer to accreditation by a national accrediting body. Accreditation is a process in which programs demonstrate that they meet standards set forth by the accrediting body. The standards are determined by the accrediting body. There is not a common set of standards used for early childhood program accreditation. Accreditation by the National Association of Family Child Care is a commonly included accreditation used in QRS for family child care programs.

<b>Accreditation included:</b>	Indicators related to accreditation are included in the QRS. Options: Yes or No.
<b>If yes, accreditation is:</b>	Options include: Used as highest rating, used as a separate category, one criterion in highest rating, as a standard for which points are awarded, or other.
<b>Comments:</b>	Further information about indicators related to accreditation.

## Community Involvement (family child care)

Indicators described in this section refer to the type or frequency of involvement in the community. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Community involvement indicators included:</b>	Indicators related to community involvement are included in the QRS. Options: Yes or No.
<b>Comments:</b>	Further information about indicators related

---

to community involvement.

---

## Provisions for Children with Special Needs (family child care)

Indicators described in this section refer to provisions for children with special needs and the extent to which programs meet standards for inclusion of children with disabilities or other limiting conditions. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at:

<http://nrckids.org/STATES/states.htm>. Provisions for Children with Special Needs indicators are also included in the Environment Rating Scales which are used in some QRS.

<b>Indicators that specify provisions for children with special needs included:</b>	Indicators related to provisions for children with special needs are included in the QRS. Options: Yes or No.
<b>Comments:</b>	Further information about indicators related to provisions for children with special needs.

## Application Process

Information in this section describes specific features of the application process in the QRS.

---

<b>Requires self-assessment tool:</b>	Application process requires that providers complete a self-assessment of their quality level. Options: Yes or No.
<b>Describe self-assessment tool:</b>	A description of the self-assessment tool used in the application process.
<b>Availability of preparatory process:</b>	The QRS has a process available for providers who are not ready to apply to the QRS.
<b>Describe preparatory process:</b>	A description of the preparatory process for providers.
<b>Requires orientation:</b>	The QRS requires that providers complete an orientation session before applying to the QRS. Options: Yes or No.
<b>Describe orientation :</b>	A description of the orientation process.
<b>Time from application to rating:</b>	The time in months that it takes for a program to receive a QRS rating after they apply.
<b>Can apply for particular rating:</b>	A program can apply for a particular rating level in the QRS. Options: Yes or No.
<b>Describe apply for particular rating:</b>	A description of the process by which a program can apply for a particular rating.

---

## Outreach

This section describes the strategies that a QRS uses to disseminate information to parents, providers/programs, and the public.

<b>Outreach to parents:</b>	The QRS conducts outreach to parents. Options: Yes or No.
<b>Method of outreach to parents:</b>	The methods used to conduct outreach to parents.
<b>Outreach to providers:</b>	The QRS conducts outreach to providers. Options: Yes or No.
<b>Method of outreach to providers:</b>	The methods used to conduct outreach to providers.
<b>Outreach to public:</b>	The QRS conducts outreach to the public. Options: Yes or No.
<b>Method of outreach to public:</b>	The methods used to conduct outreach to the public.
<b>Percent of budget dedicated to marketing:</b>	The percent of the QRS budget that is used for marketing and outreach efforts.

## Use of Observational Tools

The information in this section provides further detail about observational tools used in the QRS.

<b>Observational tools used:</b>	A list of the observational tools used in the QRS. Options include: CLASS, ECERS-R, FCCERS-R, ITERS-R, SACERS, and other.
<b>Describe how scores are used in the rating:</b>	A description of how observational scores are included in the ratings.
<b>Frequency of observational assessment:</b>	The frequency with which observational assessments are conducted.
<b>Method for choosing classrooms to observe:</b>	In centers, the method used to choose a classroom(s) to observe.
<b>Percent of classrooms observed in child care centers:</b>	The percent of classrooms observed in child care centers.
<b>Training for observers:</b>	The training required for observers conducting assessments.
<b>Initial reliability required:</b>	The process for establishing initial reliability.
<b>Ongoing reliability required:</b>	The process for establishing ongoing reliability.

## Improvement Process

This section provides information about the strategies used to provide or support quality improvement in the QRS.

<b>Training available that is linked to QRS:</b>	Training in the professional development system is specifically linked or aligned with the QRS. Options: Yes or No.
<b>Content of linked training:</b>	A description of the training content linked with the QRS. Options include: Specific curriculum, language and literacy, business practices, child assessment, social and emotional development, safety, environment assessment, or other.
<b>Total duration of training:</b>	The duration of training that is linked to the QRS. Options include: less than 5 hours, 5-10 hours, 11-20 hours, 21 to 50 hours, greater than 50 hours, or other.
<b>Trainer approval process:</b>	A formal process exists to approve trainers and/or training in the QRS or in the professional development system more broadly. Options: Yes or No.
<b>Target population for training:</b>	The target population for training in the QRS. Options include: lower quality levels, higher quality levels, or all providers.
<b>Onsite assistance available that is linked to QRS:</b>	Onsite assistance in the form of coaches, consultants, mentors or technical assistants is available for participants in the QRS. Options: Yes or No.
<b>Content of linked onsite assistance:</b>	Options include: Specific curriculum, language and literacy, business practices, child assessment, social and emotional development, safety, environment assessment, support and navigating QRS, and other.
<b>Onsite assistance frequency:</b>	The frequency of onsite assistance. Options include: less than once a week, weekly, bi-weekly, monthly, other (varies).
<b>Length of onsite sessions:</b>	The length of onsite sessions. Options include: less than 1 hour, 1 hour, 1.1-4 hours, greater than 4 hours, other (varies).
<b>Total duration of onsite assistance:</b>	The total duration of onsite assistance. Options include: less than 1 month, 1-6 months, 6.1 months to 1 year, ongoing, and other (varies).
<b>Formal approval for onsite assistance provider:</b>	A formal process exists to onsite assistance

	providers in the QRS or in the professional development system more broadly. Options: Yes or No.
<b>Target population for onsite assistance:</b>	The target population for onsite assistance. Options include: Lower quality levels, higher quality levels, or all providers.

## Financial Incentives

A variety of strategies may be used to provide financial incentives to providers to participate in the QRS or to support quality improvement efforts. This section provides information about different financial incentives.

<b>Tiered reimbursement:</b>	A description of tiered reimbursement in the QRS.
<b>Quality award/bonus:</b>	A description of quality awards or bonuses in the QRS.
<b>Startup award:</b>	A description of an award available upon entry into the QRS.
<b>Scholarship (T.E.A.C.H.):</b>	A description of scholarships available to participants in the QRS.
<b>Wage enhancement:</b>	A description of wage enhancements available in the QRS.
<b>Retention bonus:</b>	A description of retention bonuses available in the QRS.
<b>Improvement grants:</b>	A description of improvement grants available in the QRS.
<b>Comments on financial incentives:</b>	Further details about the financial incentives in the QRS.

## Administration Details

This section provides details about the QRS administration and funding.

<b>QRS lead :</b>	The name of the lead agency or organization.
<b>QRS lead type:</b>	The type of agency or organization leading the QRS. Options include: state government agency, local government agency, non-profit organization, or other.
<b>Overall funding amount for most recent fiscal year:</b>	Dollar amount.
<b>Overall funding sources:</b>	Funding sources for most recent fiscal year. Options for funding include: Child Care and Development Fund, Foundation, State, TANF or other funds.
<b>Administration funding for most recent fiscal year:</b>	Dollar amount.

<b>Administration funding source:</b>	Funding sources for most recent fiscal year. Options for funding include: Child Care and Development Fund, Foundation, State, TANF or other funds.
<b>Quality improvement funding for most recent fiscal year:</b>	Dollar amount.
<b>Quality improvement funding source:</b>	Funding sources for most recent fiscal year. Options for funding include: Child Care and Development Fund, Foundation, State, TANF or other funds.
<b>Evaluation funding for most recent fiscal year:</b>	Dollar amount.
<b>Evaluation funding source:</b>	Funding sources for most recent fiscal year. Options for funding include: Child Care and Development Fund, Foundation, State, TANF or other funds.

## Partners

This section provides information about the roles and responsibilities of partners in the QRS.

<b>Partner 1 type :</b>	Options include: State agency partner, resource and referral agency, community college, university, or other organization.
<b>Partner 1 name:</b>	Name of partner
<b>Partner 1 function:</b>	Options include: Collect/validate information to assign the rating, conduct observational assessments, provide technical assistance and quality improvement services, provide system navigation support, provide financial incentives, manage communication/information dissemination, and other.
<b>Work plan in place:</b>	Work plan is in place for the partner. Options: Yes or No.
<b>Partner 2:</b>	
<b>Partner 2 name:</b>	
<b>Partner 2 function:</b>	
<b>Work plan in place:</b>	
<b>Partner 3 type :</b>	
<b>Partner 3 name:</b>	
<b>Partner 3 function:</b>	
<b>Work plan in place:</b>	
<b>Partner 4 type :</b>	



**Partner 4 name:**  
**Partner 4 function:**  
**Work plan in place:**

**Partner 5 type :**  
**Partner 5 name:**  
**Partner 5 function:**  
**Work plan in place:**

**Partner 6 type :**  
**Partner 6 name:**  
**Partner 6 function:**  
**Work plan in place:**

## Linkage of QRS with Other Systems

This section provides information about how the QRS is linked with other systems/standards including child care subsidies, professional development, state early learning guidelines, and core knowledge /competencies for providers.

<b>Child care subsidies :</b>	Linkage to the child care subsidy system. Options: Yes or No.
<b>Description:</b>	A description of the linkages with the subsidy system.
<b>Professional development:</b>	Linkage to the professional development system. Options: Yes or No.
<b>Description</b>	A description of linkages with the professional development system.
<b>Incorporation of other standards:</b>	Linkages or incorporation of other standards in the QRS.
<b>Description:</b>	A description of the incorporation of other standards in the QRS.

## Evaluation

<b>Status of evaluation :</b>	Describes the type of evaluation in the QRS. Options: No evaluation to date, ongoing, or periodic.
<b>List research questions for ongoing evaluation:</b>	A list of research questions for ongoing evaluation.
<b>List research questions for periodic evaluation:</b>	A list of research questions for periodic evaluation.
<b>Evaluator type:</b>	Type of evaluator. Options: external or internal.

<b>Evaluator name (if external)</b>	Name of external evaluator.
<b>If external, was RFP issued:</b>	A request for proposal was issued for external evaluation. Options: Yes or No.
<b>Published reports to date :</b>	Includes names of published reports.

## Key Contacts

<b>Category :</b>	<b>Overall management</b>
<b>Contact name:</b>	
<b>Organization:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Category :</b>	<b>Rating process (including on-site observations)</b>
<b>Contact name:</b>	
<b>Organization:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Category :</b>	<b>Tiered reimbursement and connections with subsidy</b>
<b>Contact name:</b>	
<b>Organization:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Category :</b>	<b>Distribution of financial incentives</b>
<b>Contact name:</b>	
<b>Organization:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Category :</b>	<b>Quality improvements and support</b>
<b>Contact name:</b>	
<b>Organization:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Category :</b>	<b>Data systems, monitoring and evaluation</b>
<b>Contact name:</b>	
<b>Organization:</b>	
<b>Email:</b>	
<b>Phone:</b>	

## References