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Local Quality Improvement Efforts and Outcomes Descriptive Study

Final Report: Executive Summary

A Governor's State Advisory Council on Early Learning and Care Project

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Project Leadership:

Susan Muenchow, *Principal Investigator*
Heather E. Quick, *Project Manager*
Aleksandra Holod, *Deputy Project Manager*
Deborah Parrish, *Senior Advisor for Quality Assurance*

Gail L. Zellman, *Co-Principal Investigator*
Jill S. Cannon, *Co-Project Manager*
Lynn A. Karoly, *Senior Advisor for Design and Methods*

Report Authors:

AIR team: Susan Muenchow, Aleksandra Holod, Heather E. Quick, Laura E. Hawkinson, Raquel L. González, Kiana Abram, Rachel A. Valentino, and Deborah Parrish

RAND team: Gail L. Zellman, Jill S. Cannon, Lynn A. Karoly, Beth Katz, and Teryn Mattox

Executive Summary

Quality rating and improvement systems (QRISs) constitute an ambitious policy approach to improving early care and education practices and child outcomes. A QRIS is a uniform set of ratings, graduated by level of quality, used to assess and improve early learning and care programs. The objective ratings are intended to help families identify quality programs, guide providers in making improvements, and help policymakers make decisions about allocating resources and targeting technical assistance. A comprehensive QRIS also provides workforce development, financial incentives, and other supports to improve quality.

In December 2011, California won a federal Race to the Top–Early Learning Challenge (RTT-ELC) grant to develop a locally driven approach to establishing QRISs for early learning and care programs. In January 2013, a network of Early Learning Challenge Regional Leadership Consortia in 16 counties began implementing QRISs that expanded and strengthened pre-existing quality improvement initiatives.

The purpose of this study, conducted by American Institutes for Research (AIR) and the RAND Corporation, is to support the state of California and its counties in their efforts to build robust, evidence-based quality improvement systems. Specifically, the study:

- summarizes information on QRISs in other states, including validation and impact studies of these systems;

- describes the characteristics and strengths of pre-existing local initiatives in California;

- reviews the planning and early implementation of the local QRISs supported by the RTT-ELC grant;

- compares the elements of the pre-existing local systems with those proposed by the California Early Learning Quality Improvement System (CAEL QIS) Advisory Committee in 2010 and by the RTT-ELC Consortia in late 2012;

- synthesizes information from existing evaluations of local quality improvement (QI) initiatives;

- describes the characteristics of providers participating in local quality improvement systems (QISs) and QRISs and the children and families served by them, using data from select local systems;

- identifies promising practices for program improvement and professional development (drawing on literature from other states as well as from California);

- describes the dissemination of quality information to parents and describes how families use information to guide their early learning and care choices;

- provides recommendations for refining the RTT-ELC Regional Leadership Consortia Quality Continuum Framework; and

- offers suggestions for the implementation of local QRISs, for system monitoring and improvement, and for a state role in supporting these efforts.

QRISs in Other States: Implications for California

Given that California is on a path toward developing and strengthening local QRISs, it is important for state policymakers to learn more about what these efforts look like, both nationally and in California. According to the most comprehensive review to date of systems across the nation, the *Compendium of Quality Rating Systems and Evaluations* (Tout et al. 2010), QRISs were first introduced 15 years ago, and were operating in 22 states and the District of Columbia in 2010. The AIR/RAND study team found that, as of 2013, most of the remaining states in the country are now planning, piloting, or implementing some form of QRIS.

While each state QRIS has some unique design features, there appear to be many commonalities in the systems across states. Systems that use a building-block rating structure and employ a five-level rating scale are the most common. The most common rating components include licensing, classroom environment, staff qualifications, family partnership, and administration and management. Most systems include quality improvement assistance for participating programs, though limited information about the quality of QI efforts, dosage, and allocation processes makes it difficult to determine precisely how these activities contribute to quality improvements within the systems.

There is a strong consensus in the early childhood field that the discussions around QRISs have increased awareness about the elements of quality and their importance. The development of standards as part of QRISs has helped providers, parents, and other stakeholders begin to understand (and develop agreement about) what constitutes quality in early care and education (ECE). There is also evidence from a number of studies that the combination of standards, ratings, and QI interventions that characterize QRISs improve the average quality of participating programs. For the most part, however, the systems' designers are unable to draw on empirical evidence about the best ways to rate programs, produce summary ratings, or support programs in their efforts to improve the quality of care they provide. Given that there is not yet consensus on an overall preferred design or implementation model, state policymakers and system designers are trying to learn from their own and other states' earlier QRIS efforts.

Federal funding requirements encourage states to examine the efficacy of QRIS design and implementation practices. For this and other reasons, the early care and education field has begun to actively build an evidence base for QRISs—a noteworthy development. The research on best practices and evaluation has primarily focused on first-generation questions: deciding which elements should go into a well-designed QRIS, and whether specific design options make sense, target the right elements, and measure what is intended. Validation studies required by the RTT-ELC grant have the potential to add to the evidence base on preferred design and implementation options. Current QRIS expansion and evaluation also presents an opportunity to answer second-generation research questions on the causal impact of QRISs, particularly for child development and school readiness.

California may be in a unique position to advance the evidence base by taking advantage of the evaluation opportunities provided by the variations across different counties' QRIS designs.

However, it may be premature to attempt such studies in the current QRIS environment, where change is rapidly occurring, and we caution that evaluations examining the causal impacts of QRISs may not be able to conclude much within the three-year RTT-ELC grant time period. Nevertheless, the continued focus on conducting validation and impact studies to build the QRIS evidence base is a positive trend, and the growing base of evidence will improve these systems over time.

Pre-existing QRISs and QISs in California: State and Locally Initiated

Quality improvement systems, initiated at both the state and local level, have been developing in California for more than a decade. For the purposes of this study, we determined that QRISs typically include six elements: standards (e.g., for staff qualifications, staff-child ratios, etc.), program quality assessments, ratings for public dissemination and/or internal use as accountability measures, provider support, parent and consumer education, and financial incentives. We also determined that QISs have three common elements—standards, program quality assessments, and provider support. In addition, we identified feedback mechanisms as an underlying feature of multiple elements of both QRISs and QISs.

Based on these definitions, the study team identified three state-level First 5 California initiatives—Power of Preschool (PoP), Child Signature Program 1 (CSP 1), and Child Signature Program 2 (CSP 2)—that exhibited between three and five of the above elements of a QRIS. All were established prior to the state's implementation of the RTT-ELC grant, and all three initiatives specifically encouraged the development of quality improvement systems at the county level. We also found two additional state-supported programs—the AB 212 Staff Retention Program and CARES Plus—that offered workforce development support for both QRISs and QISs in California.

At the local level, we identified **14 counties and 15 county-based systems** (because Los Angeles County has two systems) that **had at least five of the six elements of a typical QRIS** prior to the implementation of local QRISs in conjunction with the RTT-ELC grant.

- Three of the 15 county-based systems—LA STEP; High 5 for Quality, in El Dorado County; and the Quality Child Care Initiative, in Nevada County—had all six elements, including what might be considered the hallmark of QRISs as distinct from QISs: dissemination of ratings to the public and education of parents on how to select quality programs based on the ratings.

- Twelve of the county-based systems had all of the elements of a QRIS except dissemination of ratings to the public and parent and consumer education on how to select a quality program using the ratings. These 12 systems used ratings internally, based on quality standards and program quality assessments, to hold programs accountable, to develop quality improvement plans, and to determine the level of tiered reimbursement or eligibility for other financial incentives. However, they did not disseminate ratings to parents or the public.

- Nine of the 15 had formerly received state and local First 5 PoP funds, and eight currently have state and local First 5 CSP 1 funds, which together help finance an array of provider supports and financial incentives for program improvement.

- Five of the county-based QRISs—LA STEP; High 5 for Quality, in El Dorado County; the Quality Child Care Initiative, in Nevada County; Preschool Makes a Difference, in Contra Costa County; and Value in Preschool, in Sonoma County—were developed outside the First 5 PoP and CSP 1 initiatives.

These 15 pre-existing QRISs differed in purpose. Most of them focused primarily on promoting school readiness by enhancing the quality of publicly supported early learning and care programs for preschool children living in disadvantaged neighborhoods. A few local QRISs addressed the broader goal of improving the quality of child care for all children. The size and scope of the systems varied, as did the extent to which county stakeholders viewed the initiatives as QRISs and the resources available to support the system. For example, only San Francisco Preschool for All (PFA), which has city general revenue to support universal preschool, operates city- and county-wide.

Prior to the launching of the RTT-ELC local systems, at least **26 additional counties had the three features associated with a typical QIS**—standards, program quality assessments, and provider support—and **all counties had at least some of the QI building blocks** that characterize a QIS. Of the counties with a QIS but not a QRIS, most (24) were among the counties participating in CSP 2, which requires that counties begin determining if a set of facilities meets CSP standards (based on classroom readiness assessments) and begin offering some provider support to meet those standards. The remaining two QIS counties were Fresno (which piloted some QRIS elements in 2012) and Santa Barbara (which administered an initiative to promote accreditation). Local participation in some First 5 California-supported initiatives—such as PoP, CSP 1, and CSP 2—increases a county's capacity to establish the elements of a QRIS or QIS. However, the study team found that a few counties that did not participate in any of these state-level programs also established a QRIS or QIS.

Of the **18 remaining counties** without quality improvement systems, most were classified as rural, and they cited grant match requirements, allocation formulas, and staff educational standards as major barriers to obtaining the state resources available to support quality improvement systems. Budget reductions in other state programs—such as State Preschool, Local Planning Councils, and AB 212—have diminished the capacity of counties, especially rural ones, to support QI activities, much less to develop QRISs or QISs.

RTT-ELC: The Changing Landscape of QRIS in California

Since California was awarded the RTT-ELC grant, the 16 Consortia counties, representing 65 percent of the population of children under age five in the state, have been engaged in developing a set of core quality standards as well as provisions for local options for the county-based QRISs. They have also been developing guidelines for county-level professional development and quality improvement practices to assist programs and providers in meeting the standards and moving up the tiers of the local systems. Below we compare the RTT-ELC QRIS system design with the earlier framework recommended by the CAEL QIS Advisory Committee,

and describe how the RTT-ELC counties are addressing concerns about the sustainability of the system.

QRIS System Design: RTT-ELC and CAEL QIS

There are both striking similarities and important differences in the RTT-ELC and CAEL QIS system designs. With respect to the recommended standards themselves, the RTT-ELC and CAEL QIS recommendations are quite similar. First, RTT-ELC, like CAEL QIS, has five levels (or tiers), with the first level essentially representing compliance with Title 22 state licensing requirements, thus limiting the inclusion of license-exempt providers. The specific requirements for teacher-child ratios and group size, lead teacher education qualifications, and director qualifications are also similar, though not identical. Both CAEL QIS and the RTT-ELC Hybrid Matrix place particular emphasis on program quality assessment with the Classroom Assessment Scoring System (CLASS) and Environment Rating Scales (ERS) systems; however, the RTT-ELC system specifies CLASS scores (but only for higher levels), whereas CAEL QIS did not specify any scores.

Both the CAEL QIS Advisory Committee's 2010 final report and the RTT-ELC Consortia also address provider supports. The CAEL QIS Advisory Committee made recommendations concerning technical assistance, workforce development, family involvement, data systems, funding, and pilot testing and implementation. The RTT-ELC Consortia's Quality Improvement and Professional Development Pathways address professional development, with an emphasis on the development of Professional Growth Plans and Early Childhood Education Competencies. However, the RTT-ELC provisions for family engagement are not a separate element; designers argue that indicators are embedded in other domains such as the ERS, and guidance on family engagement is also being developed as part of the Pathways document. The RTT-ELC Hybrid Matrix also does not address explicitly several other issues typically associated with QRISs, including data systems, financial incentives similar to those offered in pre-existing systems such as the First 5 California Power of Preschool or Child Signature Program 2, and a long-term funding model to help sustain the local QRISs. Provision of financial and non-financial incentives is left to local decisions.

The RTT-ELC QRIS system design features two important structural differences from the system recommended by the CAEL QIS Advisory Committee. First, CAEL QIS recommended a block system, where a program/provider would have to meet all of the standards in a tier before advancing to the next tier; the RTT-ELC Hybrid Matrix combines a block on the first level with a point system on three of the five levels and a local option of a point or block system on the second level. Several counties interviewed by the AIR/RAND study team indicated that a point system might be more attractive to providers, who can move up the tiers by earning points for their strengths. The second major difference between the CAEL QIS and RTT-ELC system designs is that, as might be expected of a locally driven approach, the RTT-ELC Hybrid Matrix offers local options in the second and fifth levels of the system. However, we found that most counties that received RTT-ELC grants to implement local QRISs chose not to exercise their local option to alter the rating standards for Tiers 2 and 5. Several counties cited the importance of having a unified set of rating standards across and within counties, although a few chose to

alter the requirements for staff education and training, program leadership, and/or family involvement.

With respect to the quality elements themselves, the primary difference between the RTT-ELC and the CAEL QIS designs lies in the number of elements. While the CAEL QIS recommended five elements (Family Involvement, Staff Education and Training, Program Leadership, Ratios and Group Size, and Teaching and Learning), the RTT-ELC Hybrid Matrix has seven elements (Minimum Qualifications for Lead Teacher/Family Child Care Home, Director Qualifications, Ratios and Group Size, Program Environment Rating Scales, Effective Teacher-Child Interactions, Child Observation, and Developmental and Health Screenings). Though Family Involvement is not an element in the RTT-ELC Matrix, it is (as noted above) embedded in other domains, such as ERS assessments. Also, unlike the CAEL QIS-recommended design, the RTT-ELC Hybrid Matrix has added two important new elements—Child Observation and Developmental and Health Screenings.

Finally, given the local focus of the RTT-ELC QRIS effort, it does not include a strategy for statewide implementation of a QRIS. However, some regional Consortia are actively engaged in mentoring non-RTT-ELC counties that have expressed interest in eventually implementing QRISs. Higher education for providers is addressed through the Professional Growth Plans and Early Childhood Education Competencies, rather than through an explicit call for statewide reform. The RTT-ELC Consortia approach to provider supports likely will result in substantial variation and innovation across counties, offering an opportunity for comparison and assessment of the relative effectiveness of different approaches. Sustaining Quality Improvements

The sustainability of the RTT-ELC QRIS is the primary concern expressed by the RTT-ELC Consortia counties. Specifically, counties with extensive pre-existing systems that focus on promoting quality preschool for disadvantaged children wonder how they will expand technical assistance and financial incentives to reach a broader group of providers in high-need neighborhoods without reducing the intensity of their pre-existing systems. These counties generally are taking a cautious approach to expanding provider recruitment, with a strategy focused on implementing QI services that they can sustain.

Another sustainability concern relates to the RTT-ELC QRIS focus on establishing and/or expanding the infrastructure for conducting independent program quality assessments using two well-known and validated instruments—the CLASS and the ERS. Key issues already surfacing during the RTT-ELC grant implementation include obtaining enough trained independent assessors, ensuring the reliability of the assessors, establishing trust with providers, determining the frequency of assessments and the methodology for selecting programs to be assessed, and affording the cost of ongoing assessments. These issues related to sustainability will only become more important if the counties attempt to maintain the same activities later without RTT-ELC funding.

At the same time, counties are considering innovative approaches to managing the cost of program quality assessments and to recruiting new programs/providers, such as private centers and family child care homes that have typically been underrepresented in many of the pre-existing systems.

During the phone interviews conducted with early care and education leaders in all 58 counties, many of the 42 non-RTT-ELC counties expressed interest in joining the RTT-ELC QRIS, but only if the state were to provide the resources to conduct program quality assessments and technical assistance to promote quality improvement. Overall, there is considerable enthusiasm for the "I" (improvement) aspect of the RTT-ELC QRIS, as well as some concern about publicizing the "R" (ratings).

Local Evaluation Studies of QI Initiatives

Local QRISs and QISs, as well as more focused QI initiatives, have been developing in California for many years, and most of these efforts have incorporated evaluation in the process of program design and implementation. A variety of research designs and methods have been used to study a range of primarily descriptive questions for many of the key local and statewide QI initiatives implemented in California in the last decade. The 30 studies analyzed in our review covered 16 distinct QI initiatives pre-dating the RTT-ELC QRIS implementation in 14 counties, plus the CARES program implemented in almost every county. The initiatives include those that would meet this project's definition of a QRIS or QIS, as well as QI initiatives that target professional development (PD) for the ECE workforce or those focused on program improvement through technical assistance (TA) and other supports. Overall, the studies support the validity of the QI initiatives by demonstrating associations between participation in them and program quality improvements over time, but the study methods employed are not sufficient to demonstrate a causal impact on program quality, ECE workforce outcomes, or child outcomes.

Below, we summarize the findings of local evaluation studies in several areas—program quality and quality ratings, professional development outcomes, child developmental outcomes, and parent involvement:

- **ECE program quality and quality ratings**. Results for 17 different analyses of program quality showed that the programs participating in QI initiatives are probably of higher-than-average quality at the outset and that quality improves over time on most of the quality dimensions that are measured. Programs in the California QI initiatives studied tend to have weaknesses in the same areas found for programs in other studies—for example, the Personal Care Routines component of the ERS and the Instructional Support (IS) domain of the CLASS. Family child care homes tend to have lower measured quality than centers, which is also consistent with most other studies, though in our own review of data from seven county-based systems in California, participating family child care homes in one county had higher quality ratings than center-based programs on the ERS. At the same time, gains over time are usually greater in those areas that are weaker to start.

- **ECE workforce professional development outcomes**. Eighteen descriptive analyses either examined the characteristics of the ECE workforce participating in a given QI initiative or measured various outcomes for participants at a point in time or over time. In general, these studies show that program participants are diverse, although given the lack of comparable information on non-participants, it is not possible to say whether certain demographic groups are over- or underrepresented among participants. The studies also

document substantial PD activities in terms of courses completed, degrees attained, and other professional milestones. Workforce studies that rely on survey data tend to report low response rates or offer no information on response rates; this may compromise even descriptive efforts to examine the ECE workforce at a point in time or over time. Moreover, none of the available studies go beyond the focus on PD activities, degrees obtained, or self-assessments of program impact to directly link classroom teachers or home-based providers to independent measures of their skills or competencies, although this should be possible to do. For example, as part of CARES Plus, independent CLASS assessments are conducted for a sample of participants. Thus, it should be possible to examine pre–post changes in CLASS scores to examine the relationship between PD interventions and changes in teachers' classroom practices.

- **Child developmental outcomes**. A dozen studies employing several different descriptive study designs consistently show that children participating in local QI initiatives experience developmental gains during their preschool year, as measured by teacher-reported developmental assessments and, in some cases, by assessments performed by reliably trained independent observers. More sophisticated methods to compare developmental gains between participating and nonparticipating children also generally show favorable child developmental progress relative to the available reference groups, both in the preschool year and into the early elementary grades. However, these studies as a group are potentially compromised by a number of methodological issues, including the potentially low reliability of teacher-provided assessments, biases introduced by high rates of attrition over time, and potential selection bias that is not adequately addressed with valid comparison groups.

- **Parent involvement**. The three studies that measured parent involvement in home- or school-based activities were all evaluations of PFA initiatives. They show that parents participate in some activities more than others. None of the studies allow inferences about whether parents participating in the local QI initiative were more or less likely to engage in such activities than their nonparticipating parent counterparts, or whether parent engagement changed over time as a result of the initiative.

To extend the knowledge base on local QI initiatives in California, it will be important for future research to take into account some of the validation and impact questions that have not been addressed to date. In part, this will require using more rigorous research designs (perhaps experimental but quasi-experimental as well) that incorporate valid control or comparison groups. Making greater use of longitudinal data, including linking data on children from their preschool years to their school-age records, will further extend the types of evaluation questions that can be addressed. There is also scope for improving the methods employed, such as routinely using trained independent assessors to measure program quality or child development. Future studies would also benefit from efforts to increase response rates to surveys or reduce attrition rates in longitudinal studies. Even if advances cannot be made in these areas, greater use can be made of statistical adjustments to account for possible nonresponse bias or attrition bias.

In many cases, more rigorous research designs will be more costly than some of the methods that have been used to date, so there may be advantages in pooling evaluation resources across counties when similar initiatives are under way. Even if separate local evaluations continue, there could be benefits from greater coordination in research methods across counties (e.g., the

outcome measures to use). Use of shared measures would enable pooled analyses or later meta-analyses. Adopting standards for documenting research methods and findings, such as consistently reporting sample sizes, nonresponse or attrition rates, and standard errors, would also make research findings more valuable.

Best Practices in Professional Development (PD) and Program Improvement (PI)

Quality improvement—the "QI" in QRISs and QISs—is one of the primary drivers behind the systems described in this study, and includes both PD and PI efforts. One objective of the study was to identify which QI practices have improved such quality indicators as program ratings; compliance with licensing and/or accreditation status; provider attainment of degrees or credentials; provider knowledge, skills, and competencies; other aspects of teacher or caregiver performance; child development assessments; and parent involvement and engagement.

We used a three-tier system to categorize the strength of the evidence base for each practice: a **proven** practice is one that has been empirically assessed in at least one rigorous evaluation and found to improve at least one of the above quality indicators; a **promising** practice is one that that has been empirically assessed in at least one evaluation in an ECE setting using less rigorous summative evaluation methods and has been shown to be associated with favorable outcomes; and a **logic-based** practice is one for which there is general consensus among experts in the field—based on a logic model or other understanding of quality improvement mechanisms—that it is likely to be effective, despite having not yet been empirically tested.

The study team found that PD and PI efforts are largely being designed and implemented in a thoughtful and strategic manner, using evidence-based strategies and practices. County staff and other stakeholders are doing so while facing the challenge of aligning activities supported by different funders, and in the context of limited and shrinking budgets.

In terms of specific strategies, coaching and mentoring are among the practices with the most substantial evidence base for improving practice and building early educator skills; they are being implemented in some form in every county we examined. It is easy to see why coaching appears to be an effective program strategy: with coaching, early educators are afforded one-on-one attention at their own level, and they are typically able to experience change right away. Despite the promise of coaching, however, research is not yet available to identify the specific coaching elements (e.g., dosage, frequency, topics) that are critical to ensuring its effectiveness.

Support for formal education in the form of tuition subsidies, free textbooks, and wage enhancements for the ECE workforce is also widespread in the counties we examined. Many counties offer coursework in home languages, cohort programs, academic advising, evening and weekend schedules, and online delivery to encourage participation. While efforts to increase enrollment and degree attainment are widely supported and appear to have met with some success, the available literature does not clearly identify a linear relationship between teacher education and instructional practices leading to improved child outcomes, nor provide evidence concerning the levels of support required to ensure success.

Counties also offer a wide range of short-term informal trainings, even though such trainings generally are considered far less effective than ongoing, intensive, one-on-one coaching. A number of interviewees noted that one-time trainings do not help people attain degrees or permits, which QRISs highlight as a way to improve program ratings. However, such trainings may have value when the training focuses on the introduction of new material or information, such as a new assessment tool.

An important improvement to the training system would be to include training experiences in a broader PD framework that moves people toward a degree. A workforce registry would assist with that effort. In doing so, consideration must be given to rural providers that may have limited access to in-person classes or technology. Efforts are also being made in some counties to extend trainings into ECE classrooms or family child care homes through coaching or peer support networks, which can provide ongoing support to improve practice and help providers attain higher degrees.

All counties offer some financial incentives for quality improvement activities, including both formal and informal education efforts. In most instances, financial support is limited. Nevertheless, counties agree that this support is important because it encourages participation, especially for efforts that are more time intensive. However, no research is available to indicate how these incentives improve program quality or to suggest the size of incentives necessary for achieving specified outcomes.

Given that none of the PD or PI activities mentioned above is without costs, the AIR/RAND study team also noted the lack of cost-effectiveness studies at either the national or state level to guide future policy and investments.

Dissemination of Quality Information to Parents

Providing parents with information about quality to inform their early care and education choices is one important goal of QRISs. This form of family engagement is driven by a QRIS logic model that views parents as the key consumers of program ratings, and that assumes that as parents learn about ratings, they will use them to make early care and education choices and to select the highest quality care available to them. As more parents use ratings, one would expect more programs to participate in the QRIS because they do not want to be left behind as parents make ratings-based choices. However, this logic model does not always apply in practice. Particularly in low-income neighborhoods, the market principles of supply and demand do not always work well. Even though parents want to select high-quality care, they may not have the purchasing power to support their choice,

Parents we spoke with want caring, attentive, and qualified ECE staff that provide a nurturing environment where children can learn, develop, and be safe while their parents are at work. Having access to consistent and objective quality information that is clear and comprehensible could help guide parent choices. However, quality information on individual providers is not widely available to parents. In fact, even in the counties with QRISs, few share quality rating information with parents at all, reserving the ratings for internal use in developing plans for provider support or for determining the level of financial incentives. Instead of providing ratings,

local Resource and Referral (R&R) agencies typically provide general guidance on what parents should look for when judging a program's quality and fit for their family.

As plans for releasing ratings information to the public develop, the RTT-ELC counties have a number of opportunities and challenges before them. Clearly, consumer education is a critical first step to ensure that the information is accessible to parents. Many county representatives expressed concern about the potential for ratings to be misunderstood or misused; these representatives identified a need to provide clear guidance, as well as outreach, to parents who might not understand the meaning of the ratings. Although it is not yet clear how the R&R agencies will be involved in the distribution of ratings, their role is potentially important in supporting consumer education on the interpretation and use of ratings information. The cost-to-quality balance also remains a challenge, because early care and education costs are high, absorbing as much as 41 percent of total household income for families at the federal poverty level. Quality ratings are important to inform policymakers as well as parents about the current status of quality. However, they are not designed to be a panacea for all of the barriers, such as affordability, to obtaining high quality early learning and care.

System Monitoring and Improvement

In order to inform parent selection of early care and education and report to policymakers about current quality levels, QRISs must ensure the reliability of these ratings across providers, over time, and, ideally, across counties. To do this, quality information must be gathered, coded, and recorded in systematic ways. Interviews with county data managers and our analysis of the extant data we received from many counties suggest that counties are making a significant investment of time and resources to collect these data. However, because there is little—or inconsistent—guidance from state and federal funders on which data elements to collect or how to collect them, it is difficult to compare data across counties or, in some cases, even to identify trends within counties.

For this study, our original goal was to collect all available data on program characteristics and quality from every county identified as having a pre-existing QRIS, using consistent variable definitions to allow us to aggregate the data for reporting. However, we found that many of the 19 QRIS counties we initially considered to be candidates did not have a data system in place to store the data we were interested in analyzing, and those that did have existing data files often collected data on similar topics using very different definitions and approaches. Thus, data were only available for analysis in 7 of the 19 systems that we initially determined might have QRISs and hence targeted for site visits. More significantly, the data we did obtain could not be aggregated for cross-county reporting. An example of a category of data that varied across systems is teacher education levels—some counties collected data on lead teachers only, some on assistant teachers, and some on all staff, without distinguishing between the two. Also, some counties collected program quality assessment scores by classroom, whereas others did so by program or only for a sample of programs. Even data on the demographics of the population served or the geographic location of the center-based programs or family child care homes were collected in different ways. Thus, instead of aggregating the data, we ran separate analyses to develop an individual profile for each of the seven counties.

The profiles for each of the seven county-based systems provide an interesting snapshot of the work taking place, and generally document trends toward program improvement within each county, as well as thresholds on some quality indicators beyond which it is difficult to advance. However, if policymakers expect local QRIS data systems to allow comparison of the system impacts on quality improvement across counties, or ultimately relating these improvements in any way to their impact on child development, more work is needed. While a local approach to QRIS development may enable the systems to take into account California's diversity, state-level direction for clear, consistent data requirements seems essential in ensuring comparability in the ratings across (and even within) counties. Without this state-level guidance, local systems may help promote local program improvement, but the inability to use the data to compare results across counties or to conduct rigorous evaluation studies will be an opportunity lost.

Policy Options/Recommendations

The many tasks and analyses that make up this study provide a rich source of policy options and recommendations about steps the counties and the state might take to advance their quality improvement systems and to refine the RTT-ELC QRIS model. On the basis of our review and synthesis of prior national and state research on quality improvement systems as well as our field research, we developed a set of 33 recommendations regarding system design, continuous quality improvement, providing quality information to parents, financing quality improvement, and system monitoring and improvement. These recommendations are summarized in the table below.

Summary of Policy Options and Recommendations

Topic	Policy Options and Recommendations
System Design *System Goals*	• Strive to use both nonfinancial and financial incentives to encourage broad provider participation in RTT-ELC QRISs. • Consider modifying the Quality Improvement and Professional Development Pathways to more explicitly mention the role of financial incentives, whether supported at the state or local level, for provider participation.
Rating Structure	• Capitalize on the variability in pre-existing QRISs to conduct studies about which rating structures (block, point, or hybrid approach) best attract providers to participate. • Explore whether one rating structure is more comprehensible or preferable to parents than another.
Quality Standards	• Use the variability that ultimately emerges in the local implementation of the RTT-ELC Regional Consortia's Hybrid Matrix to assess the contributions of each of the elements/standards to overall quality ratings. • Convene rural counties to examine their concerns about the RTT-ELC Hybrid Matrix Standards and about the need for more provider supports to help programs/providers attain the standards.

Topic	Policy Options and Recommendations
Program Quality Assessments	• Consider addressing concerns about the cost of the assessments by limiting or spacing out assessments in programs that have a history of high performance, freeing up resources to monitor more closely the progress of programs at lower tiers. • Conduct studies to compare the impact on program quality improvement and workforce development of various approaches to program quality assessment, such as the every-classroom vs. the random sample approach. • Support the identification and development of a state-level pool of well-trained and monitored independent assessors that could be shared across counties, as needed.
Ratings	• Consider requiring all programs and providers receiving public subsidies or vouchers to be rated and consider linking the level of subsidy payment to the quality rating. This would incentivize quality improvement among programs/providers in low-income neighborhoods where parents cannot afford the typically higher fees for high-quality programs. • Give providers time to become accustomed to program quality assessments and technical assistance to improve their scores before publicly disseminating ratings or using them internally to determine eligibility for financial incentives. • Explore variations in the use of and phase-in of publicly disseminated ratings to help build an evidence base for the extent to which counties should rely on publicly disseminated ratings as an incentive for quality improvement.
Continuous Quality Improvement	• Support the RTT-ELC recommendation of tying the 21-hour training requirement to an individual QI or PD plan. Engage academic counselors/ advisers at community colleges to help early educators develop PD plans. • Create aligned sequences of training that move people toward degrees, and encourage counties to work with community colleges to award course credits for the training sequences, in order to maximize public and private investments in training. • Focus more training efforts on directors to support enduring improvements in both workforce and overall program quality. • Consider whether and how family child care providers might be able to obtain PD credit for their participation in peer networks. • Support increased access to computer supports such as high-speed Internet to enable more training options among the rural workforce. • Consider targeting coaching to programs that need the most support. • Consider tying the level of financial incentives to the level of QI effort required of participants. • Engage the state in developing guidelines on practices associated with effective coaching. • Consider a state role in expanding efforts to develop a workforce registry throughout the state as a pilot program.

Topic	Policy Options and Recommendations
Providing Quality Information to Parents	• Develop a plan for consumer education before disseminating quality ratings to parents. • Explore the extent to which R&Rs, already expected (in the California Education Code) to provide information to any inquiring parent about child care services, are reaching families with information about quality, and determine what steps, if any, would help expand and improve the outreach. • Explore how best to link online information on R&R Web sites to other sites that parents use. • Train R&R staff to understand program quality assessments in order to provide one-on-one or group counseling to parents on the meaning of assessment scores and other dimensions of ratings.
Financing Quality Improvement	• Provide, as stated above, explicit mention of financial incentives in the RTT-ELC Regional Consortia's Quality Improvement and Professional Development Pathways. • Compare the effectiveness of various types of financial incentives, such as program awards, wage enhancements, and tiered reimbursement, on program quality improvement. • Consider legislative change to link levels of payment for subsidized early learning and care programs to quality levels, in order to provide more capacity and incentive for quality improvement. • Examine the matching grant requirements that prevent at least some rural counties from participating in state QI efforts such as First 5 California's CSP 1 and 2 and CARES Plus, and consider ways to help counties meet the match requirement. • Conduct studies assessing the short-term and long-term costs and benefits of various QI approaches used in counties to inform which state and local investments most efficiently promote quality improvement.
System Monitoring and Improvement	• Consider establishing or augmenting a set of core data elements (and their definitions) for the RTT-ELC Regional Consortia. A basic set of elements agreed to among the implementing counties would support more standardized analysis of QRIS implementation and associated effects and impacts. • Conduct validation studies in multiple QRISs operating across California to learn whether these systems show promise in accomplishing their goals. If these studies were coordinated and if they incorporated common measures and data elements, they would provide opportunities to test design variations empirically and to build a better evidence base for systems. • Use experimental or quasi-experimental designs in future research that incorporate valid comparison groups, so that causal impacts can be measured. Also include longitudinal data and statistical methods to account for possible nonresponse or attrition bias, valid measures of the outcomes of interest, and standards for documenting research methods and findings.