# Local Quality Improvement Efforts and Outcomes Descriptive Study

## Final Report

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

**Submitted to:**
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# 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**<br>*System Goals* | • Strive to use both nonfinancial and financial incentives to encourage broad provider participation in RTT-ELC QRISs.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• Focus more training efforts on directors to support enduring improvements in both workforce and overall program quality.<br>• Consider whether and how family child care providers might be able to obtain PD credit for their participation in peer networks.<br>• Support increased access to computer supports such as high-speed Internet to enable more training options among the rural workforce.<br>• Consider targeting coaching to programs that need the most support.<br>• Consider tying the level of financial incentives to the level of QI effort required of participants.<br>• Engage the state in developing guidelines on practices associated with effective coaching.<br>• 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.<br>• 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.<br>• Explore how best to link online information on R&R Web sites to other sites that parents use.<br>• 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.<br>• Compare the effectiveness of various types of financial incentives, such as program awards, wage enhancements, and tiered reimbursement, on program quality improvement.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• 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. |

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# Chapter 1. Introduction

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

- describes the characteristics and strengths of pre-existing local quality improvement (QI) initiatives
- describes the planning and early implementation of the local quality rating and improvement (QRIS) systems supported by the Race to the Top-Early Learning Challenge (RTT-ELC) grant
- compares the elements of local models and the RTT-ELC Consortium Hybrid Matrix with the quality elements in the statewide QRIS proposed by California Early Learning Quality Improvement System (CAEL QIS) Advisory Committee and the Continuous Quality Framework developed by the Early Learning Challenge Regional Leadership Consortia
- identifies promising practices for program improvement and professional development
- describes the dissemination of quality information to parents and their use of quality information to guide their child care choices
- makes recommendations for refining the RTT-ELC QRIS framework and provides additional suggestions for the implementation of local QRISs and the role of the state in supporting them

Research findings highlight the importance of the period from birth to school entry for children's development, and focus attention on the quality of care and early learning experiences that young children receive (Vandell and Wolfe 2000; Shonkoff and Phillips 2000; Bowman, Donovan, and Burns 2001; Center on the Developing Child, National Forum on Early Childhood Program Evaluation, and National Scientific Council on the Developing Child 2007). Numerous studies have demonstrated that higher quality care, defined in various ways, predicts positive developmental outcomes for children, including improved language development, cognitive functioning, social competence, and emotional adjustment (e.g., Howes 1988; Burchinal et al. 1996; National Institute of Child Health and Human Development [NICHD] Early Child Care Research Network [ECCRN] 2000; Peisner-Feinberg et al. 2001; Clarke-Stewart et al. 2002).

Unfortunately, many children participate in early learning and care programs that lack sufficient quality to promote school readiness and that may, in fact, undermine child development (Shonkoff and Phillips 2000). Shortfalls in the quality of early learning and care programs have been found to affect children from families in all income groups in California. In one of the earliest large-scale studies of child care quality (covering four states, including California), researchers found that nearly 50 percent of the infant and toddler rooms provided poor quality

care, even on basic measures of health and safety (Helburn 1995). A recent California study (Karoly et al. 2008) found that, depending on the quality measure, between 30 percent and 80 percent of preschool-age children who participate in center-based programs with the largest gaps in school readiness and subsequent achievement do not participate in center-based programs that meet quality benchmarks in terms of common input indicators, such as staff-to-child ratios and teacher qualifications. When the researchers assessed programs using the process measures that are most closely linked to school readiness (e.g., instruction in thinking and language skills) they found that 80 percent to 90 percent of the disadvantaged children in the California study who were enrolled in center-based programs were receiving care that would not meet quality benchmarks.

Motivated by the goal of improving quality in early learning and care programs, California was awarded a Race to the Top–Early Learning Challenge Grant (RTT-ELC) to develop a locally driven approach to quality improvement. More specifically, the state proposed building a network of Early Learning Challenge Regional Leadership Consortia that had already established, or were in the process of developing, quality rate and improvement system (QRIS) initiatives in counties.

As noted, this study intends to support the state and counties in their efforts to build a robust, evidence-based quality improvement system. In the remainder of this chapter, we provide a brief history of the development of QRISs, with an emphasis on developments in California. We conclude with an overview of the study approach and a chapter roadmap.

## Brief Background on Quality Rating and Improvement Systems

A QRIS is a uniform set of ratings, graduated by level of quality, to assess and improve early learning and care programs.[1] Objective ratings are intended to help families identify programs, guide providers in making improvements, and give policymakers a basis for allocating resources and targeting technical assistance. A comprehensive QRIS provides workforce development, financial incentives, and other supports to improve quality.

The first effort to implement a QRIS began in Oklahoma 15 years ago, with its Reaching for the Stars initiative (Tout, Starr, and others 2010). Since 1998, momentum to create QRISs has been building across the country, and most states, including California, now have or are planning for a QRIS. QRISs have also been championed by the federal government as part of the RTT-ELC initiative. The recent infusion of RTT-ELC grant funding supported the development and implementation of quality rating systems to better serve children from birth to five. California is one of only nine states to receive this particular federal funding award in 2012 to improve the state's early childhood education programs. An additional five states were awarded RTT-ELC grants in 2013.

Several other federal policies also place an emphasis on QI, if not explicitly calling for the development of QI systems. For example, the federal Child Care and Development Fund (CCDF) block grant includes a set-aside for QI activities (Administration for Children and

[1]See Request for Proposals.

Families n.d.). This funding has been used to support the implementation of QRISs in some states. Another federal policy that aims to enhance quality is the Head Start Designation Renewal System, which was implemented by the Department of Health and Human Services (HHS) in December 2011 to determine whether Head Start agencies are delivering a high-quality and comprehensive Head Start program.[2] Moreover, President Obama has recently signaled additional federal interest in supporting quality improvement with his release of a Plan for Early Education in February 2013 (The White House 2013). This plan proposes a series of new investments to establish a continuum of high-quality early learning for children, beginning at birth and continuing to age five.

In California, as will be described in detail in this study, early QRISs took two main forms: systems that promote the expansion of quality preschool in high-need areas to promote school readiness and systems directed at improving the quality of child care for all children. Representing the first form of QRIS, although not presented as such at the time, the First 5 California Commission in 2003 approved $100 million to establish the Power of Preschool (PoP) demonstration program to provide voluntary, free, high-quality preschool for three- and four-year-old children in low-income neighborhoods. The program featured many of the typical elements of a QRIS—quality standards, provider support, program quality assessments, ratings to determine the level of payment, and financial incentives. A number of counties also established their own initiatives to expand preschool for disadvantaged children. At the same time, a few other counties began establishing systems designed to use publicly disseminated ratings as the major impetus for QI.

In 2008, Senate Bill 1629[3] established a CAEL QIS Advisory Committee to design a QRIS for California. The committee produced a report in December 2010 that detailed a design for a QRIS with a block system (where all elements in one tier must be achieved before advancing to the next tier) that included five quality elements for the rating structure: ratios and group size, teaching and learning, family involvement, staff education and training, and program leadership (CAEL QIS Advisory Committee 2010). The Advisory Committee approved five tiers for each element: Tier 1, with the addition of an educational program and annual licensing visits, is roughly modeled on Title 22 licensing standards; Tier 3 parallels the Title 5 Child Development program contract standards; and Tier 5 is similar to nationally recommended standards, such as the National Association for the Education of Young Children (NAEYC) accreditation standards and the National Institute for Early Education Research quality benchmarks. The top tier represents aspirational quality, and only a minority of programs was expected to reach the higher tiers initially. The CAEL QIS Advisory Committee proposed piloting this system over three years before implementing it on a statewide basis and advised that the system should be phased in over five years or more, after the completion of the pilot.

In 2011, before the piloting of the CAEL QIS–proposed QRIS had begun, the State of California—citing serious budget concerns, as well as the challenges of implementing a one-size-fits-all program in such a large and diverse state—successfully submitted an RTT-ELC application that moved toward a more locally driven QRIS approach. The state proposed

[2] See http://eclkc.ohs.acf.hhs.gov/hslc/hs/grants/dr
[3] See http://www.leginfo.ca.gov/pub/07-08/bill/sen/sb_1601-1650/sb_1629_bill_20080926_chaptered.pdf

building a network of 17 RTT-ELC Consortia that had already established, or were in the process of developing, QRIS initiatives in 16 counties. This locally based approach sets some common goals for workforce development, program assessment rating scores, and child assessment for school readiness but allows for considerable flexibility in quality benchmarks.

This study describes the planning and early implementation of the local QRISs funded with the RTT-ELC grant and describes the characteristics and strengths of pre-existing local QI efforts. It identifies best practices for program improvement, professional development, and family engagement. It also compares the elements of local models and the RTT-ELC Consortium Hybrid Matrix with the quality elements proposed by the CAEL QIS Advisory Committee. Further detail on the scope and organization of this report follows.

## Study Approach and Report Structure

The study analysis and findings are presented in eight chapters. Chapter 2 summarizes literature on QRISs in other states and discusses implications for California. The chapter begins with an overview of states' planning and implementation of QRISs, including key design features. We then discuss the range of evidence about the impact of systems on programs, children, teachers, and parents. We note expert opinions in areas in which their views provide additional context to some of the literature review findings and conclude with some overall implications for decision makers on the basis of evidence to date.

Chapter 3 describes the extent to which QRISs or QISs were operating in California's 58 counties before the infusion of RTT-ELC funding for QRIS development and how the RTT-ELC grant work is changing the design and scope of QRISs in California. This chapter is informed by phone interviews conducted with participants in each county who were involved in pre-existing QI efforts, such as representatives from local First 5 commissions and county offices of education. This chapter is also informed by in-depth site visits that gathered more detailed information in 18 counties. These site visits included interview or focus groups with local system administrators, parents, providers, the local Resource and Referral (R&R) agency, community college representatives, third-party assessors, and technical assistance providers.

Chapter 4 provides a comparison of local QRIS elements with the recommendations of the CAEL QIS Advisory Committee and the RTT-ELC Consortia. In the first half of the chapter, we focus on rating criteria; describing the method of calculating scores; and criteria for ratios and group size, family engagement, incorporation of the California Department of Education's *Infant-Toddler and Preschool Learning Foundations* and *Curriculum Frameworks,* program quality assessments, staff education and training, and program leadership. In the second half of the chapter, we compare the CAEL QIS recommendations for provider supports to the recommendations of the RTT-ELC Consortia. These comparisons reveal the extent to which these different QI systems already have common elements.

The goal of chapter 5 is to describe the characteristics of providers that are participating in local QI systems, as well as the characteristics of the children, families, and communities served by these systems. This chapter draws on analyses of extant data from the focal systems (or QRISs or QISs that were already well established before the implementation of the RTT-ELC), as well as

data on community characteristics from other sources. The chapter includes a discussion of local differences that might impact how QRISs and QISs operate.

Chapter 6 provides a synthesis of existing evaluations of select county-level QRISs and QISs in California. Studies relevant to this task were identified through a literature review, telephone interviews, and site visits. They consist primarily of process evaluations or descriptive analyses. The chapter provides a summary of findings regarding early care and education (ECE) program participation in local QRISs or QISs, ECE program quality and quality ratings, ECE workforce professional development outcomes, child developmental outcomes, and parent involvement.

The goal of chapter 7 is to identify and describe proven and promising strategies for ECE QI and to catalogue the extent to which such strategies are currently in use as part of local QIS initiatives in California. In this chapter, we summarize relevant research literature and identify the strength of the evidence base behind the range of QI strategies currently in use. We then summarize the extent to which these QI strategies are being implemented as part of local California QISs, drawing on information gathered during phone interviews and site visits to counties. A final section provides a summary of the key points from the research synthesis and assessment of local QI activities and draws out implications for system building and research.

Chapter 8 discusses the dissemination of quality information to parents, presenting parent perspectives on QRIS ratings. This chapter is informed by interviews and focus groups with a range of respondents in each of the 19 county systems that participated in site visits for the study, with a focus on parent focus groups and interviews with R&R agencies. Here we describe the factors that parents consider when selecting an early care and education provider, parents' familiarity with the pre-existing QIS or QRIS in their counties, and their use of quality and other information in making early care and education decisions. The chapter concludes with parents' suggested strategies for the dissemination of ratings from the RTT-ELC QRISs.

In chapter 9, we provide policy options and recommendations regarding system design, continuous QI, dissemination of ratings to parents, QI financing, and QRIS monitoring and refinement. For each topic, we summarize the lessons learned from our review and synthesis of prior national and state research on QI systems. We also briefly review what we learned from our field research. Finally, we present our recommendations and discuss trade-offs relevant to their implementation.

# Chapter 2. QRIS in Other States: Implications for California

## Introduction

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. An understanding of QRIS characteristics and strengths can inform efforts to improve both existing and new quality improvement initiatives. This chapter provides an overview of the publicly available research and documentation related to state and local QRISs across the United States. QRISs are now widely implemented nationally, and this review of the knowledge base (to date) about QRIS design and implementation is intended to help inform California policy efforts as the state and localities move forward in this area.

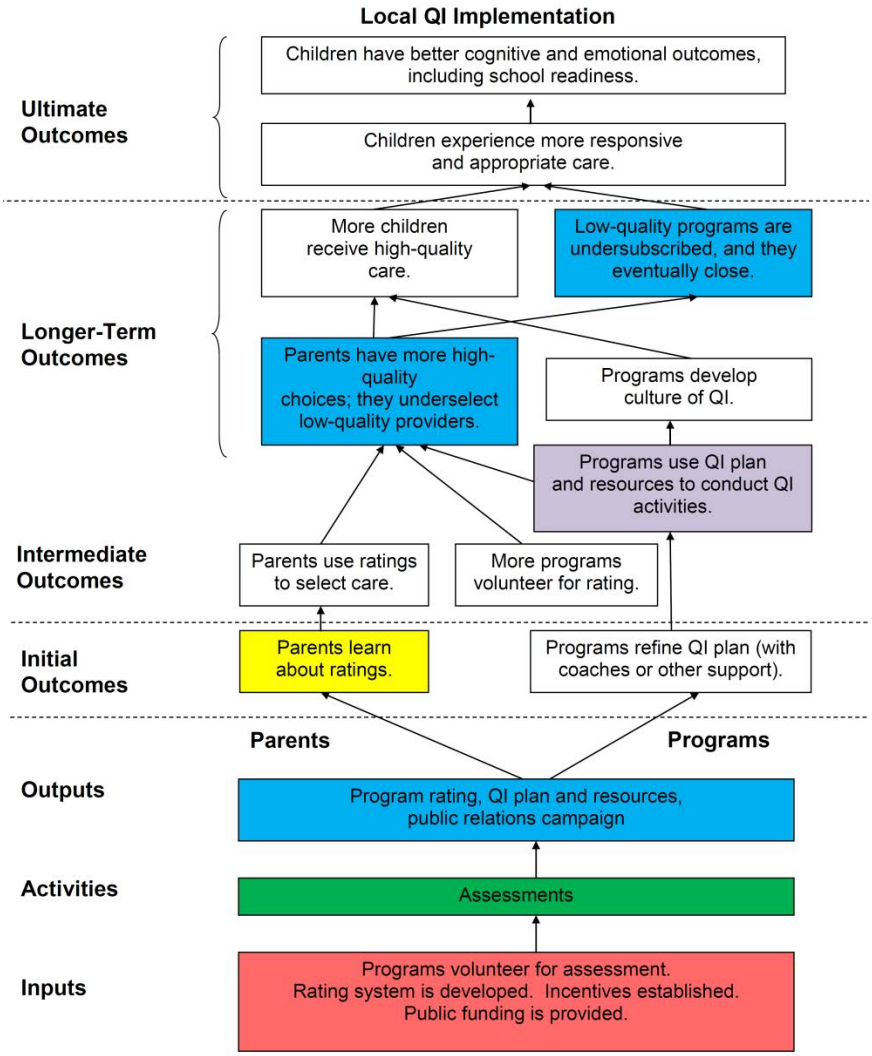
In this chapter, we focus on publicly available information related to quality improvement systems, whether they are QRISs, QRSs, or QISs. We limit our literature review to evidence that is in the larger context of designing and evaluating a quality improvement system, rather than individual studies that focus on specific aspects of quality (for example, studies on the use of Environment Rating Scales to measure quality). We also conducted phone interviews with 10 state and national QRIS experts to guide our search of recent state efforts and documents and to gain insight into the current trends in this area. We note expert opinions in areas where they provide additional context to some of the literature review findings.

The next section provides an overview of states' planning and implementation of QRISs, including key design features. The section that follows it discusses the range of evidence on the impact of systems on programs, children, teachers, and parents. We conclude with some overall implications for decision makers, based on evidence to date.

## Evolution of QRIS Development

In the early years of quality system development, the more common type adopted by localities or states was the QRS. These systems assume that providers can improve the quality of their programs once they learn where improvements need to be made, and that ratings present enough information for providers to formulate their own improvement plans. Many of these systems have now been converted into QRISs. QRISs are accountability systems centered around quality ratings that are designed to improve early care and education (ECE) by defining quality standards, making program quality transparent, and providing support for quality improvement. A third type of improvement system (QIS) includes several of the features of a QRIS but does not include a rating component.

**Exhibit 2.1. Logic Model for QI Implementation**




QRISs are guided by a logic model similar to the one presented in Exhibit 2.1, whether or not the model is presented in an explicit way. The model focuses on the key QRIS players: parents and providers.[4] The model articulates in detail the process that is assumed to be involved in implementing a QRIS. Reading from bottom to top, the model assumes that funding is secured for system implementation, a rating system is developed, and a system of incentives is established to encourage quality improvement. The model assumes that participation in local QISs is voluntary, and that efforts will be made at the outset to encourage programs to participate (including participation incentives in some cases); the types of programs that volunteer become an important system characteristic. Participating programs are then assessed, and the output of these assessments is a rating that typically is made public as well as a provider-specific QI plan. Parents learn of the ratings and choose the highest quality programs to which they have access. Programs refine their QI efforts based on their rating and develop a culture of QI. Lower quality

[4] See Zellman et al. 2011 for a discussion of several other QRIS logic models.

programs are undersubscribed, and parents have more high-quality choices as programs improve and poor quality programs close. As programs improve, more children will be cared for in higher quality settings, and this is a known contributor to better child outcomes.

## Features of QRISs Across States

Our review of the literature indicates that the *Compendium of Quality Rating Systems and Evaluations* (Tout et al. 2010a) is the most comprehensive review to date of systems across the nation. Although the *Compendium* places all of the systems under the umbrella term "QRS," the majority of the systems included are actually QRISs. Therefore, we draw on the *Compendium* research for much of this section, broadly describing the status of QRISs and QRIS design features in 2010. Following our *Compendium* review, we discuss information we were able to gather about the status of systems in states that were not included in that review. These systems generally were not included in the *Compendium* because they were not planned or operational at the time of the *Compendium* survey; they are much more likely to be newly implemented or in the planning stages. As a result, the information about them is much less robust than the information available in the 2010 *Compendium*.

### *Statewide Initiatives Described in the Compendium*

Tout and colleagues (2010a) included systems in 22 states and the District of Columbia in their study, as well as three regional systems—one in California and two in Florida—for a total of 26 systems. Most were operating statewide, though several were still piloting in select communities. Half of the systems had been implemented for more than five years (as far back as a 1998 launch), and 30 percent had been implemented for less than two years.

Exhibit 2.2 provides a summary of the key design features across the 26 systems. All systems include center-based programs; almost all include Head Start, Early Head Start, and licensed family child care; and more than two thirds include prekindergarten programs. School-age programs are eligible to participate in about 60 percent of the systems. Only three systems allow license-exempt, home-based providers to participate.

**Exhibit 2.2. Diversity of System Designs in 2010**

| Key Features | Number of Systems |
|---|---|
| **Types of programs eligible** | **(*N*=26)** |
| Center-based | 26 |
| Head Start/Early Head Start | 24 |
| Pre-K/comprehensive EC | 18 |
| Licensed family child care | 23 |
| License-exempt home-based | 3 |
| School-aged | 16 |
| **Quality indicators included** | **(*N*=26)** |
| Licensing compliance | 26 |
| Staff qualifications | 26 |
| Environment | 24 |

| Key Features | Number of Systems |
|---|---|
| Family partnership | 24 |
| Administration and management | 23 |
| Accreditation | 21 |
| Curriculum | 14 |
| Ratio and group size | 13 |
| Child assessment | 12 |
| Provisions for special needs | 9 |
| Cultural and linguistic diversity | 8 |
| Community involvement | 7 |
| Health and safety | 4 |
| **Rating system** | **(*N*=26)** |
| Building blocks | 13 |
| Points | 5 |
| Combination | 6 |
| Other | 2 |
| **Number of levels** | **(*N*=26)** |
| 5 | 13 |
| 4 | 8 |
| 3 | 3 |
| Not applicable | 2 |
| **Content of QRS-linked training** | **(*N*=18)** |
| Environment assessment | 15 |
| Language and literacy | 12 |
| Specific curriculum | 12 |
| Business practices | 11 |
| Safety | 10 |
| Social/emotional development | 10 |
| Child assessment | 9 |
| **Content of on-site QI assistance** | **(*N*=16)** |
| Environment assessment | 14 |
| Support navigating QRS | 14 |
| Business practices | 12 |
| Safety | 12 |
| Child assessment | 10 |
| Social/emotional development | 10 |
| Specific curriculum | 10 |
| Language and literacy | 9 |

Sources: Tout et al. (2010a), Exhibit 2.2 and Tables 3.1, 4.1, 4.2, 4.5, 4.6, 6.1, and 6.2.
Notes: EC = early childhood; QI = quality improvement. Quality indicators and rating system information are for center-based care. Many states also have similar standards and rating systems for family child care. Additional details and key features are included in Tout et al. (2010a).

The quality indicators most commonly included are licensing compliance and staff qualifications (100 percent of systems include both), environment and family partnership (92 percent for both), administration and management (88 percent for both), and accreditation (81 percent). The least common quality indicators are health and safety (15 percent), community involvement (27 percent), cultural and linguistic diversity (31 percent), and provisions for children with special needs (35 percent). The absence of some indicators—for example, health and safety or ratios and group sizes—may reflect the way in which licensing (which often includes these indicators) relates to the QRIS in a given state.

An indicator for child assessment is sometimes present; it is more commonly included in new systems (75 percent include it) than in those that launched five or more years before the *Compendium* survey (31 percent of which include it). There are several reasons for this change. Designers of early QRISs lacked the funds or ambition to assess children, which is a costly and difficult endeavor (Zellman and Perlman 2008). Moreover, if they considered child assessments at all, they recognized that such costly efforts would divert limited funds from supporting efforts to improve inputs to quality that were viewed as key to improving children's developmental trajectories, such as teacher education, reduced ratios and group sizes, and more professional development. In recent years, there has been an increasing focus on the use of child assessment data in QRISs. This reflects a change in how early care and education programs are viewed: less as supports for middle-class families and more as compensatory interventions for at-risk children (Keys et al. 2013). The focus on child outcomes has also been driven by K–12 reform efforts that hold schools accountable for student performance. These accountability systems have focused increasing attention on the readiness of incoming kindergartners to meet more rigorous K–12 standards (Zellman and Perlman, 2008). In addition, federal requirements that RTT-ELC grant recipients conduct QRIS validation studies have led a number of states to focus attention on child assessments, which represent one way to validate QRISs. Since the QRIS logic model asserts that higher quality care will be associated with better child outcomes, one important piece of validation evidence concerns whether higher program ratings, which are largely based on program inputs, are positively correlated with better child performance (Zellman and Karoly 2012).

The most common rating structure is a building block system with four or five levels; half of the systems use a building blocks model. All rating systems that include levels have at least three levels, and half of the systems have five levels. New Hampshire and Oregon do not use a traditional rating structure. New Hampshire has two tiers above licensing, and requires programs to meet standards to reach each tier; Oregon does not assign ratings but does collect quality indicator information (Tout et al. 2010a, 28).

Additionally, Tout and colleagues find a wide range in the percentage of programs that are rated in the top one or two levels of the system, and most systems with fewer than 25 percent in the top two levels use a building block structure. The authors suggest that perhaps the building block approach leads to setting a higher threshold for achieving a top level.

An important feature of quality rating systems as they have evolved is the provision of training and technical assistance to support quality improvement (QI) efforts designed to improve quality ratings. The *Compendium* surveyed states about their QI processes and found that most states provide trainings that are linked to the quality ratings and also provide on-site assistance to

promote quality improvement. These activities vary substantially across systems and are often based on specific program needs. That is, the activities intentionally vary in order to address identified areas of program weakness or need. That said, a number of systems provide trainings in some general content areas. Of the 18 states that reported on specific content areas of trainings linked to or aligned with their systems, the most common is training related to environment assessment (63 percent). This may reflect the fact that most systems include an environment observational measure as a key component. The second most common training content areas are language and literacy and specific curriculum (67 percent each), followed by business practices (61 percent), safety (56 percent), and social and emotional development (56 percent). Half of the systems reported trainings on child assessment, and several systems noted additional content areas.

Furthermore, Tout and colleagues note that all 26 systems reported that they provided some form of on-site assistance to help programs with quality improvement. Among the 16 states that provided specific information about content areas, the most commonly noted content areas are environment assessment (88 percent), support in navigating the system (88 percent), business practices (75 percent), and safety (75 percent). Less common, but still noted by at least half of the systems, are on-site assistance related to child assessment, social and emotional development, a specific curriculum, and language and literacy. Eight additional states reported that their on-site QI assistance content varies, so specific content areas are not reported for these states. The *Compendium* further notes that, on the basis of the vast majority of responses, the frequency, length, and duration of on-site assistance varied depending on program needs (Tout et al. 2010a, 171).

The quality improvement efforts that QRISs are implementing encompass a wide range of activities, focused on individuals, classrooms, and programs. The variety of activities offered, and the limited amount of information available about the level of assistance programs received and the quality of the assistance provided, makes it difficult to know which QI assistance is most beneficial in QRIS design. In chapter 7, we provide additional discussion of QI efforts such as technical assistance and workforce development.

Many states offer some form of financial incentive for quality improvement. Eighteen of the 26 systems surveyed in the *Compendium* offer tiered reimbursement, and 11 offer quality awards or bonuses. Incentives are used to reward performance for achieving quality improvement goals. They also help offset the cost of making quality improvements.

Systems seem to have commonalities in the use of observational measures—23 systems in the *Compendium* use classroom observational measures, and all 23 use the Environment Rating Scales (ERS). However, the frequency of observational visits varies from once every 6 months to once every 3 or more years. The procedures for determining which center-based classrooms to assess also varies—of the 21 states with procedures, 10 assess 33 percent of classrooms, 5 assess 50 percent of classrooms, 4 assess 100 percent of classrooms, and 2 designate a number of classrooms rather than a proportion. Among those assessing a subset of rooms, all use a random selection process.

## *Additional State-Level QRIS Information*

To augment the information we report from Tout and colleagues, we reviewed information available on state Web sites about the status and features of quality improvement systems in the 26 states that were not included in the 2010 *Compendium*, as well as updated information about California's new county-based systems.[5] Some of these states were specifically identified as states with new systems by the QRIS experts we interviewed. We focus our discussion on general similarities and differences in key features compared to the *Compendium* states rather than a comprehensive summary, because the system designs presented online may not accurately represent QRISs as implemented. One of the experts we interviewed noted that there is often a mismatch between the system as planned (and published) and what it looks like on the ground. Other experts noted that many systems are currently undergoing substantial changes, which may also apply to states described in the *Compendium*.

We found that all additional states are considered to have a QRIS as opposed to a QRS or QIS, with the exception of Utah (QIS). We were unable to find or verify quality improvement system information for four states—Alabama, Nebraska, South Dakota, and Wyoming—so we do not include them here.

In general, the pattern of the most and least common quality indicators included in a system, where identifiable, seems consistent with what was observed in the *Compendium*. Higher rates of inclusion of a quality indicator for child assessment seem to be a continuing trend in these states (78 percent), as observed for the newest systems in the *Compendium*. We also note in our review of these additional states that about three quarters mention an indicator for curriculum and almost two thirds include mention of health and safety—much higher than was reported in 2010 state systems. However, this finding should be interpreted with caution because we cannot confirm that our interpretation of those indicators exactly matches those used in the *Compendium* states. For example, some states mention health and development rather than health and safety specifically.

Additionally, as in the *Compendium*, we find that a building blocks rating structure is most common, as is the use of four or five levels. Center-based programs are included in all systems, licensed family child care providers are included in most systems, and school-aged programs appear to be less common.

## *Summary of Common Features of QRIS Initiatives*

In summary, our review of common features of all initiatives across states has documented the following:

- Most states are now planning, piloting, or implementing some form of QRIS.
- Each system has some unique design features, although there appear to be many commonalities across systems. States appear to adopt similar quality indicators and

[5] We draw from California's Early Learning Challenge Regional Leadership Consortia documentation for the information. The list of state websites we referenced is provided in appendix A.

commonly use the ERS; this reflects the fact that states may be drawing from pre-existing state systems, as well as limited measurement options, for some system components.

- The most common and least common quality indicators seem fairly consistent across systems and over time. The most prevalent indicators are licensing, environment, staff qualifications, family partnership, administration, and management. The least common quality indicators in systems (less than 50 percent of which include them) are ratio and group size, cultural and linguistic diversity, provisions for special needs, and community involvement. The absence of some of the indicators, such as ratio and group size, may reflect how licensing relates to the QRIS in a given state. One component that appears to be growing in popularity is an indicator for child assessment.
- Systems that use a building-block rating structure and/or a 5-level rating remain the most common.
- Most systems in the *Compendium* include quality improvement assistance for participating programs. A lack of information about the quality of QI efforts, dosage, and allocation processes (such as whether lower rated programs receive substantially more assistance) makes it difficult to understand how these activities function within the systems.
- Change is occurring rapidly within existing systems as well as among states in the planning stages. The information we summarize is a snapshot.

# Evaluation Evidence for QRISs

In this section, our goal is to summarize what is known from empirical evaluations of existing QRISs, and to identify what we know from the published literature about effective system design and evidence of system impact. In this discussion, we do not consider the findings from process or implementation studies of these systems. Here we summarize findings across studies and discuss findings from select studies. For more detailed information on each study, please see the tables in appendix B.

We differentiate between two types of evaluation evidence: validation studies and impact studies. The goal of *validation studies* is to determine if the system is well designed and operating in the ways articulated in the system's underlying logic model (whether or not it has been formulated in an explicit way). (See Zellman and Fiene 2012 for further discussion of QRIS validation.) For example, program designers need to know if the system's rating component produces accurate and meaningful program ratings: Does the system for rating program quality measure what it purports to measure? In this case, validation would come from evidence that programs receiving higher quality ratings are indeed providing higher quality care, according to one or more objective measures. Likewise, it is important to know if participating providers are able to increase their quality or their ratings over time, or if child developmental gains are stronger in programs that receive higher quality ratings. Given that many QRISs also include a public awareness campaign, it is also relevant to determine if parents know about and understand the program ratings as a result of the public engagement activities. Thus, as is shown in exhibit 2.2, validation studies may be used to examine the relationship between QRIS ratings and observed program quality (V1); to measure whether program ratings or other measures of program quality improve over time (V2); to quantify the relationship between program ratings

and child developmental outcomes (V3); or to measure the effectiveness of the public engagement component (V4). Addressing these questions through a validation study is relatively straightforward, as the primary focus is on the programs, teachers, parents, or children in the communities where the system is implemented, and the validation methods require measures for those stakeholders at a point in time or over time.

**Exhibit 2.3. Illustrative Evaluation Questions for Validation (V) and Impact (I) Studies**

| Number | Question |
|---|---|
| V1 | Do programs with higher QRIS ratings have higher observed classroom quality? |
| V2 | Do QRIS ratings or other indicators of program quality for participating programs increase over time? |
| V3 | Do programs with higher QRIS ratings have better child developmental outcomes? |
| V4 | Do parents know about and understand the QRIS ratings? |
| I1 | Does the implementation of a QRIS change the number or quality mix of providers? |
| I2 | Does the implementation of a QRIS change parental care choice? |
| I3 | Does the implementation of a QRIS improve teacher professional development? |
| I4 | Does the implementation of a QRIS improve teacher performance, other measures of program quality, or program quality ratings? |
| I5 | Does the implementation of a QRIS improve child developmental outcomes? |

The aim of *impact studies* is to measure the causal effect of the QRIS on intermediate outcomes such as the provider market, parental behavior, or teacher performance, as well as measure the final outcome of interest, which is child developmental outcomes. Continuing with the evaluation questions shown in exhibit 2.3, an impact study could determine if the QRIS, through the rating component or specific QI activities, results in more high-quality providers in the market place (I1), or in parents being more likely to choose a high-quality provider for their child (I2). If the focus is on teacher outcomes, an impact evaluation might assess whether teachers are more likely to receive professional development such as classroom coaching or a postsecondary degree (I3), or whether teacher performance in the classroom improves (I4). More generally, an impact study could assess the effect of the QRIS as a whole, or specific QI components, on other measures of program quality or QRIS ratings (I4). Typically, the ultimate goal of implementing a QRIS is to improve child developmental outcomes, and this can also be the focus of an impact evaluation (I5). The impact studies required to answer questions I1 to I5 are more challenging to implement, however, because determining the causal effect of the QRIS on any of these outcomes requires measurement of the counterfactual—that is, what these outcomes would have been in the absence of the QRIS. If the QRIS itself can be considered an intervention, the gold standard impact evaluation would require an experimental design, where communities are randomly assigned to implement the QRIS or to continue with the status quo. In a more narrowly focused design, a specific component of the QRIS—such as the inclusion of provider financial incentives or specific types of technical assistance (TA)—could be tested through a randomized assignment of providers to a QRIS design with and without the financial incentive or TA component. In the absence of such experimental designs, other methods that do not include a valid control or comparison condition would be unable to provide evidence of the causal impact of the QRIS design as a whole, or of a QRIS component.

Our review of the literature identified 14 studies covering 11 states (or specific areas within states), that address one or more of the questions in exhibit 2.3. See appendix B for further descriptions of these studies. Together, 13 of the studies address one or more of the four

validation questions listed in exhibit 2.3. Only one study concerns any of the impact questions, and then only questions I3 and I4. There are no studies available to date that have addressed I1, I2, or I5. Below we summarize, in turn, the research findings for studies that address the validation and impact questions.

## *Evaluations Examining QRIS Ratings and Program Quality*

A natural starting point for the validation of a quality rating and improvement system is to ask whether the ratings capture meaningful differences in program quality (the first validation question). We found eleven studies covering eight states that examined this question (Barnard et al. 2006; Bryant et al. 2001; Elicker et al. 2011; Lahti et al. 2001; Malone et al. 2011; Norris & Dunn 2004; Norris, Dunn, & Eckert 2003; Sirinides 2010; Tout et al. 2010b 2011; Zellman et al. 2008). The evaluations typically focus exclusively on center-based programs, but family child care (FCC) homes are included in some of the validation studies as well. (See exhibit B-2 in appendix B for more detailed information on these studies.)

The studies generally use a common design: a program's QRIS rating is compared with an "independent" program quality measure. Ten of the 26 studies compared ratings to an ERS. Eight of the studies included other quality measures in addition to the ERS, such as the Classroom Assessment Scoring System (CLASS); Caregiver Interaction Scale (CIS); or aspects of structural quality, such as teacher education. Of the 10 studies that used an ERS as an outcome measure, all but one found that QRIS ratings were associated with observed quality, although the correlation was not always statistically significant. In many cases, the other measures of program quality—such as the CIS, the CLASS, and teacher education—were also positively correlated with QRIS ratings.

One limitation of this research is that the ERS scale or other measures of program quality (e.g., teacher education) are typically included to assess the validity of QRIS ratings. Thus, in many of these studies, the independent measure of quality against which ratings are compared is not truly independent from the rating process itself. Zellman et al. (2008), the one study to use quality measures not incorporated in the QRIS ratings, found that QRIS ratings in Colorado's Qualistar System were related to two of the four CIS subscales—detachment and positive relationship—but not to any of the Pre-Kindergarten Snapshot (Pre-K) subscales.

## *Evaluations of Changes in Program Ratings or Quality Indicators*

The second validation question in exhibit 2.3 relates to whether program ratings or other indicators of program quality improve over time. We found six studies that examine this issue: four examine changes in global quality as measured by the ERS (Shen, Tackett, & Ma 2009; Zellman et al. 2008; Norris, Dunn, & Eckert 2003; Sirinides 2010), while the other two focus on changes in the QRIS ratings (Elicker et al. 2011; Tout et al. 2011). One study also examines changes in the qualifications of early educators over time (Shen, Tackett, & Ma 2009). All studies focus on providers participating in the QRIS. (See exhibit B-3 in appendix B for more detailed information on these studies.)

A consistent finding across the six studies is that quality—as defined, measured, and incentivized in the QRIS—increased over time among participating providers. The study for Indiana (Elicker

et al. 2011) was the only one to rely on provider self-reports of rating changes, in this case over a short (six-month) period of time. In that evaluation, about one out of five providers had moved up one or more levels, and only a handful dropped a level. While the studies for Colorado (Zellman et al. 2008), Oklahoma (Norris, Dunn, & Eckert 2003), and Pennsylvania (Sirinides 2010) indicate that quality improvements have persisted for up to six years with the QRIS in place, the study by Shen, Tackett, and Ma (2009) for Florida suggests that quality improvements may stall after one to two years. The Florida study did find, however, that the educational attainment and credentials of providers rose over a five-year interval.

It is important to note that these studies are not measuring the *impact* of the QRIS on program ratings. In the absence of a comparison or control group of child care providers that did not participate in the QRIS, the studies cannot conclude that the QRIS as a whole—or specific components of the QRIS, such as the TA activities—produced the observed changes in quality. Another challenge in these studies is the potential attrition over time of providers in the sample. For example, the analysis by Zellman et al. (2008) for Colorado is potentially compromised by the fact that lower performing centers were more likely to drop out of the study before the conclusion of data collection, so all reported correlations are based on the remaining higher quality providers.

## *Evaluations Examining QRIS Ratings and Child Developmental Outcomes*

We identified seven studies in six states that measured the relationship between QRIS ratings and child development outcomes (Elicker et al. 2011; Shen, Tackett, & Ma 2009; Sirinides 2010; Thornberg et al. 2009; Tout et al. 2010b 2011; Zellman et al. 2008). With two exceptions, the studies adopted a similar methodology that examined whether changes over time (for example, fall to spring) in an array of child developmental assessments are positively correlated with program QRIS ratings. The studies differ in terms of the care settings included, the child developmental measures deployed and method of collection, the number of time periods in which children were assessed, and the inclusion of controls for family background characteristics. In general, the seven studies provide very limited evidence that QRISs, as currently designed, give higher ratings to programs that generate larger developmental gains. Four of the seven studies found no consistent relationship between QRIS ratings and child outcomes. The three remaining studies found some evidence of a positive relationship between ratings and child outcomes, although two of the three studies have weaker designs. (See exhibit B-4 in appendix B for more detailed information on these studies.)

Of the three studies finding associations between ratings and child outcomes, the study of Missouri's QRIS, conducted during the pilot phase, has the strongest research design (Thornburg et al. 2009). In this study, a sample of 350 preschool-age children in 38 licensed early childhood programs (32 centers and 6 FCC homes) were assessed in the fall and spring using a battery of well-validated instruments, including the Peabody Picture Vocabulary Test, the Test of Early Reading Ability, the Woodcock-Johnson III Tests of Achievement, and the Devereux Early Childhood Assessment (socio-emotional skills). The range of skills assessed with these and other instruments included vocabulary, early literacy, basic knowledge of shapes and colors, mathematics skills, fine and gross motor skills, and socio-emotional development. Family background information was also obtained through a parent survey. Overall, the study found that children in higher rated programs, controlling for family background, had significantly higher

gains in socio-emotional development compared with children in lower rated programs, but no differences were found for the array of other developmental domains. In examining children in poverty separately, the study found that children in poverty in higher rated programs also benefited in terms of early literacy and physical development, in addition to the socio-emotional gains.

The two other studies that found positive associations had weaker research designs. The evaluation of Pennsylvania's Keystone STARS (Sirinides 2010) found that the percentage of children scoring "proficient" according to teacher ratings was significantly higher in the spring than in the fall in seven developmental domains: Personal and Social Development, Language and Literacy, Mathematical Thinking, Scientific Thinking, Social Studies, the Arts, and Physical Development and Health. However, the study used teacher-reported measures of proficiency in various domains rather than validated developmental assessments implemented by trained, reliable, independent assessors. Moreover, the study did not examine fall–spring changes in child development, but rather reported that participants in higher rated programs were more likely to be proficient at the time of the spring assessment compared with children in the lower rated programs.

In the evaluation of Florida's QRIS in Palm Beach County, Shen Tackett, and Ma (2009) found that readiness was higher on average for children who attended higher quality programs. However, when aggregate school readiness rates were analyzed over time using a comparison group of non-QRIS children, participating children no longer exhibited statistically significant improvement in readiness. Likewise, the evaluation of Florida's QRIS in Palm Beach County relied on a teacher-administered school readiness assessment measured only at kindergarten entry, meaning that gains over time were not measured.

It is important to note that these studies do not provide evidence for or against a causal link between participation in higher rated programs and child developmental outcomes. Without the random assignment of children to programs of varying quality, it is not possible to adequately control for the effect of unobserved factors that may influence both parental selection of programs by quality and child development. Likewise, in the absence of random assignment, these studies do not provide evidence of a causal link between the implementation of a QRIS and child developmental outcomes (question I5 in exhibit 2.3).

Nevertheless, as a validation exercise, the aim of QRIS developers is that the quality ratings denote meaningful distinctions between lower and higher quality programs, with the expectation that programs that receive a higher rating will have a greater impact on children's development compared with lower rated programs. For this reason, the mixed findings across the seven studies reviewed suggest caution about assuming that the rating scales embedded in QRISs will necessarily reflect differences in program quality that relate to child outcomes in the expected way. Only one QRIS appears to have a design that produces program ratings that are positively associated with some domains of child development. At the same time, it is important to recognize that the mixed findings from these studies, given their observational design, may arise from unobserved confounding factors (beyond the family background characteristics included in the models) that affect child development and drive selection into child care programs.

## *Evaluations Examining Parental Knowledge*

The final validation question in exhibit 2.3 asks if parents know about and understand the QRIS ratings. Only two of the evaluation studies we identified addressed this issue (Elicker et al. 2011; Tout et al. 2010b). The two studies, conducted in Indiana and Minnesota, surveyed parents in QRIS-rated programs or parents in the general public with young children to assess their awareness of the rating system. In Indiana, a higher proportion of parents obtaining child care from a QRIS-rated site had heard about the rating system compared with parents of young children in the general public, as might be expected (Elicker et al. 2011). For both groups, when parents had knowledge of the QRIS, their provider was the primary source of information about the rating system. The Indiana study also found that awareness among parents in the general public had increased over a two-year time period. The second study, conducted for Minnesota Parent Aware, focused only on parents in rated programs and also found that awareness of the rating system increased over a one-year interval, although just one out of four parents in rated programs had heard of the rating system by the second year of the survey (Tout et al. 2010b). Across the two studies, at best no more than 4 out of 10 parents using a rated provider had knowledge of the QRIS, while just 2 out of 10 parents in the general public knew about the system. (See exhibit B-5 in appendix B for more detailed information on these studies.)

A related impact question is whether the implementation of a QRIS changes the choices parents make about the care settings they use (question I2 in exhibit 2.3). No evaluation studies have directly addressed this question to date. It is interesting to note that the Indiana study found that two out of three parents surveyed indicated, in response to a hypothetical question, that a higher rating level would be an "important" or "very important" factor in their choice of child care in the future (Elicker et al. 2011). This is suggestive—but by no means conclusive—evidence that the existence of a QRIS may influence parental care choices.

## *Evaluations of QRIS Impact*

Only one study we identified employed an experimental design to answer any of the impact questions listed in exhibit 2.3. Boller et al. (2010) focused on the effect of one component of Washington's Seeds to Success QRIS on teacher professional development (I3) and on program quality and quality ratings (I4). In particular, 52 family child care providers and 14 centers that volunteered to participate in the study were randomly assigned into treatment or control groups. The treatment group received coaching, quality improvement grants, and funds for professional development opportunities and supports, while the control group received funds only for professional development opportunities and supports. Thus, the evaluation measured the incremental impact of including coaching and quality improvement grants in the QRIS. (See exhibit B-6 in appendix B for more detailed information on these studies.)

The follow-up period for the Boller et al. (2010) study was a relatively short six months, so it is perhaps not surprising that there were no statistically significant impacts of the added coaching and grants on teacher degree attainment for either the home- or center-based programs. However, for teachers in the center-based programs, there was a positive effect on course credits received and lead teacher turnover declined. In addition, the added QRIS components raised participation in an education or training program on the part of center leads and assistant teachers, and significantly more lead teachers in the treatment group than in the control group attended college

courses at least weekly. In contrast, FCC providers in the treatment group were no more likely than their control group counterparts to be enrolled in an education or training program.

Boller et al. (2010) also examined the effect of the treatment on changes over time in program quality and quality ratings. Interestingly, the study found that the added coaching and professional development significantly improved observed care quality in both home- and center-based settings, but it did not improve the QRIS ratings. The Seeds to Success rating system is based on a block design, suggesting that it may be more challenging for programs to move to higher tiers in a block system, even when some indicators of quality are increasing over time.

Although the study did not employ an experimental design, Shen, Tackett, and Ma (2009) did measure the correlation between provider training and coaching provided in the Palm Beach County QRIS and provider outcomes. The study found that the intensity of coaching (measured as total hours per month) was not associated with improvement in job skills, although skills did improve with the duration of coaching (measured in months). Shen, Tackett, and Ma (2009) also had a comparison group of non-QRIS sites against which they contrasted their QRIS sites in terms of the percentage of "low performing providers" (LPP). They found that QRIS sites showed a significantly higher growth rate in the probability of *not* being rated an LPP over a three-year period. Although these findings are informative, the study design does not provide rigorous causal evidence for any of the impact questions in exhibit 2.3 (that is, question I3 or I4). A more rigorous evaluation design would randomly assign providers to different levels of coaching intensity or duration, or would randomly assign some sites to participate in a QRIS.

This limited evidence base points to the potential for QRIS components that target professional development as part of program improvement to advance teacher participation in education and training, and perhaps eventually educational attainment. There is also some evidence to suggest that program quality may improve as a result of QRIS components that focus on professional development, although depending on the rating system structure, such improvements may not necessarily translate into higher ratings. The one experimental study discussed in this section also demonstrates the potential for using scientifically rigorous methods to evaluate the impact of QRIS components, if not the system as a whole.

The limited impact research to date has not considered the effect of the wider array of quality improvement components contained in most QRISs, such as financial incentives or forms of technical assistance beyond professional development. Particularly notable is the absence of research on the effect of financial incentives, such as improved teacher compensation, on program quality.

## *Summary of Evaluation Findings*

Our review of QRIS evaluation studies produced the following key points regarding validation and impact findings:

- Although QRISs are being designed or implemented in nearly every state, evaluation evidence for QRISs available to date comes from just 11 states or substate areas. The 14 evaluations we identified almost exclusively consist of validation studies that

address one or more questions about the effectiveness of the QRIS design. Only one study provides any evidence of QRIS impact, and only for a narrow question.

- Eleven studies examined the relationship between QRIS ratings and a measure of program quality. Ten of the 11 studies used the ERS as an outcome measure. All but one found that the system ratings were positively correlated with observed quality, although the correlation was not always statistically significant. Moreover, the ERS was generally not an independent measure of quality, as it was used to determine the ratings that were being validated.
- Five studies aimed to determine whether program ratings or other program quality measures improve over time. These studies provide consistent evidence, given the way quality is defined, measured, and incentivized in the QRIS, that programs can raise their rating and improve their quality over time.
- Seven studies examined the relationship between QRIS ratings and child developmental outcomes. The findings from these studies are mixed, at best, indicating that there is little evidence to suggest that QRIS ratings, as currently configured, are predictive of child gains for key developmental domains.
- Two studies provide validation evidence about parents' knowledge and understanding of the QRIS ratings. These studies conclude that parents in rated programs know more about the rating system than the general public, and that knowledge of the system tends to increase over time. Even so, the extent of parental awareness of the examined QRISs did not exceed 20 percent for the general public and 40 percent for those using rated providers.
- Although QRIS designers may ultimately be interested in measuring the impact of implementing key elements of a QRIS, or a QRIS as a whole, on a range of system outcomes—provider mix, parental choice, teacher professional development, program quality, or child outcomes—making such causal inferences requires experimental or quasi-experimental designs that have rarely been implemented to date. The one available experimental study demonstrates the potential for using scientifically rigorous methods to extend our understanding of the causal impacts of QRIS implementation.

## Conclusions and Implications for California

QRISs constitute an ambitious policy approach to improving early care and education practices and child outcomes. There is strong consensus in the early childhood field that the discussions around QRISs have been effective in increasing awareness of the elements of quality and their importance to practice. The development of standards as part of QRISs has helped providers, parents, and other stakeholders begin to understand and develop agreement around what constitutes quality in 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, at least as defined by the QRIS. However, if we are to improve QRIS implementation, maximize the effects of these systems, and target limited funds to the most promising practices in design, implementation, and quality improvement, we need to approach the design and implementation of these systems armed with far better information about what works than is currently available.

Our review suggests that all states are now engaged in discussions about QRIS design and implementation. This is a positive development because in the process of designing these systems, stakeholders develop consensual standards about quality and increased commitment to its delivery. For the most part, however, the system 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. Although state policymakers and system designers are endeavoring to learn from their own and other states' earlier QRIS efforts, and are building upon these efforts and using several common components, we do not find that QRIS efforts are yet converging on a preferred design or implementation model at this relatively early stage of their development.

Federal funding requirements have encouraged states to examine the efficacy of QRIS design and implementation practices. Certainly, the early care and education field has begun to actively build an evidence base for QRISs at this stage, and this is a noteworthy development. The research on best practices and evaluation to date primarily focuses on first-generation questions—deciding which elements should go into a well-designed QRIS, and whether design options make sense, target the right elements, and measure what is intended. Yet states are forced to make inferences about best practices in design from the rather limited evidence that is currently available (although an increased focus on validation studies should help to provide additional evidence to assist with these decisions). Furthermore, QI efforts within systems often vary intentionally by design so that they can be responsive to individual program quality improvement needs. Though useful at the program level, this practice makes it difficult to tease out which QI activities are the most effective and should be included in system development. As QRISs mature, studies that look more rigorously at the delivery of TA through quantitative and case study research, will be helpful in designing and delivering these important QI efforts. (Chapter 7 provides further discussion of program improvement and professional development research and activities.)

The second generation of research should begin to focus on the causal impacts of QRISs, particularly for children, but it may be premature to attempt such studies in the current QRIS environment where change is rapidly occurring. QRISs, like all new systems, will likely need several years of steady state implementation before impact evaluations will be able to meaningfully assess changes in outcomes in a measureable way. Based on research to date, we cannot conclude whether QRISs positively affect child developmental outcomes as intended.

The RTT-ELC grants will require validation and impact studies, and this will provide additional research opportunities in this field. These validation studies, if designed well, will add to the evidence base about preferred design and implementation options. This presents an opportunity to guide the field on empirically based QRIS design and the use of data in decision making. Current QRIS expansion and evaluation also presents an opportunity to measure the impacts of systems more rigorously. California may be in a unique position to advance the evidence base by taking advantage of the evaluation opportunities provided by the variations in specific QRIS designs across counties. However, 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.

# Chapter 3. Description of Local QRISs and QISs in California: Pre- and Post-RTT

## Introduction

One of the primary purposes of this *Local Quality Improvement Efforts and Outcomes Descriptive Study* is to develop an understanding of the continuum of quality improvement efforts across California counties, and to identify and describe local quality improvement systems and the variations in those systems. The first part of this chapter describes the extent to which—prior to the recent infusion of Race to the Top–Early Learning Challenge Grant (RTT-ELC) funding—Quality Rating and Improvement Systems (QRISs) or Quality Improvement Systems (QISs) were already operating in the 58 counties. The second part of the chapter focuses on how the RTT-ELC grant work is changing the design and scope of QRISs in California.

## Descriptive Study Approach

Our approach to the descriptive study involved the following main tasks:

First, we reviewed the national literature on quality improvement systems, and the use of the terms QIS and QRIS by the California Department of Education's Child Development Division (CDE/CDD) and the federal Administration for Children and Families, to define the distinguishing characteristics of these systems for the purposes of this study.

Second, by reviewing extant documents and conducting state-level interviews, we examined the state-level programs and revenue streams that support quality improvement (QI) efforts in early care and education. We obtained background information on the state QI projects administered through the California Department of Education's Child Development Division (CDE/CDD) and supported by the federal Child Care and Development Fund, and we interviewed key officials from statewide agencies and organizations that administer various state initiatives, including First 5 California and the California Child Care Resource and Referral Network. We also consulted with statewide associations that promote local efforts to improve the quality of early learning and care, including the First 5 Association of California and the California County Superintendents Educational Services Association (CCSESA).

Third, we explored how county participation in state QI programs, combined with locally developed initiatives, contributes to the presence of a local QIS or QRIS. Our investigation consisted of two phases. During *Phase 1*, we conducted telephone interviews in all 58 counties in order to determine the extent of local QIS or QRIS development prior to the state's implementation of the RTT-ELC grant. We began by reviewing publicly available documentation on pre-existing local quality improvement efforts in each county, such as annual reports, local action plans for RTT-ELC implementation, quality rating guidelines, and other documents. We used information on local quality improvement efforts to pre-populate a data collection template and interview protocol for each county. We then invited representatives from the local First 5 commission and the county office of education in each county to participate in an interview. Other potential respondents included staff from the local Resource and Referral

agency, the Local Planning Council, and others directly involved in designing and overseeing quality improvement efforts. Prior to each interview, we sent the respondents their county's pre-populated data collection template for review. This template highlighted the key areas in which we wished to collect additional data. The full list of respondents who participated in phone interviews or contributed to the completion of county templates is shown in appendix C. All counties were given an opportunity to review and comment on the resulting revision of the template, and their feedback was addressed before the templates were finalized.

*Phase 2* consisted of conducting 19 in-depth site visits to a subset of counties identified as having a pre-existing QRIS or in the process of establishing one under the auspices of the RTT-ELC grant.[6] As part of these site visits, we conducted interviews and focus groups with a range of respondent groups to learn more about the pre-existing system from multiple perspectives and to explore counties' plans for implementing the RTT-ELC Consensus standards. We developed individualized protocols to guide our interviews with key stakeholders, third party assessors, technical assistance providers, data coordinators, and staff in child care Resource and Referral agencies and community colleges. We also conducted focus groups with parents and with center-based program staff and family child care (FCC) providers to learn more about their experiences with the pre-existing QRIS and explore their thoughts on the public dissemination of ratings. In all, we developed eight different protocols to guide the above interviews and focus groups. The study team audio-recorded each interview and summarized the results in a Data Capture Form for each county.

## Definitions of QRIS and QIS

We began our analyses of local quality improvement systems by defining the terms QRIS and QIS. A QRIS, as defined by CDE in Addendum 1 to the RFP for this study, "is a uniform set of ratings, graduated by level of quality, to assess and improve early learning and care programs. In addition, a QRIS provides technical assistance to help programs improve." The National Child Care Information Center, operated by the federal Administration for Children and Families, Office of Child Care, defined QRISs as having five elements: standards, accountability measures (such as publicly disseminated ratings), provider support, parent and consumer education efforts, and financial incentives. To this list, we added a sixth element—program quality assessments—because assessments often serve as preliminary building blocks for the development of a ratings system.

A QIS, as stated in CDE's Addendum 1 to the RFP, "is a system that provides assessment, technical assistance and support services to help programs improve, but does not rate or make public ratings for early learning and improvement programs." In short, a QIS is a QRIS without the ratings.

Finally, to qualify as either a QRIS or QIS, the initiative must include a feedback mechanism. This feedback ensures that the system functions as a system—that is, that its efforts are assessed

[6] The 19 systems visited (in 18 counties) visited were: 1) Alameda, 2) Contra Costa, 3) El Dorado, 4) Fresno, 5) Los Angeles (LAUP and LA Step), 6) Merced, 7) Nevada, 8) Orange, 9) Sacramento, 10) San Diego, 11) San Francisco, 12) San Joaquin, 13) San Mateo, 14) Santa Barbara, 15) Santa Clara, 16) Santa Cruz, 17) Ventura, and 18) Yolo.

and analyzed so that any necessary changes can be made to improve the quality improvement initiative over time.

Thus, for the purposes of this study, we determined that QRISs typically include six elements:

- Standards
- Program Quality Assessments
- Ratings/Accountability
- Provider Support
- Parent and Consumer Education
- Financial Incentives

We also determined that QISs have three common elements:

- Standards
- Program Quality Assessments
- Provider Support

Lastly, we determined that feedback mechanisms are an underlying feature that characterizes multiple elements of both QRISs and QISs.

## Pre-existing Systems: Which Counties Had Them and Why

Quality improvement systems have been developing in California for more than a decade. In this section we describe the major state programs and initiatives that exhibit many of the elements of a QIS or QRIS, and that have contributed to the development of more extensive systems at the county level. We then describe the extent to which each of the 58 counties, prior to the RTT-ELC grant implementation, had each of the elements of a QIS or QRIS; and identify the counties that had sufficient elements to be characterized in our analysis as having a pre-existing QIS or QRIS. We also consider the impact of budget reductions in state QI programs on the development of local QIS/QRISs, identify some local revenue sources for pre-existing systems, and describe the characteristics of the counties without pre-existing systems.

### *State Programs Exhibiting QIS/QRIS Elements*

We begin with an analysis of the state-level programs that exhibit some of the six QRIS or three QIS elements included in our definitions above. Based on our review of extant information and our interviews with state leaders who administer QI programs, we identified three state-level programs and funding streams—Power of Preschool, Child Signature Program 1, Child Signature Program 2— that featured between three and five of the above elements of a QRIS or QIS.

We also found that two state programs—AB 212 and CARES Plus—constituted robust *workforce* development systems and major sources of a key QRIS/QIS element—provider support—in the vast majority of counties. These two programs were established with the intent

of being *workforce,* as opposed to *program* quality improvement systems, and hence do not typically include the program quality standards or the program accountability/ratings that typify a QRIS. However, given that quality workforce is recognized as an important contributor to program quality, these two initiatives represent key building blocks for local QRIS development.

Finally, we identify State Preschool and other Title 5 programs as long-standing efforts in California to provide quality standards for state-contracted early learning programs for infants, toddlers and preschool-age children. State Preschool, which operates in all but one California county, constitutes a key building block for QRISs as well. Title 5 standards exceed Title 22 licensing requirements for such elements as staff-child ratios and staff qualifications. As a result, State Preschool, along with the federally contracted Head Start program, represented the first programs—and in some cases are still the majority of programs—participating in the pre-existing QRISs identified by the study team. As QRISs expand to include programs serving infants and toddlers, they are also recruiting Title 5 General Child Care programs and Early Head Start programs. State Preschool and other Title 5 programs were not established to serve as QRISs, and hence do not include the program ratings for public dissemination, regular third party assessments of program quality, information to parents on how to select a quality program, or financial incentives associated with QRISs. That said, in many California counties, State Preschool and other Title 5 programs are the foundational participants in the pre-existing QRISs identified by the study team.

The following summary provides some background information on each of these state programs and explains the extent to which each program features some QRIS or QIS elements.

**Power of Preschool**

The Power of Preschool (PoP) Demonstration Project was approved by the First 5 California Commission in 2003 and began operating in 2005. The purpose was to phase in access to voluntary, free, and high-quality preschool for all four-year-old children living in low-income or otherwise disadvantaged neighborhoods. Each county applying for PoP had to submit a plan to provide access to quality preschool within the proposed catchment area (such as a county, city, or school district). First 5 California provided about one quarter of the funds to support the program, and the remainder of the funding came from local First 5 commissions or their partners.

Each PoP project was required to meet the First 5 California Quality Criteria, which included four overarching components: program standards, teacher and staff qualifications, policy and fiscal items, and family partnerships. PoP counties agreed to phase in a set of quality standards in the designated catchment area, beginning with entry level standards roughly equivalent to Title 22 licensure standards, progressing to a level of quality similar to the Title 5 education standards for state-contracted programs such as State Preschool, and culminating in a "full quality" level with some of the elements recommended by the National Association for the Education of Young Children (NAEYC).

In addition to having quality standards, the PoP project also had four other elements of a QRIS: the use of program quality assessments (primarily the Environment Rating Scales [ERS]); program ratings to hold programs accountable; a variety of provider supports; and financial incentives (in the form of tiered reimbursement based on program quality). In short, although

First 5 PoP did not officially describe itself as a QRIS, and although participating counties did not necessarily view it as a QRIS, it exhibited five of the six distinguishing elements of a QRIS.

The PoP program ended in 2011 when First 5 California implemented the PoP Bridge program, which expanded access to all children aged 0-5. Eight of the original nine PoP counties now participate in Child Signature Program (CSP) 1, described below, which retains many of the PoP features. For a full description of the quality criteria for PoP, and for the other state programs described in this section, see chapter 4.

**Child Signature Program 1**

In 2012, First 5 California established CSP 1 and, as indicated above, eight of the original PoP counties currently participate in this program. Like PoP, CSP 1 is targeted at children in high-need areas. The primary purpose of CSP 1 is not only to help maintain the quality improvements achieved by PoP, but also to continue enhancing the quality by further improving instructional quality and teacher-child interactions, increasing parental involvement and support, and focusing on children's social-emotional development.

Similar to PoP, CSP 1 has five of the six features of a QRIS, including standards, program quality assessments, provider support, program ratings, and financial incentives. CSP 1 standards—such as those relating to teacher education and staff-child ratios—are more stringent than for the top quality level of PoP. CSP 1 requires program quality assessments and program ratings to determine whether sites qualify for Maintenance of Effort (MoE) or Quality Enhanced (QE) status. Financial incentives to obtain the QE level include additional funding to hire essential staff to support program quality improvements in the domains of instructional practice and teacher-child interaction, social-emotional development, and family involvement. Sites not implementing the CSP Quality Enhancements are referred to as CSP MoE sites. Training and technical assistance are available to both QE and MoE sites to provide continual support in advancing quality.

**Child Signature Program 2**

CSP 2 was established by First 5 California in 2012, and 34 counties currently participate in this program, including four rural counties that participate through a consortium where the lead agency is responsible for fulfillment of all program requirements. CSP 2's quality standards are the same as those for CSP 1. However, CSP 2 acknowledges that the standards represent an aspirational level of quality for the majority of providers and therefore begins with a readiness assessment before proceeding with standard program quality assessments (for example, CLASS or ERS) and the provision of training and technical assistance to improve quality. With funds from CSP 2, counties are able to hire an Early Learning System Specialist who can assess the readiness of programs to meet CSP 1 standards, and where standards are not met, assist centers or classrooms in accessing training and technical assistance that focus on quality improvement.

At present, CSP 2 has three of the features that are typical of a QIS—standards, program quality assessments, and provider support—but it does not have the additional features that are indicative of a QRIS (accountability/ratings, parent education, or financial incentives).

**Assembly Bill 212**

The purpose of Assembly Bill (AB) 212 (Child Development Staff Retention Program) is to improve the retention of qualified child development employees who work directly with children in state-contracted, Title 5 child development programs. Funds from the federal Child Care and Development Fund are provided by the CDE/CDD to county Child Care and Local Development Planning Councils based on the percentage of state-subsidized, center-based contracts in the county. Fifty-five counties currently participate in the program, and the remaining three counties (Alpine, Mariposa and Sierra) are ineligible because they do not have any contracted centers. An estimated 8,139 direct service personnel participate in AB 212 training activities (Austin & Scroggins 2012). AB 212 strategies include retention activities, training, coaching, financial support for training, and stipends/financial assistance to support access to higher education.

AB 212 thus has two elements of a QIS—provider supports and financial incentives. Since, as stated above, AB 212 was established as a workforce improvement system, it typically does not promulgate program quality standards associated with a QRIS or QIS. By focusing on provider support, one of the key components of a local QRIS or QIS, however, AB 212 serves as an important building block for QRISs in 55 California counties.

**CARES Plus**

CARES Plus is a statewide professional development program funded by First 5 California and matching funds provided by counties to improve the quality of early learning programs by focusing on increasing the quality, effectiveness, and retention of early educators. CARES Plus offers early educators stipends and other supports to pursue education and access academic advising. Counties with CARES Plus funds must work with two- and four-year higher educational institutions to improve articulation between the degree requirements and hence promote easier pathways for early educators to attain degrees.

All participants in the CARES Plus program are required to complete the core requirements, which include meeting with a CARES Plus advisor twice a year, submitting a Professional Development plan, completing three online courses, including an "Introduction to CLASS" webinar, the "Looking at CLASSrooms" video webinar and library, and a training on the dangers of second-hand smoke. A sample of participants will be required to complete a pre- and post-CLASS assessment. In addition, counties may participate in up to four other CARES Plus components—Component A to support research-based training, Component B to promote completion of higher education, Component C to offer opportunities for advising and mentoring, and Component D for possible participation in a State Coaching Pilot. However, while counties may incorporate all four components, participants are only able to participate in one component in addition to the required Core requirements.

CARES Plus is open to all eligible early educators, not just those associated with state-contracted Title 5 programs. Like AB 212, CARES Plus includes two elements of a QIS—provider support and financial incentives. Also, like AB 212, CARES Plus was established as a workforce improvement system, not a program quality improvement system, and hence does not include the program quality standards or program accountability/rating associated with a QRIS.

In summary, the AIR/RAND study team found that two state QI programs—the former PoP and CSP 1—had five of the six elements of a QRIS, and that one state program (CSP 2) had the three features of a QIS. In addition, we found that two workforce development initiatives—AB 212 and CARES Plus—qualified as workforce development systems that serve as key underpinnings for an important element of a QIS or QRIS, namely provider support, but are not designed to be stand-alone QISs. Finally, we found that State Preschool, other Title 5 programs, and the federally contracted Head Start and Early Head Start programs constitute major program building blocks for pre-existing QRISs in many counties.

Exhibit 3.1 shows which counties participate in the five major state-level programs identified above and thereby receive the associated funding and other resources. Since all but one county participate in State Preschool or Head Start, they are not listed in Exhibit 3.1. However, the impact of these programs on QRIS/QIS development is underscored in Exhibits 3.2 and 3.3.

**Exhibit 3.1. County Participation in State QI Programs**

| County | State QI Initiatives with Some QRIS/QIS Elements | | | | |
|---|---|---|---|---|---|
| | Former PoP | CSP 1 | CSP 2 | CARES Plus | AB212 |
| Alameda | | | | ✓ | ✓ |
| Alpine | | | ✓ | ✓ | |
| Amador | | | ✓ | ✓* | ✓ |
| Butte | | | | | ✓ |
| Calaveras | | | ✓ | | ✓ |
| Colusa | | | | ✓ | ✓ |
| Contra Costa | | | | ✓ | ✓ |
| Del Norte | | | | ✓ | ✓ |
| El Dorado | | | ✓ | ✓ | ✓ |
| Fresno | | | | ✓ | ✓ |
| Glenn | | | ✓ | | ✓ |
| Humboldt | | | | ✓ | ✓ |
| Imperial | | | ✓ | | ✓ |
| Inyo | | | ✓ | | ✓ |
| Kern | | | ✓ | | ✓ |
| Kings | | | ✓ | | ✓ |
| Lake | | | | ✓ | ✓ |
| Lassen | | | | | ✓ |
| Los Angeles | ✓ | ✓ | | ✓ | ✓ |
| Madera | | | ✓ | ✓ | ✓ |
| Marin | | | ✓ | ✓ | ✓ |
| Mariposa | | | ✓ | ✓ | |
| Mendocino | | | | ✓ | ✓ |
| Merced | ✓ | ✓ | ✓ | ✓ | ✓ |
| Modoc | | | | ✓ | ✓ |
| Mono | | | ✓ | ✓ | ✓ |
| Monterey | | | ✓ | * | ✓ |
| Napa | | | ✓ | ✓ | ✓ |
| Nevada | | | ✓ | | ✓ |
| Orange | | | ✓ | ✓ | ✓ |
| Placer | | | ✓ | | ✓ |
| Plumas | | | | | ✓ |
| Riverside | | | ✓ | ✓ | ✓ |
| Sacramento | | | ✓ | ✓ | ✓ |
| San Benito | | | | ✓ | ✓ |
| San Bernardino | | | | ✓ | ✓ |
| San Diego | ✓ | ✓ | | * | ✓ |
| San Francisco | ✓ | ✓ | | ✓ | ✓ |
| San Joaquin | ✓ | ✓ | ✓ | | ✓ |
| San Luis Obispo | | | ✓ | | ✓ |
| San Mateo | ✓ | | ✓ | * | ✓ |
| Santa Barbara | | | | ✓ | ✓ |
| Santa Clara | ✓ | ✓ | ✓ | ✓ | ✓ |
| Santa Cruz | | | ✓ | ✓ | ✓ |
| Shasta | | | | ✓ | ✓ |

| County | State QI Initiatives with Some QRIS/QIS Elements | | | | |
|---|---|---|---|---|---|
| | Former PoP | CSP 1 | CSP 2 | CARES Plus | AB212 |
| Sierra | | | | | |
| Siskiyou | | | | ✓ | ✓ |
| Solano | | | ✓ | ✓ | ✓ |
| Sonoma | | | ✓ | ✓ | ✓ |
| Stanislaus | | | ✓ | ✓ | ✓ |
| Sutter | | | ✓ | | ✓ |
| Tehama | | | ✓ | ✓ | ✓ |
| Trinity | | | | | ✓ |
| Tulare | | | | | ✓ |
| Tuolumne | | | ✓ | | ✓ |
| Ventura | ✓ | ✓ | ✓ | ✓ | ✓ |
| Yolo | ✓ | ✓ | ✓ | ✓ | ✓ |
| Yuba | | | | | ✓ |
| **Total** | **9** | **8** | **34** | **36** | **55** |

Sources:

California Department of Education, Child Development Division, Instruction and Learning Support Branch. (2012). *Report to the Governor, Legislature, Department of Finance, and Legislative Analyst's Office: Child Development Staff Retention Program.*

First 5 California (2011). *CARES Plus Program Funding Announcement.* Retrieved from http://www.ccfc.ca.gov/commission/funding.asp.

First 5 California. (2012). *Intent to award, Child Signature Program RFA #1, Readiness Assessment and Quality Improvement, Fiscal year 2012-13 to 2014-15, PCA 99911.*

First 5 California. (2012). *Intent to Award, Child Signature Program RFA #2, Readiness Assessment and Quality Improvement, Fiscal year 2012-13 to 2014-15, PCA 99912.*

* Notes:

While Amador County is listed on the First 5 California Web site as having CARES Plus, the county only participated in year 1. Similarly, San Mateo and San Diego applied for, and were approved for, CARES Plus programs but never implemented them.

While Monterey County is not participating in the statewide CARES Plus program, the county does have a local CARES Plus program in place that has the same goals as the statewide program.

## *Which QRIS or QIS Elements Were Present in Counties Prior to RTT?*

To identify which counties had pre-existing local QISs or QRISs, and to describe the components of each system, the study team conducted telephone interviews in all 58 counties. The first part of the interview protocol focused on the extent to which some or all of the six QRIS elements (and three QIS elements) were present in the county. This information was recorded in the data collection template, along with other recorded responses from county interviewees. The study team also inquired about the ways in which participating counties were implementing the state QI programs listed above in exhibit 3.1.

Exhibit 3.2 describes the criteria the study team used to determine the existence of a pre-existing QRIS or QIS in the counties. Participation in one of the two state QI programs with five of the features of a QRIS—PoP or CSP 1—was an important indication of the presence of a QRIS in a county. Similarly, participation in CSP 2—which had the features of a QIS—was an indication of the presence of a QIS, albeit one that was just beginning to be implemented in many counties.

However, in some counties (Los Angeles, San Diego, and San Francisco), participation in the state QI programs amounted to only a small part of the local QRIS or QIS initiatives. At the same time, the study team identified three counties (Contra Costa, Fresno, and Santa Barbara) that did not participate in PoP, CSP 1, or CSP 2 but nevertheless had developed county-specific programs with the necessary elements to qualify as a pre-existing QRIS or QIS.

Exhibit 3.2 shows the set of standardized criteria the AIR/RAND team used to determine the existence of QRIS/QIS elements in a county.

**Exhibit 3.2 Criteria for Determining the Existence of QRIS/QIS Elements**

| **Standards/Indicators/Quality Criteria** | |
|---|---|
| For publicly contracted programs | Because most counties have Head Start, State Preschool, or other Title 5 programs that are required to meet a set of publicly defined program standards, counties typically received a "yes" for this response category. |
| As part of a broader quality improvement initiative in the county | Counties received a "yes" for this response category if they participate in a CSP 1 or CSP 2 program, have a county-specific quality improvement initiative, or operate a scholarship program where the scholarship can only be used in settings that meet a set of quality standards. |
| **Program Quality Assessments** | |
| For state- or federally contracted programs | Because Head Start requires CLASS assessments and Title 5 requires self-assessments with ECERS and periodic external review, counties typically received a "yes" for this response. |
| As part of a broader quality improvement initiative in the county | Counties received a "yes" for this response category if they conduct program quality assessments—such as CLASS, ERS, PAS, or BAS—as part of a broader quality improvement initiative. |
| **Program Ratings (Accountability)** | |
| For accountability | Counties received a "yes" for this response category if they rate program quality and use the results internally for accountability purposes (e.g., via the PoP/CSP 1 program) to determine the level of tiered reimbursement, or for other county-specific financial initiatives. |
| For public dissemination | Counties received a "yes" for this response category if they rate program quality and share this information with parents and other members of the public. |
| **Provider Support/TA** | |
| Training/support delivered to a group | Counties received a "yes" for this response category if they offer off-site training for groups of providers, such as that provided via AB 212 and CARES Plus in some counties. |
| As part of a broader quality improvement initiative in the county | Counties received a "yes" for this response category if they offer coaching, training, and/or the development of quality improvement plans on-site and in connection with a county-specific or statewide quality improvement initiative. |
| **Parent and Consumer Education** | |
| General information on selecting a quality program or enhancing parent engagement | Counties typically received a "yes" for this response category based on the work of their local Resource and Referral agency in counseling families on how to find a quality early learning and care setting. |
| How to select a quality program based on ratings from a quality improvement effort | Counties received a "yes" for this response category if they educate parents on how to interpret program ratings as indicators of quality, and how to use ratings in the selection of early learning and care. |
| **Financial Incentives** | |
| To individual staff to promote workforce development | Counties received a "yes" for this response category if they offer stipends or bonuses to ECE teachers or providers as part of a workforce development initiative, such as AB 212 or CARES Plus. |
| To early learning and care settings to promote continuous program quality improvement | Counties received a "yes" for this response category if they offer programs money to incentivize or reward quality improvement, such as tiered reimbursement or awards for meeting quality benchmarks. |

As shown in exhibit 3.2 above, each of the six elements included two levels: standards "for publicly contracted programs" and standards "as part of a broader quality improvement initiative in the county." Generally speaking, counties with quality improvement efforts at the first level on a given element were considered to have quality improvement activities that could serve as important building blocks for a QRIS or QIS; counties with quality improvement efforts at the second level on a given element demonstrated greater county-specific commitment and capacity to develop that feature into a broader system. The one exception to this rule relates to the element of program ratings (accountability), where both the first level (ratings used for accountability purposes, such as for determining county-specific incentives) and the second level (ratings for public dissemination) were associated with a broader quality initiative.

Exhibit 3.3 summarizes our findings about the presence of various QRIS/QIS elements in each county, as well as the extent to which each county met the first and second benchmarks for the six elements. Following the exhibit, we discuss the six QRIS elements in more detail and provide some examples of how these elements are being implemented.

**Exhibit 3.3. QRIS/QIS Elements Present in Counties Prior to 2013 or RTT-ELC Implementation**

| | Standards/ Indicators/ Quality Criteria | | Program Quality Assessments | | Program Ratings | | Provider Support/TA | | Parent and Consumer Education | | Financial Incentives | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | For publicly contracted programs (e.g., Head Start, State Preschool, Title 5) | As part of a broader quality improvement initiative in the county | For state- or federally contracted programs | As part of a broader quality improvement initiative in the county | For accountability | For public dissemination (e.g., to parents) | Training/support delivered to a group | As part of a broader quality improvement initiative in the county | General information on selecting a quality program or enhancing parent engagement | How to select a quality program based on ratings from a quality improvement effort | To individual staff to promote workforce development | To early learning and care settings to promote continuous program quality improvement |
| Alameda | ✓ | | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Alpine | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Amador | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Butte | ✓ | | ✓ | | | | ✓ | | ✓ | | ✓ | |
| Calaveras | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Colusa | ✓ | | ✓ | | | | ✓ | ✓ | ✓ | | ✓ | |
| Contra Costa | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Del Norte | ✓ | | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| El Dorado | ✓ | ✓ | ✓ | ✓ | ✓ | ✓* | ✓ | ✓ | ✓ | ✓* | ✓ | ✓ |
| Fresno | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓* | ✓ | | ✓ | |
| Glenn | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Humboldt | ✓ | | ✓ | ✓ | | | ✓ | | ✓ | | ✓ | |
| Imperial | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Inyo | ✓ | ✓ | ✓ | ✓* | | | ✓ | ✓ | ✓ | | | |
| Kern | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |

| | Standards/ Indicators/ Quality Criteria | | Program Quality Assessments | | Program Ratings | | Provider Support/TA | | Parent and Consumer Education | | Financial Incentives | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | For publicly contracted programs (e.g., Head Start, State Preschool, Title 5) | As part of a broader quality improvement initiative in the county | For state- or federally contracted programs | As part of a broader quality improvement initiative in the county | For accountability | For public dissemination (e.g., to parents) | Training/support delivered to a group | As part of a broader quality improvement initiative in the county | General information on selecting a quality program or enhancing parent engagement | How to select a quality program based on ratings from a quality improvement effort | To individual staff to promote workforce development | To early learning and care settings to promote continuous program quality improvement |
| Kings | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Lake | ✓ | | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Lassen | ✓ | | ✓ | | | | ✓ | | ✓ | | | |
| Los Angeles | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓* | ✓ | ✓ |
| Madera | ✓ | ✓ | ✓ | ✓* | | | ✓ | ✓* | ✓ | | ✓ | |
| Marin | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Mariposa | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Mendocino | ✓ | | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Merced | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Modoc | ✓ | | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Mono | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Monterey | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Napa | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Nevada | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Orange | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Placer | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Plumas | ✓ | | ✓ | | | | ✓ | | ✓ | | ✓ | |
| Riverside | ✓ | ✓ | ✓ | ✓ | ✓* | | ✓ | ✓ | ✓ | | ✓ | ✓* |
| Sacramento | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| San Benito | ✓ | | ✓ | ✓ | | | ✓ | | ✓ | | ✓ | |
| San Bernardino | ✓ | | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| San Diego | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| San Francisco | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| San Joaquin | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| San Luis Obispo | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| San Mateo | ✓ | ✓ | ✓ | ✓ | ✓* | | ✓ | ✓ | ✓ | | ✓ | ✓* |
| Santa Barbara | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Santa Clara | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Santa Cruz | ✓ | ✓ | ✓ | ✓* | | | ✓ | ✓* | ✓ | | ✓ | |
| Shasta | ✓ | | ✓ | ✓* | | | ✓ | ✓ | ✓ | | ✓ | |

| | Standards/ Indicators/ Quality Criteria | | Program Quality Assessments | | Program Ratings | | Provider Support/TA | | Parent and Consumer Education | | Financial Incentives | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | For publicly contracted programs (e.g., Head Start, State Preschool, Title 5) | As part of a broader quality improvement initiative in the county | For state- or federally contracted programs | As part of a broader quality improvement initiative in the county | For accountability | For public dissemination (e.g., to parents) | Training/support delivered to a group | As part of a broader quality improvement initiative in the county | General information on selecting a quality program or enhancing parent engagement | How to select a quality program based on ratings from a quality improvement effort | To individual staff to promote workforce development | To early learning and care settings to promote continuous program quality improvement |
| Sierra | | | | ✓* | | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Siskiyou | ✓ | | ✓ | ✓* | | | ✓ | ✓ | ✓ | | ✓ | |
| Solano | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Sonoma | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Stanislaus | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Sutter | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Tehama | ✓ | ✓ | ✓ | ✓* | | | ✓ | ✓* | ✓ | | ✓ | |
| Trinity | ✓ | | ✓ | | | | ✓ | | ✓ | | ✓ | |
| Tulare | ✓ | | ✓ | ✓ | | | ✓ | ✓ | ✓ | | ✓ | |
| Tuolumne | ✓ | ✓ | ✓ | ✓* | | | ✓ | ✓* | ✓ | | ✓ | |
| Ventura | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Yolo | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ |
| Yuba | ✓ | | ✓ | | | | ✓ | | ✓ | | ✓ | |
| **Total** | **57** | **40** | **57** | **52** | **14** | **3** | **58** | **51** | **58** | **3** | **56** | **20** |

*Notes:

In Fresno county, some child care providers received technical assistance and support through CARES Plus and a pilot QRIS.

In Los Angeles County, LA STEP publicizes ratings while LAUP makes ratings information available to the public upon request.

El Dorado recently eliminated ratings and communications to parents about the ratings due to a loss of funding.

Riverside was planning to launch a QRIS in January 2013. The Riverside QRIS design includes the use of ratings to determine the level of tiered reimbursement.

The San Mateo Power of Preschool Demonstration Project used ratings internally to determine the level of tiered reimbursement but the PoP program was suspended in 2009.

In Shasta, Sierra, and Siskiyou counties, CLASS assessments are conducted on some participants in CARES Plus.

Alpine, Inyo, and Mono counties were in the process of implementing CSP 2 program quality assessments as part of a Tri-County Consortium.

Several counties, such as Kern, Madera, Santa Cruz, Tehama, and Tuolumne, were in the process of implementing assessments related to CSP 2 at the time of the interview.

Several counties, such as Madera, Tehama, Tuolumne, and Santa Cruz, were preparing to implement provider support related to CSP 2, pending access to training resources from the state.

## Standards

The fundamental element or foundation of a QRIS or QIS is a set of standards that can be used to assess program quality, provide a basis for training and technical assistance, establish criteria for financial incentives, and guide public awareness about the components of a quality program. Two of the most common quality indicators for early learning and care programs in California are staff educational qualifications and staff-child ratios.

As shown in exhibit 3.3, virtually **all counties (57)** receive a check mark for the first standards element because they have state- and federally contracted programs that are subject to California's Title 5 contract standards and/or the federal Head Start Performance Standards. Both Title 5 and Head Start standards are more stringent than California's Title 22 child care licensing requirements. Only one county (Sierra) does not have any programs subject to such standards because no State Preschool or Head Start program is located in the county.

**40 counties** also receive a second indicator for the standards element in our analysis because they have committed to meeting higher program quality standards as part of a broader state-sponsored or county-specific quality improvement initiative, such as the First 5 Power of Preschool (PoP) program, or, more recently, the Child Signature Program 1. As indicated above, CSP 1 now operates in eight of the original nine PoP counties—Los Angeles, Merced, San Diego, San Francisco, San Joaquin, Santa Clara, Ventura, and Yolo. Five of the CSP 1 counties and 29 additional counties participate in CSP 2.

Several CSP 1 counties also qualify for a second "check" in the standards column because they have county-specific quality improvement initiatives that require programs to meet program standards. This list includes the Los Angeles Universal Preschool Program (LAUP), San Diego's Quality Preschool Initiative (QPI), and San Francisco's Preschool for All (PFA). While a subset of the participants in these initiatives also participates in CSP 1, additional participants are supported by other funds outside the scope of CSP 1. Other examples of county-specific program quality improvement initiatives include LA STEP, Contra Costa's Preschool Makes a Difference, and Sonoma's Value in Preschool (VIP). The latter two initiatives offer early learning and care scholarships that can only be used in programs that meet a set of prescribed quality standards.

A small number of counties meet the criteria for a second check for the standards element because they use national accreditation as a program quality standard. Sonoma County's VIP scholarship program for low-income children ranks qualifying providers as either Gold Tier or Silver Tier, and all child care providers with NAEYC or National Association for Family Child Care (NAFCC) accreditation are ranked as Gold Tier programs. First 5 Santa Barbara has initiated an extensive accreditation effort, and the sole goal of its Accreditation Facilitation Program (AFP) is to promote NAEYC and NAFCC accreditation (37 centers and six family child care homes are already accredited).

For a more detailed analysis of the various local program quality standards in the counties the AIR/RAND study team identified as having a QRIS, see chapter 8.

**Program Quality Assessments**

Program quality assessments are another important element of QRISs and QISs. Research-based and reliable program quality assessment tools include the Environment Rating Scales (ERS), the Classroom Assessment Scoring System (CLASS), the Program Administration Scale (PAS), and the Business Administration Scale (BAS).

Virtually **all 57 counties** meet the first benchmark for program quality assessments in exhibit 3.3, because assessments are required for state- and federally contracted programs, such as State Preschool and Head Start. State Preschool Programs must conduct ERS assessments once every three years as part of program compliance reviews, and annually as part of a self-evaluation

process. While the State Preschool assessments are typically self-assessments, some counties (such as Colusa and Solano) have hired trained, independent assessors to conduct the CLASS on both state- and federally contracted programs.

**52 counties** also meet the second benchmark for program quality assessments in our analysis in exhibit 3.3. Some counties do so because they participate in a state-supported program quality improvement initiative, such as CSP 1 or CSP 2, which requires assessments. Others do so in conjunction with county-specific efforts, such as LA STEP and First 5 Santa Barbara's AFP. Still others receive a second checkmark because assessments are conducted as part of a workforce development initiative, such as Assembly Bill (AB) 212 and/or First 5 CARES Plus. In CARES Plus, a random sample of stipend recipients are videotaped for the purposes of a CLASS assessment, with Teachstone assessing the videotaped practices.

While the qualifications of the personnel conducting the assessments in these state-supported and county-specific initiatives vary, most counties are already using or moving toward the use of certified external observers. In fact, counties participating in CSP 1 or CSP 2 are required to use validated external raters or observers. For example, First 5 San Diego contracts with the local child care Resource and Referral agency and First 5 San Francisco contracts with WestEd to conduct assessments, and assessors from both of these agencies are trained in conducting both ERS and CLASS assessments. LAUP, after experimenting with several different approaches to assessment, has a small internal team that manages the assessments, which are conducted by independent contractors. In San Luis Obispo, the Early Learning Specialist hired through CSP 2 (and hence a trained observer external to the program being assessed) conducts assessments. In all, based on the AIR/RAND study team's interviews and site visits with the counties, we estimate that more than half of the counties, including at least 10 that are classified as rural, have some capacity to conduct independent assessments.

Some counties that do not contract out for program quality assessment services have specific rules intended to prevent conflicts of interest that may arise when the same people assess programs and provide supports for quality improvement. In accordance with First 5 California CSP requirements, First 5 Merced requires that assessors have no connection to a CSP site that is scheduled for assessment for at least a year before the assessment is conducted. Similarly, in Kern County, quasi-external personnel—defined as having no affiliation or relationship to the site being assessed—conduct the assessments. Several counties, such as Fresno and Solano, use assessors based in other counties.

Assessor training and provisions for ensuring inter-rater reliability also vary across counties. To achieve and maintain reliability, some counties compare the assessor's scores with those of a senior assessor (called an "anchor"). Counties use a variety of anchor models to maintain reliability, and the frequency of reliability checks ranges from once every 10 visits, to once every 30 visits, to once every three months.

Counties vary in their methodology for selecting programs for assessment. The majority of the QRISs that pre-dated the RTT-ELC QRIS implementation assessed every participating classroom, rather than a random subsample (as specified in the RTT-ELC Tiered Quality Rating and Improvement System Implementation Guidelines), and some conducted a new assessment each time the teacher in a classroom changed.

It should also be noted that while most counties, even before the advent of the RTT-ELC QRIS, were attempting to find methods to ensure the independence and objectivity of program quality assessments, many counties still use self-assessments as a preliminary step to help providers prepare for being assessed by certified external observers.

**Accountability/Program Ratings**

Ratings that carry some type of consequence—such as qualifying for a financial incentive or public dissemination—are the feature that distinguishes QRISs from QISs. In California, **14 counties** receive the first checkmark in this column in exhibit 3.3 because they rate program quality and use the results internally for accountability purposes—for example, via the former PoP or current CSP 1 program, to determine the level of reimbursement, or as a basis for identifying programs eligible for other county-specific financial initiatives, such as eligibility for special awards or participation in scholarship programs. It should be noted that some counties that use ratings for internal purposes, but not for public dissemination, do not view themselves as having a QRIS. However, based on our analysis of QRISs nationally, and the definitions we used in this report, we classified them as such.

**Three of the 14 counties** that rate program quality and four county-based quality improvement entities—LA STEP, LAUP, El Dorado, and Nevada—also meet the second benchmark for accountability/program ratings in our analysis. These counties share (or have until recently shared) that information with parents and other members of the public. These initiatives vary in the extent to which they actively promote the dissemination of ratings. Some, such as LAUP, make the ratings available to parents only upon request, and LA STEP has sometimes publicized the ratings. El Dorado County recently stopped providing ratings because of a loss of funds for the initiative.

**Provider Support and Technical Assistance**

Provider support and technical assistance are essential to the "I" (improvement) in quality improvement systems. **All 58 counties** receive the first checkmark for this element in exhibit 3.3 because training for groups of providers is provided in their counties, typically off site. Much of the support for this training and technical assistance comes from the CDE/CDD QI Projects supported by the federal Child Care and Development Fund. Overall, an estimated 26,393 ECE staff participate in these activities, with the largest participation in the Child Development Training Consortium, the California Preschool Instructional Network, the AB 212 Staff Retention Program, and the Child Care Initiative Project (Austin & Scroggins 2012). Other CDD QI Projects include Beginning Together, the California Collaborative on Social and Emotional Foundations for Early Learning, the California Early Childhood Mentor Program, the California Inclusion & Behavior Consultation Network, Child Care Resource and Referral training, Desired Results Training, Family Child Care at Its Best, and the Program for Infant Toddler Care (PITC).

As indicated above**, 55 counties** participate in the AB 212 Staff Retention Program, and **37 counties** participate in the First 5-supported CARES Plus. These programs offer supports (such as academic counseling) to early educators who pursue additional education and training. Select participants in CARES Plus also receive training on CLASS via My Teaching Partner—a coaching program in which teachers record videos of themselves in the classroom and send them to a remote coach who provides feedback.

**51 counties** also meet the second benchmark for provider support and technical assistance in our analysis because they offer coaching, training, and/or the development of quality improvement plans in connection with a county-specific quality improvement initiative. This type of training often takes place on site. For example, **34 counties** participate in CSP 2, which includes a commitment to provide training, coaching, and quality improvement plans to help programs improve. Due to a delay in the state's implementation of provider support, many of the CSP 2 counties did not yet have access to the program-specific technical assistance connected with CSP 2 at the time of the study team's telephone interviews. However, by virtue of applying for and being awarded CSP 2 funds, the counties are considered to have the system sufficiently under development to be counted as having the system in place.

Several counties meet the second benchmark in this column in our analysis because they have county-specific training initiatives that offer coaching or other site-specific technical assistance. For example, Alameda County's Quality Counts initiative offers classroom staff very intensive coaching—up to three hours once a week at first, and then tapering down in frequency over a two year period—to improve in areas identified in the provider's quality improvement plan. San Diego's QPI offers coaching and training to teachers and program administrators, including training on the Ages and Stages questionnaire, inclusion practices, the *Frameworks* and *Foundations* documents and the Desired Results Developmental Profile (DRDP), and improving instructional quality based on program quality assessments.

**Parent and Consumer Education**

Parent and consumer education are closely linked to the "R" (or "rating") element of QRISs.

**All 58 counties** meet the first benchmark for this element in exhibit 3.3 because they provide general information on selecting a quality program through their local child care Resource and Referral agency, and because they make a concerted effort to engage families in visiting early learning and care programs, becoming involved in choosing the program, and participating in the program and bringing school readiness activities home.

**Three counties** meet the second benchmark for parent education because they rate programs and have taken steps to help parents understand what program quality ratings mean, as well as how to use them as one of the tools for selecting a center or family child care home. For example, El Dorado County's High 5 for Quality initiative provided child care quality rating information to parents, child care providers, and other members of the public upon request while it was in operation. El Dorado child care providers that achieved ratings in the top two levels also received banners that they could post on site. LA STEP provides rating information on its Web site and in a "STEP Child Care Quality Rating Guide" for parents, which includes a directory of participating programs, explains how the ratings are calculated, and answers frequently asked questions. LA STEP is also developing a certificate and window decal for child care providers to display their ratings. Nevada County makes ratings from its Quality Child Care Initiative available to parents in hard copy through a binder stored at Sierra Nevada Children's Services (the local Resource and Referral agency). Child care providers in Nevada County have also publicized ratings on their own Web sites.

**Financial Incentives**

Financial incentives are another important element linked to the "I" (or improvement) emphasis in QRISs and QISs. The incentives may focus on the ECE workforce or may apply to the program as a whole.

**56 counties** meet the first benchmark for this element in exhibit 3.3 because they offer stipends or bonuses to center-based teaching staff and/or family child care providers as part of a state-sponsored workforce development initiative (such as AB 212 or CARES Plus) or a county-specific program administered by the county. Particularly in rural counties, these local workforce initiatives were adopted following the suspension of the former state-administered CARES program.

**20 counties** and 21 county-based systems (including both systems in Los Angeles) also qualify for the second checkmark in our analysis for this element because they offer funds to programs to incentivize or reward quality improvement, using mechanisms such as tiered reimbursement or awards for meeting quality benchmarks. While eligibility for the incentive may be determined in part by teacher education qualifications, the incentive is offered to the early learning program as a whole.

- In California counties, the most substantial financial incentives take the form of tiered reimbursement, which is designed not just to motivate programs/providers to improve quality, but also to help provide the resources necessary to support the elements of a quality program. For example, the nine counties that participated in PoP raised the expenditure per child in top tier programs from the $3,800 state per-child reimbursement payment for State Preschool to a level closer to the estimated cost of a quality preschool program. (See chapter 7 for a full discussion of tiered reimbursement in conjunction with PoP and other California initiatives to support the cost of quality.)
- Numerous counties with QISs or QRISs also offer quality improvement awards. For example, the LA STEP system in Los Angeles offers child care providers a $5,000 quality improvement grant that they can use to address an area in their quality improvement plan. Similarly, El Dorado's High 5 for Quality initiative provided "Achievement Awards" of $500-$1500 to child care centers and family child care homes based on their rating level.
- A few counties, such as Contra Costa's Preschool Makes a Difference, offer scholarships for families who need child care assistance. These scholarships can only be used at programs that meet minimum quality standards and the reimbursement rate is based on three levels of quality. Similarly (and as stated above), Sonoma County's Value in Preschool (VIP) program provides child care scholarships for children from low-income families. Parents can choose from a roster of providers that meet the program's quality standards. VIP offers different reimbursement rates to participating providers, who are classified as "Gold Tier" or "Silver Tier."

## *Which Counties Had a Pre-existing QRIS or QIS?*

Based on the analysis in exhibit 3.3, we can begin to see the extent to which QRISs or QISs already existed in some counties prior to the state's receipt of the RTT-ELC grant. Exhibit 3.4

shows the 40 counties identified as having a pre-existing quality improvement system, along with their participation in state- or First 5-funded quality improvement initiatives that help support the local systems.[7]

**Exhibit 3.4. County QIS/QRIS Designation**

| QIS | QRIS |
|---|---|
| Alpine | Contra Costa |
| Amador | El Dorado |
| Calaveras | Los Angeles |
| Fresno | Merced |
| Glenn | Nevada |
| Imperial | Riverside |
| Inyo | San Diego |
| Kern | San Francisco |
| Kings | San Joaquin |
| Madera | San Mateo |
| Marin | Santa Clara |
| Mariposa | Sonoma |
| Mono | Ventura |
| Monterey | Yolo |
| Napa | |
| Orange | |
| Placer | |
| Sacramento | |
| San Luis Obispo | |
| Santa Barbara | |
| Santa Cruz | |
| Solano | |
| Stanislaus | |
| Sutter | |
| Tehama | |
| Tuolumne | |

**Fourteen counties and 15 county-based systems** (because Los Angeles has two systems, LAUP and LA STEP) had at least five of the six typical elements of a QRIS—Standards, Program Quality Assessments, Program Ratings (for accountability and/or for public dissemination), Provider Support, and/or Financial Incentives.

- Of the 15 county-based systems, **three** —LA STEP, El Dorado, and Nevada—had all six elements, including what might be considered the hallmark of QRISs: dissemination of ratings to the public and parent education on how to select quality programs based on the ratings.[8]
- Twelve of the 15 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 interpret the ratings to select a quality program.

[7] State-funded quality improvement initiatives include those funded by the California Deparment of Education, Child Development Division and those funded by First 5 California.

[8] However, as a result of loss of funding, El Dorado had to suspend ratings in 2011. It is only now, in connection with the RTT-ELC grant, in a position to begin to reinstate them.

- 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, but they did not disseminate ratings to parents or the public.
- Nine of the 12 formerly received PoP funds, and eight currently have CSP 1 funds, which provide significant funding for provider support and financial incentives for program quality improvement.
- One of the 12 systems (San Mateo County's PFA) is included in the categorization because it had a PoP program with the necessary elements to qualify as a QRIS until the program was suspended due to lack of funding in 2009. Riverside is included because, in 2012, it was planning a system with the necessary elements to qualify as a QRIS, even though some elements of the system were not to be launched until January 2013.

In summary, based on the study team's definitions, 14 counties (including Los Angeles, which has two systems: LA STEP and LAUP) can be categorized as having pre-existing QRISs. The systems differ in how they use program quality ratings and in the level of resources and funding streams available to support program improvement. In addition, the initiatives differ in purpose, in terms of the extent to which county stakeholders view the initiatives as QRISs, and in the scope of the initiatives. For example, only San Francisco PFA, which has city general revenue to support universal preschool, currently aims and is able to operate city- and county-wide. Given the extent of the variation in the systems, it is not possible to rank them based solely on the number of QRIS elements they exhibit.

Prior to the launching of the RTT-ELC local systems, at least **26 additional counties** had the three typical features associated with **a QIS**—standards, program quality assessments, and provider support. 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 offering some provider support to meet those standards. Many rural counties entering CSP 2 noted that they would not be able to move many facilities to CSP 2 standards without the additional anticipated First 5 California investment (CSP 3), which possibly would have resources more similar to those in CSP 1 and might make possible more substantial provider support and financial incentives. The remaining two QIS counties were Fresno and Santa Barbara. Fresno piloted some elements of a QRIS in 2012. Santa Barbara operated a QIS that included incentives, development of program improvement plans, on-site coaching, and program quality assessments for 12 years, and currently operates an Accreditation Facilitation Program.

### Impact of State QI Program Budget Reduction on Local QRIS/QIS Development

A key factor affecting whether counties are able to implement the typical elements of a QRIS—or, indeed, a QIS—is their capacity to obtain state and federal grants for the operation of publicly supported programs required to meet quality standards, and their ability to participate in state- or First 5 California-supported initiatives intended to improve program quality. In other words, a stable revenue source is crucial to the development (and sustainability) of local quality improvement systems (and even to the development of more limited or less systemic quality improvement activities).

As indicated in the discussion of exhibit 3.3 above, all but one county has a State Preschool and/or Head Start program, and many counties build upon these programs to enhance the quality of these programs targeted to a disadvantaged population. When the funding for these state- and federally funded programs is reduced, as it has been in recent years, the capacity of the counties to conduct quality improvement activities, much less develop or sustain a QRIS or QIS, is reduced.[9] For example, in Del Norte County, State Preschool was reduced by 30 percent, and in Calaveras County, the assignment of parent fees for State Preschool made the program beyond the reach of the low-income population that the program had previously served in the county. Several counties, such as Glenn and Madera, specifically cited State Preschool closures as a major challenge to QRIS development. As a county ECE leader in Humboldt County stated, due to budget cuts in core programs such as State Preschool, the county has been in crisis-survival mode and has not been in a position to focus on quality improvements. Similarly, leaders in Inyo County said that budget reductions in ECE programs over the last few years have brought quality improvement activities to a halt.

Many counties that lacked sufficient local funds or were unable to meet the requirements for PoP or CSP 1 have been able to participate in the First 5 Child Signature Program 2 (CSP 2), the funds from which help support program quality assessment and technical assistance to improve quality in participating facilities. However, CSP 2 does not finance direct services for children, and counties participating in CSP 2 indicate that they would need resources that could be used for financial incentives similar to those provided in CSP 1 in order to raise facilities to the CSP standards.

While all but three counties participate in AB 212, and all but 22 (62 percent) in CARES Plus, participation in these workforce initiatives is challenging in many rural counties. For example, Amador County decided not to participate in the second year of their CARES Plus grant because the county no longer had sufficient funding to supply the local match. In Butte County, the reduction in AB 212 funding and the restructuring of CARES requirements has severely limited access to the training and stipends associated with these programs.

Finally, during our telephone interviews, many counties mentioned the central role of Local Planning Councils and Child Care Resource and Referral agencies in supporting the planning needed for the establishment of a local QRIS or QIS. For example, several counties, such as Monterey, mention the 50 percent reduction in Local Planning Council staffing and hence their reduced capacity to focus on systemic quality improvements.

### Local Revenue Sources for QRISs

Local revenue sources for pre-existing QRISs vary depending on whether the pre-existing system focuses on developing publicly supported preschool for all children, especially disadvantaged children, or whether it focuses on improving the quality of child care for all children, including infants and toddlers as well as preschool-age children.

[9] State-funded quality improvement initiatives include those funded by the California Department of Education, Child Development Division and those funded by First 5 California.

Paralleling the launch of the First 5 PoP—and preceding if not anticipating the failed effort to enact a state ballot initiative to support universal preschool—was the development of several local preschool-for-all initiatives, including Los Angeles Universal Preschool (LAUP), San Diego's Preschool for All (now called the Quality Preschool Initiative [QPI]), and San Francisco's Preschool for All (PFA).

Like PoP, these local initiatives were designed to promote access to quality preschool for all children, but especially those living in disadvantaged neighborhoods, and many of the programs were supported at least in part by PoP funds.

However, in the better resourced local systems, such as LAUP and San Francisco's PFA, PoP programs/providers represented a small proportion of the total participants, with many centers and family child care homes outside the PoP-identified catchment areas included in the local system. In San Francisco, the bulk of the funding for PFA comes from the city of San Francisco. In LAUP, the local First 5 commission provided funding for the services established outside the PoP catchment areas. In Yolo County's Universal Preschool for West Sacramento (UP4WS), most of the local funding came from the city of West Sacramento.

Another pre-existing QRIS that may be said to have grown out of the PFA movement is Contra Costa's Preschool Makes a Difference (PMD), which received $6 million from the Long Foundation as well as support from First 5 Contra Costa.

Other types of local QRIS that focus on improving the quality of child care for children across age groups, without targeting disadvantaged neighborhoods, have not had access to the level of state and federal funding available to QRISs and QISs targeted to disadvantaged children. For example, the High 5 for Quality initiative in El Dorado County was suspended in 2011 due to lack of funding, and LA STEP also faced a one-year hiatus in 2011.

## *Characteristics of Counties without QRISs or QISs*

Finally, in describing the continuum of quality improvement activities and systems across counties in California, it seems important to identify the common characteristics of counties without QRISs and QISs. Of the 18 counties that we found not to have a QRIS or QIS, more than half (11) were classified by the U.S. Census Bureau as rural, including Colusa, Del Norte, Humboldt, Lake, Lassen, Mendocino, Modoc, Plumas, Sierra, Siskiyou, and Trinity.

Many of the rural counties attributed their lack of a systemic approach to their difficulty providing the local match for many state QI programs, such as the First 5 initiatives such as PoP, CSP, or CARES Plus. While some mentioned that they formerly participated in CARES, they are no longer able to do so because CARES Plus requires a local match. Indeed, of the 10 rural counties that do have QISs, several (Alpine, Inyo, and Mono) have managed to participate in CSP 2 only by teaming up with other counties to submit a joint application. Stakeholders in Plumas County noted that First 5 California used to provide a minimum allocation to rural counties but that allocations are now based on birth rates, thereby reducing the funds they have to offer a local match.

In addition to having difficulty meeting local match requirements, rural counties indicate that they are having trouble meeting the provider education standards in programs such as CSP. A majority of the providers in these rural counties are family child care homes. FCC providers not only tend to have less education than center-based staff, they also may have more difficulty accessing education to obtain AA or BA degrees. Two counties (Amador and Modoc) mentioned that there is no higher education institution in their counties, and Amador added that there was no access to broadband. Some rural counties mentioned that there is a lack of access to CPIN and similar trainings because of the low number of providers that can attend. Several mentioned that they were disappointed when First 5 California ended its School Readiness Initiative, because some of the components of that program—such as home visiting, parent education and family child care—better suited their counties than initiatives focused on improving the quality of center- or school-based programs.

### *Summary*

Prior to the implementation of local QRISs in conjunction with the federal RTT-ELC grant, 14 counties had QRISs, an additional 26 counties had QISs, and all counties had at least some of the QI building blocks that characterize a QIS. The 14 counties with QRISs varied in terms of the purpose of the initiative, with all but three growing out of the PFA movement. The size and scope of the systems also varied, as did the resources available to support the systems. Of the 26 counties with QISs, many were just beginning to implement CSP 2, but the counties' commitment to participate in the program suggested the intentionality indicative of an emerging system. Of the 18 remaining counties, 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.

## RTT-ELC: The Changing Landscape of QRIS in California

### *Overview*

In January 2013, as part of the state's Race to the Top–Early Learning Challenge Grant, 16 counties began implementing local quality rating and improvement systems based on their RTT-ELC action plans and a Quality Continuum Framework developed by the Consortia members. Consortia members include 10 of the 14 counties (and 11 of the 15 county-based entities) AIR and RAND identified above as having pre-existing QRISs. Based on the AIR/RAND analysis, most of the remaining five Consortia counties had some form of pre-existing QIS.

**Exhibit 3.5. RTT-ELC Regional Leadership Consortia: Pre-existing QRISs/QISs and RTT-ELC Grant Funds**

| County | RTT-ELC Lead Agency | Pre-existing QRIS | Pre-existing QIS | Total Grant for 3 Years |
|---|---|---|---|---|
| Alameda | First 5 Alameda | | | $2,332,000 |
| Contra Costa | First 5 Contra Costa | | | $1,494,800 |
| El Dorado | First 5 El Dorado | ✓ | | $689,800 |
| Fresno | Fresno County Office of Education | | ✓ | $2,042,200 |
| Los Angeles | Los Angeles Steps to Excellence (LA STEP) | ✓ | | $5,149,500 |
| | Los Angeles Universal Preschool (LAUP) | ✓ | | $5,149,500 |
| Merced | Merced County Office of Education and First 5 Merced | ✓ | | $915,200 |
| Orange | Orange County Department of Education | | ✓ | $4,392,800 |
| Sacramento | Sacramento County Office of Education | | ✓ | $2,299,800 |
| San Diego | First 5 San Diego | ✓ | | $4,231,800 |
| San Francisco | First 5 San Francisco | ✓ | | $1,269,400 |
| San Joaquin | First 5 San Joaquin | ✓ | | $1,688,000 |
| Santa Barbara | First 5 Santa Barbara County | | ✓ | $1,108,400 |
| Santa Clara | FIRST 5 Santa Clara County | ✓ | | $2,718,400 |
| Santa Cruz | First 5 Santa Cruz County | | ✓ | $883,000 |
| Ventura | First 5 Ventura County | ✓ | | $1,784,600 |
| Yolo | First 5 Yolo | ✓ | | $850,800 |

In the sections that follow on the emerging landscape of QRISs in California, we discuss:

- similarities and differences in the purpose and vision of the pre-existing and new systems in the RTT-ELC counties;
- how the RTT-ELC QRIS framework (structure, standards, program quality assessment, ratings, and financial incentives) differs from the pre-existing systems in the RTT-ELC counties;
- the scope and implementation status of the various RTT-ELC QRIS plans and how counties are building the RTT-ELC QRIS on pre-existing systems;
- county challenges and approaches to sustainability of the local RTT-ELC QRISs.

While we discuss and provide some examples of major differences between the RTT-ELC QRISs and pre-existing systems in terms of structure, standards and quality assessment, and rating practices in this chapter, we focus more on other quality improvement and professional development practices in chapter 7, and on family engagement in the selection of early learning and care in chapter 8. In addition, chapter 4 provides a more in-depth comparison of the standards in the pre-existing systems and the standards in the new RTT-ELC systems. Finally,

while this half of the chapter focuses largely on the RTT-ELC Consortium counties, we also include a section on how the non-RTT-ELC counties view the emerging RTT-ELC QRISs and their prospects for establishing a local QRIS.

## *Purpose and Vision*

The purpose of the RTT-ELC QRISs, as defined in Consortium Action Plans and site visit interviews, is to strengthen the quality of early learning programs and increasing access to them, especially for children with high needs.

- This RTT-ELC QRIS mission is similar to that of the pre-existing systems that grew out of California's Preschool for All movement, such as the Los Angeles Universal Preschool Program, San Francisco's Preschool for All, and the First 5 Power of Preschool/Child Signature Program 1 initiatives, all of which focused on zip codes with large populations of children from low-income families and low API school neighborhoods.
- However, the RTT-ELC QRIS system design also incorporates many of the additional goals and strategies associated with systems that have a more universal focus:
    - RTT-ELC QRIS aims to improve the quality of all programs and providers, as opposed to those primarily serving children from low-income neighborhoods. In this respect, RTT-ELC QRIS resembles three pre-existing systems with a more universal focus, namely LA STEP, El Dorado's High 5 for Quality, and Nevada's Quality Child Care Project.
    - One of the primary RTT-ELC QRIS incentives for quality improvement is educating parents to be invested in quality. In this respect, RTT-ELC QRIS resembles LA STEP, which views its purpose as providing clear information to parents so that they can make informed choices regarding child care
    - RTT-ELC QRIS expands the target age group to include programs and providers serving children age birth to five, not just those serving preschool-age children, and in this way it is similar to LA STEP, El Dorado County's High 5 for Quality, Nevada County's Quality Child Care Project, PoP Bridge, and CSP 1.
    - Although broader in scope, being in good standing with California licensing requirements is an entry level requirement of the RTT-ELC QRIS, thus limiting the inclusion of license-exempt providers.

In summary, the purpose of the RTT-ELC QRIS resembles California's pre-existing PoP/CSP 1 and local PFA programs in terms of its focus on promoting school readiness for disadvantaged children, but it is more similar to the non-PFA-related systems, such as LA STEP, because it is directed at a larger age group and intended to include a broader range of providers.

## *RTT-ELC QRIS Structure, Elements, Assessment, Ratings, and Financial Incentives*

Based on site visits and a review of Consortium Action Plans, there are several key differences between the frameworks of the pre-existing QRISs and the new RTT-ELC QRIS, as described in the Quality Continuum Framework Hybrid Matrix with Three Common Tiers and the Quality Improvement and Professional Development Pathways. In this chapter we highlight major differences affecting the changing landscape of QRIS in California are outlined below; see Chapter 4 for more detail.

**Structure**

- Whereas half (8) of the pre-existing systems have three tiers or levels of quality, the RTT-ELC QRIS has five tiers.
- While two thirds (10) of the pre-existing QRISs use a block structure in which a program/provider must meet all of the criteria for a tier before it can advance to the next level, the RTT-ELC QRIS Hybrid Matrix employs a combination block and points approach. Specifically, for Tier 1 of the RTT-ELC QRIS, a program/provider must meet all of the criteria in the block, which involves being in good standing with state licensing standards. For Tier 2, counties can decide if they prefer a block or point system. The remaining three tiers are based on the point system, with a minimum to maximum point value.

**Standards**

- The RTT-ELC QRIS structure includes more domains than most of the pre-existing systems. RTT-ELC QRIS has seven domains: Child Observation, Developmental and Health Screenings, Minimum Qualifications for Lead Teacher/Family Child Care Home, Effective Teacher-Child Interactions—CLASS assessments, Ratios and Group Size, Program Environment Rating Scale(s), and Director Qualifications (centers only).
- One of the biggest differences is the addition of Director Qualifications for center-based programs.
- RTT-ELC QRIS differs from most pre-existing systems in requiring 21 hours of professional development per provider per year.

**Assessments**

- While the emphasis in the pre-existing systems has been on the use of the Environment Rating Scale(s), the RTT-ELC QRIS adds independent CLASS assessments by reliable observers to the criteria for Tiers 3 and above. While many providers participating in PoP/CSP and other pre-existing initiatives such as CARES Plus have already received CLASS assessments, most of the pre-existing systems have not required it.
- The approach to conducting assessments is also different. Whereas most (14) of the pre-existing QRISs assess every classroom, and many (10) have assessed every teacher, the RTT-ELC QRIS will assess a random sample of classrooms, with the score applied to the program as a whole, not individual classrooms.

- While the extent to which independent (as opposed to self- or peer assessments) take place varies greatly across the pre-existing systems, the RTT-ELC QRIS system requires independent ERS assessments and independent CLASS assessments by a reliable observer for Point values 3 and above.

**Ratings**

- The central, most frequently mentioned difference between pre-existing systems and the RTT-ELC QRIS is the public dissemination of ratings. While all of the pre-existing PoP/CSP 1 systems have, to some degree, used internal ratings based on teacher education qualifications and ERS scores as a basis for determining financial incentives, and at least one has made ratings available on request, none of the PoP/CSP 1 systems have publicized ratings to date.
- In some of the pre-existing non-PoP/CSP systems that were designed to publicize ratings, actual public dissemination has been limited. El Dorado's High 5 for Quality established ratings but had to discontinue publishing them when their funding was suspended in 2011. Specific ratings from Nevada County's Star Program are primarily posted by the providers themselves; the Nevada County R&R distributes general information about the Star ratings but not the specific program ratings.

**Financial Incentives**

- All of the pre-existing systems that evolved from the PFA movement have in some way linked attainment of quality standards to financial incentives, such as tiered reimbursement. In contrast, under RTT-ELC QRIS, programs/providers receive technical assistance and recognition for participation, but financial incentives for quality improvement in the Quality Improvement and Professional Development Pathways will be determined locally.

## *Implementation Scope and Phase-in*

As they move to implement the new RTT-ELC QRIS system, all of the participating counties, based on our review of Consortium Action Plans and our site visits, are building on their pre-existing QRISs and QISs to implement the new RTT-ELC QRIS. All but one county (Los Angeles) are building on their pre-existing provider base before attempting major expansion. The counties that have a pre-existing infrastructure for conducting program quality assessments and related technical assistance are rolling out the RTT-ELC QRIS differently than those counties which are just beginning to develop local capacity to conduct reliable ERS and CLASS assessments.

**Building on and Expanding the Provider Base**

Most of the counties with pre-existing QRISs and QISs are beginning by overlaying RTT-ELC QRIS requirements on providers participating in their pre-existing systems and then gradually expanding to a larger number and broader range of sites. As indicated in exhibit 3.6, below, county RTT-ELC QRIS plans also vary in the percentage of providers countywide they expect to include in the RTT-ELC QRIS by the end of the three-year RTT-ELC ELC grant period, with the

majority of counties focusing on specific regions within the county serving children with high needs.

**Exhibit 3.6. Pre-existing and Post- RTT-ELC System Scope**

| County | Pre-existing System Scope | RTT-ELC QRIS Phase-In/Expansion Plan |
|---|---|---|
| Alameda | Quality Counts, a site-based mentoring program, has 20–22 providers. | First 5 Alameda will build upon Quality Counts, and projects that 61 providers (including centers and family child care homes), or 2.8 percent of all licensed providers in the county, will participate in the RTT-ELC QRIS by 2015. |
| Contra Costa | The Preschool Makes a Difference (PMD) scholarship program has 65 centers and family child care homes. | First 5 Contra Costa indicates that the RTT-ELC QRIS will begin with 21 pilot sites, including its current PMD and some additional State Preschools and Head Start programs whose staff participate in AB 212 training. The plan is to expand the RTT-ELC QRIS system to 90 sites by the end of 2015. |
| El Dorado | High 5 for Quality had, at its peak in 2010–11, 34 participating programs, including 18 centers and 16 family child care homes. | The county will reinstate the High 5 for Quality system and the goal is to have 30 of providers participating by the end of 2013, and 100 by the end of 2015. |
| Fresno | The Fresno County Office of Education had two pre-existing QRIS pilots—one with three centers that was launched in 2009, and an Early Stars pilot that began in 2012 and, as of the study team's site visit to the county in early 2013, had eight centers and two family child care homes participating. | Fresno's goal is to have all providers participate in Early Stars at full implementation. There are more than 700 family child care homes and almost as many centers in Fresno County. |
| Los Angeles-LA STEP | LA STEP has 500 programs in its database but many providers have gone out of business. | The goal is to recruit 175 additional programs not currently participating in either LA STEP or LAUP to participate in the new RTT-ELC QRIS system. Given the thousands of providers in Los Angeles County, LA STEP does not think that finding these "new" providers will pose a significant challenge. Even with the new system, stakeholders anticipate that fewer than 5% of all providers in the county will participate in a QRIS effort. |
| Los Angeles-LAUP | In fall 2012, LAUP had 225 center-based providers and 83 family child care homes participating. | The goal is to expand to serve infants and toddlers as well as 4-year-old children, and to find 150 new providers, including 93 Head Start sites, to participate in the RTT-ELC QRIS. |
| Merced | Merced's First 5 PoP/CSP 1 program has included about 40 center-based programs, and its Early Quality Improvement Project (EQuIP), which is coordinated by the local Resource and Referral agency, involves 15 family child care providers. | Merced's goal is to build on CSP 1 and EQuIP to include 43 sites by the end of the second year of the RTT-ELC grant, and 58 sites over the total grant cycle. Merced will focus particularly on recruiting more family child care providers to participate in the RTT-ELC QRIS. |
| Orange | The Orange County Quality Improvement System has 68 providers participating, and an additional 60 were participating in CSP 2 as of early 2013. | The county expects approximately 150 providers (at least 22 new providers in addition to those already in the prior systems) to participate over the three-year life cycle of the grant. The RTT-ELC system started out with a pilot group of 48 providers and will add approximately 50 more each year. The system is county-wide, and about 10% of the total catchment of licensed centers and family child care homes, both private and public, is expected to participate, as well as 20% of the state- and federally funded programs. |
| Sacramento | 100 sites—mostly private centers and family child care homes—participate in the county's Preschool Bridging Model (PBM), and another 34 elementary school-based programs participate in the CSP 2 program. | The county plans to have 120 sites participating in its RTT-ELC QRIS by the end of 2013 and 160 sites by the end of 2015. Approximately half of the sites will be private early care and education programs and the other half publicly funded. |
| San Diego | 169 sites were participating in the First 5 San Diego Quality Preschool Initiative (QPI) county-wide in 2012–2013. | The RTT-ELC plan is to include 150 sites in east and central San Diego County, areas of the county that have been underrepresented in QPI. Over three years, according to the site visit interviews, the new system will serve or impact an additional 4,400 children. |

| County | Pre-existing System Scope | RTT-ELC QRIS Phase-In/Expansion Plan |
|---|---|---|
| San Francisco | Of the 300 center-based programs in San Francisco, 120 participate in Preschool for All (PFA). About 80% of the PFA sites are also in CSP 1. | In San Francisco, the initial goal is to have 25% of the city and county's PFA programs participating in the RTT-ELC QRIS. By 2014–15, the county plans to expand the system to include other publicly funded programs, such as those serving families utilizing CalWORKS vouchers. |
| San Joaquin | The county's CSP 1 includes 36 classrooms and one family child care home; many of these previously participated in the county's First 5-supported School Readiness Initiative and most of which are Title 5 or other publicly contracted programs. | The initial RTT-ELC cohort includes 15 sites that have been participating in CSP 1. Over the following two years, the county will expand the RTT-ELC QRIS to include more nonschool-system-based sites and private centers and family child care homes that are currently receiving vouchers but are not required to meet quality standards. The county's initial goal is to recruit 30 centers and 20 family child care homes in targeted low-income neighborhoods. |
| Santa Barbara | The county has three relevant pre-existing QI initiatives: the Quality Counts Network (QCN), involving 80 centers and 31 family child care homes; the STEPS to Quality Program, a more intensive QI effort that involves seven centers and 16 family child care homes; and the Accreditation Facilitation Program (AFP), the sole goal of which is to help center and family child care homes achieve NAEYC and NAFCC accreditation. Currently, AFP includes 15 centers and nine family child care homes seeking accreditation, with 37 centers and six family child care homes already accredited. | The RTT-ELC QRIS is building on and will serve as an "umbrella" for the three pre-existing QI initiatives. Santa Barbara estimates that of the 150 center-based programs in the county, approximately 40 will participate in the RTT-ELC QRIS in the first year, as well as about 15 of the 470 family child care homes. The phase-in plan is essentially to focus on STEPS/AFP participants in the first phase, family child care homes in targeted geographic areas of need in the second phase, additional providers serving high-needs children outside those targeted neighborhoods in the third phase, and ultimately, if resources permit, all providers in the county at large. |
| Santa Cruz | In Santa Cruz, in conjunction with CSP 2, the county Is assessing 19 sites to see if they meet CSP requirements and would be eligible for future CSP 3 funding. Quality improvement efforts have focused primarily on providers with state contracts. | The RTT-ELC QRIS is starting with 43 sites, 19 of which are CSP 2 sites. Through 2015, the county expects the number of RTT-ELC sites to grow from 43 to 60. If the county can obtain sufficient independent assessors, the goal is to expand to include federally contracted programs and private providers. |
| Santa Clara | The pre-existing CSP 1 included 38 centers and family child care homes. Other key pre-existing QI activities include the CARES professional development system, which started 10–11 years ago with CARES, followed by CARES 2.0 and CARES Plus. | CSP 1 will serve as the foundation for the RTT-ELC QRIS. The RTT-ELC QRIS will begin with these programs and expand to more sites during the second phase of the program. First 5 Santa Clara will integrate CARES Plus into the system as well. Participation in the RTT-ELC QRIS will be consistent with the highest need areas located in six zip codes that were targeted with CSP 1. |
| Ventura | The county's planning for the PoP program (now CSP 1) began in 2004, and the system was launched in 2006 in the catchment area of the Hueneme School District. | The county is building the RTT-ELC QRIS on the platform established by Preschool for All in the form of the PoP (now CSP 1). The RTT-ELC QRIS was initially piloted at specific CSP 1 sites in the school district of Hueneme. The Ventura County Office of Education is attempting to integrate local and state First 5 CARES Plus and CSP 1 and 2 funding into a seamless program. Fifteen centers participated in the 2011–12 QRIS pilot, and, as of fall 2012, there were 43 centers participating in the QRIS. The county hopes to bring on 12 more sites in 2013, including family child care homes and private providers. When fully implemented, the goal is to have at least 79 sites participating. |
| Yolo | 32 classrooms participated in UP4WS, a PoP/CSP 1 system serving preschool children in West Sacramento. UP4WS includes 23 center-based programs, six centers not located on school district properties or in Head Start classrooms, and nine family child care homes. | The county's goal is to have 24 sites and 28 classrooms on board with RTT-ELC in the first year, and 54 sites (involving about 25 percent of all licensed facilities) participating by 2015. |

As indicated above in the section of this chapter that details pre-existing systems, Los Angeles County is unique in having two-pre-existing QRISs—LAUP and LA STEP—and they plan to continue using these parallel systems for the first year of the RTT-ELC grant and to attempt to combine the systems by the end of the grant. LAUP and LA STEP are also unusual among the RTT-ELC QRIS counties in that they plan to recruit many new participating providers from the outset before including their existing providers, rather than build on their base of existing providers.

Family child care will be a particular focus in several counties:

- In San Francisco City and County, the major change in scope under RTT-ELC (compared with the pre-existing system) will be the increased participation of family child care homes. While more than one third of the 300 centers in San Francisco participate in PFA, only 16 of the 250 licensed family child care homes participate. Under RTT-ELC, San Francisco plans to reach out to 210 family child care homes already participating in a locally initiated Quality Network to join the new system.
- In San Joaquin, RTT-ELC plans to recruit at least 20 family child care homes. Expansion to include family child care is considered particularly important because two thirds of the licensed providers in San Joaquin County are currently family child care homes.
- In Santa Barbara, the county will expand RTT-ELC eligibility in late 2013 to those family child care homes located in "THRIVE Communities"—specific geographic communities identified according to need where concentrated services are being provided by First 5 and its partners in a "place-based" approach.

**Building on and Establishing an Infrastructure for Program Quality Assessment**

One of the major differences between the RTT-ELC QRIS and pre-existing systems is the emphasis on conducting independent ERS and CLASS assessments. The anticipated inclusion of assessments in rating determinations heightens the need for sufficient numbers of highly trained assessors. In the section that follows, we provide a detailed description of some of the key challenges emerging in the RTT-ELC QRIS counties as they attempt to expand or establish the infrastructure for providing valid and reliable assessments. While counties with previous experience in using assessments to determine financial incentives may seem to be at an advantage, they are also more aware of the challenges involved in expanding the number of programs/providers to be assessed.

***Obtaining Assessors***

During the study team's site visits to RTT-ELC QRIS counties, several counties mentioned that the first step is simply to find or hire enough assessors who are independent from the programs they are asked to assess.

- In Santa Cruz, the Early Learning System Specialist was only recently hired with CSP 2 funds to conduct CLASS trainings and the county is working on an RFQ to hire independent assessors. According to First 5 Santa Cruz, it is difficult to find adequate numbers of independent assessors, and the big question is how to afford independent assessors or to share assessors with other counties.

- Alameda has a pool of reliable Teachstone-certified CLASS assessors who are mostly used for conducting assessments of AB 212 participants. However, the county is trying to find reliable anchors for ERS in order to determine what type of training newly hired assessors would need before administering the ERS.
- In Fresno County, where the county had previously hired an assessor from another county to do all of the assessments for its QRIS pilots, one independent assessor was to come on board in April 2013. However, the county will need more assessors and is exploring ways to accomplish this goal through partnerships with other counties.
- In Santa Clara County, more assessors are needed, despite the fact that all of the CSP 1 programs have already been assessed with the ECERS and CLASS. The county has determined how many additional ECERS raters they have in their county based at the Local Child Care Planning Council, how many are on staff at WestEd, and how many might be available through the Santa Clara Office of Education. The CLASS involves an entirely different process and they are hoping that the Bay Area counties can collaborate to develop a pool of assessors that might reduce costs and promote assessor retention, as these jobs would be full time.
- The Bay Area Collaborative (Alameda, Santa Clara, Santa Cruz, San Mateo, San Francisco, and possibly Sonoma and Solano) will support some efficiencies and economies of scale. In San Francisco, WestEd currently conducts all of the assessments for that county's PFA and CSP programs, but they are participating in a Bay Area Consortium to develop a common pool of assessors for RTT-ELC.
- At the time of our site visit, Santa Barbara County had not finalized its RTT-ELC plan for conducting program quality assessments but was discussing the possibility of sharing a team of assessors with neighboring Ventura County.

***Ensuring Reliability of Assessors***

- During the study team's site visit in Merced County, every interviewee stressed the importance of the assessors' training and proven reliability. Having assessors who are trained and deemed reliable helps to establish trust among providers.
- In Los Angeles, the Quality Review Anchors employed by LAUP are certified annually in CLASS by Teachstone and undergo annual ERS reliability checks by Thelma Harms, the ERS author. Anchors perform reliability checks for every 10$^{th}$ review. They alternate between ECERS and CLASS annually. LA STEP subcontracts to the UCLA Center for Improving Child Care Quality for training, where assessors are trained to have inter-rater reliability.
- In San Diego County, where ERS assessments have been conducted for some years in conjunction with PoP/CSP 1 and the local Quality Prekindergarten Initiative, assessors must pass a reliability test and the anchor must go to North Carolina to demonstrate reliability every year. These assessors are concerned that, in other RTT-ELC counties, people who have not been calibrated with reliable anchors may be sent to conduct assessments.
- Santa Clara stakeholders mentioned the importance of making sure that assessors have support from an anchor, which can help to ensure inter-rater reliability. They are working

with the Bay Area Consortium to create a regional protocol for inter-rater reliability for ECERS assessments in RTT-ELC. The lead third party assessor in San Francisco suggested that there should be a pool of anchors across each region, but not necessarily in every county.

- During a study team site visit to Ventura County, stakeholders emphasized that training to ensure reliability in assessments is not a one-time project but an ongoing commitment.
- The First 5 San Francisco lead third party assessor explained that that county's assessors participate in an annual certification online for CLASS, and that ERS anchors are sent to the University of North Carolina annually to establish reliability.

***Establishing Trust with Providers***

While most counties concurred with the RTT-ELC QRIS emphasis on training assessors to be reliable, they also stressed the importance of finding assessors with the right demeanor and of allowing ECE providers time to understand the assessment process.

- First 5 San Francisco staff and their third party assessment contractor emphasized that the county has learned many important lessons from San Francisco's experience in conducting ERS assessments associated with the county's PFA and PoP/CSP programs over the last seven years.
    - The primary lesson is that it is important to use a positive approach because providers take the results of the assessments personally. Unless there is a system in place to explain the purpose of the assessments to the providers, a "them versus us" mentality quickly develops, which creates a backlash against the whole idea of assessments.
    - Even the word "assessor" conjures up an image of an examination. "Observer" is the softer term preferred by the agency administering the county's PFA system.
    - Having bilingual "assessors" or "observers" has made a big difference in San Francisco, according to the third party assessment director for the county. Beyond that, one of the most important qualifications is a personality with the capacity to approach providers in a warm, non-judgmental manner.
- Similarly, multiple counties expressed the need to allow ECE providers time to understand the assessment process and to factor in time for improvement before publicizing the results.
    - During the Santa Clara site visit, interviewees noted that it is important to educate providers on the purpose and importance of the assessments. Under the new RTT-ELC QRIS, even the lowest tier of the RTT-ELC QRIS requires familiarity with the ERS.
    - During the Merced County site visit, there was consistent feedback that teachers and directors need sufficient time to implement changes. In some cases, changing staffing can take over a year because of union contracts and a lack of appropriately qualified candidates.
    - First 5 San Francisco staff and the third party assessment team expressed concern that the emerging RTT-ELC QRIS plan calls for both the ERS and CLASS to be

administered at participating programs/providers in the first year. According to First 5 San Francisco staff, this does not allow early educators time to become familiar with the assessment tools and does not give the technical assistance staff adequate time to help the provider understand and do its best on the assessment measures.

### *Separating Assessment from Coaching*

Many RTT-ELC QRIS counties stress the importance of distinguishing staff who conduct program quality assessments from those who coach programs on quality improvement. At the same time, some counties suggest that combining the roles may be expedient, reduce the cost of assessments, and ensure that the assessors understand the local context.

- During our study team's site visit to Merced County, the third party assessor, the technical assistance provider, and providers themselves all stressed the importance of separating the roles of assessor, coach, and supervisor. That said, the current assessors are also TA providers. Because assessors do not assess the sites they provide TA to, they believe that there is sufficient separation between TA activities and assessment. In San Diego County, the county contracts for third party assessments but has in-house staff employed by the San Diego County Office of Education to conduct the coaching.
- In Sacramento County, however, ECE Specialists hired to conduct assessments of the county's pre-existing Preschool Bridging Model providers also appear to serve in the role of coach. After the initial CLASS or ECE assessment, the ECE Specialist and the provider meet to determine the action plan and goals, including the identification of the areas of teaching practice that providers wish to improve. Similarly, Orange County stakeholders believe that the best results are seen when the assessor/coach can actually be in the classroom with the teacher (as opposed to conducting an assessment and handing it over to the director).

### *Providing Timely Feedback*

During the study team's interviews with counties and subsequent site visits, multiple counties stressed the importance of providing feedback to program directors and teachers in a timely manner.

- In Contra Costa County, a program director said the teachers in her center were excited about the CLASS, but were disappointed by the length of time that passed between sending videotapes for review and the receipt of the assessment results. As expressed during the study team's visit to Ventura County, the data collection and analysis often takes a long time. By the time providers get their final scores, they often feel they are no longer helpful. Providers indicated that they would like to have access to local assessment data (even raw data) in a timely manner.
- In San Diego County, First 5 San Diego and the County Office of Education have experimented with several different approaches to conducting independent assessments of program quality in conjunction with their PFA/QPI and PoP/CSP 1 initiatives. Initially, SDCOE hired individual subcontractors to conduct the assessments; now SDCOE has chosen the YMCA (the San Diego R&R agency) to conduct them. The YMCA employs fulltime staff, which allows the assignment of a clear caseload per

assessor/coach and therefore facilitates a smoother flow of the reviews, reducing the time it takes between the conduct of the classroom observations and the delivery of the reviews to the teachers from between three and four months to six weeks.

### *Determining the Frequency of Assessments and the Selection Method*

Based on the study team's site visit interviews and review of RTT-ELC Consortium County plans, there is variation on views about the appropriate frequency of assessments. However, counties all seemed to feel that there should be enough time between assessments to allow for quality improvement before ratings are made public.

- In San Francisco, the third party assessment director recommends a baseline assessment for all participating providers, with a follow-up the next year for lower rated programs, and then a 2-year cycle if their score has not declined. According to this director, observations should not be conducted more than once per year.
- In the San Joaquin County RTT-ELC Consortium Action Plan, the county proposed conducting program quality assessments in the first 24 months, following up within the next 18 months. Like the third party assessment director in San Francisco, San Joaquin County stakeholders suggested that no provider should be assessed more than once in a 12-month period.
- In San Diego, under the Quality Preschool Initiative, the county assesses every class session annually, with ECERS and CLASS assessments conducted in alternate years. QPI administrators expressed concern about the RTT-ELC Consortium's plan to administer both assessments in the same year, while only assessing one third of the classrooms in that site (which have been randomly selected) and conducting assessments once every two years. According to San Diego County stakeholders, the assessments provide key information for coaching individual teachers and for determining the level of teacher stipends and per-child reimbursements under QPI. While assessing a random sample of classrooms every two years may be sufficient for the purposes of program evaluation, stakeholders in San Diego County are concerned that changing the process would likely undermine the basis for quality improvement incentives.

### *Cost of the Assessments*

While most RTT-ELC QRIS counties expressed concern about the cost of the ERS and CLASS assessments, and about meeting the goal of expanding the assessments under RTT-ELC QRIS, perhaps the most striking finding is the wide range in the cost of the assessments.

- First 5 Santa Clara has not yet determined the anticipated cost of the assessments in their county, nor have they identified an anticipated budget. Based on information from the Bay Area Consortium, they know that current expenditures for ECERS range across the region from $250 to $2,400, with an average cost of $1,500. However, Santa Clara stakeholders think that the first step is to establish a per-unit cost for assessments. The county is also considering ways to minimize the costs, because, as one local leader put it, "we do not want to invest all of the resources in the RTT-ELC grant on assessments."
- Based on the study team's own interviews and site visits, expenditures for CLASS assessments range from $400 in Sacramento to $2,000 in San Francisco. Some of the

factors that influence the cost include how long the assessor is in the classroom, how long it takes to score the assessment, and whether the cost of preparing a report on the assessment is included.

- Some counties, such as Alameda, are particularly concerned about the cost of the anchoring process to ensure inter-rater reliability.

**Ratings: The Last Element to Implement**

Most RTT-ELC Consortium member counties expressed some reservations about the public dissemination of program ratings, and the majority of the Consortium Action Plans either are vague about the exact date when ratings will be publicized or do not promise to do so until the final year of the federal RTT-ELC grant.

Common concerns about the public dissemination of ratings expressed by providers, Resource and Referral agencies, and RTT-ELC QRIS administrators include the following:

- Fairness to providers and quality control
- Discouraging participation by private providers in the quality improvement parts of the QRIS system
- Bombarding high-quality programs with too many parents or leading to a lottery system and/or the closure of some programs that are actually needed

Even among counties such as El Dorado, which had pre-existing systems that publicized ratings, there is a sentiment that ratings are best used for internal purposes (such as developing program quality improvement and professional development plans), and for serving as a basis for financial incentives such as stipends and tiered reimbursement.

According to stakeholders in multiple counties, public dissemination of ratings will only be helpful if there is a concerted effort to educate parents about their meaning.

For a complete discussion of county views about the public dissemination of ratings, see chapter 8.

## *Challenges and Approaches to the Sustainability of Local QRISs*

Based on our site visits and discussions with county stakeholders in the RTT-ELC QRIS development, most of the RTT-ELC counties are concerned about the sustainability of the RTT-ELC QRISs after the federal Early Learning Challenge Grant expires in 2015. Most of the counties are phasing in the system gradually and are trying to invest in strategies that have a chance of continuing when the grant ends. While hopeful that some new funds will be found to support the system, they are cautious about expanding services too quickly or diverting funds from existing established practices to support the new RTT-ELC QRIS.

The following is a sampling of the RTT-ELC county views, expressing appreciation for the funds, as well as concerns about sustainability and some preliminary ideas about how to address these concerns.

### Appreciation for the RTT-ELC Grant

The state's receipt of the $52.6 million federal RTT-ELC grant[10] was a rare spot of good news in an otherwise challenging budget climate. In awarding the local RTT-ELC grants, the state made the decision to allocate $39 million of the funds to the counties for local activities. Local grants range from $689,800 in El Dorado County to $5,149,500 in Los Angeles County. After experiencing several years of budget reductions in state-funded programs related to early learning and care—such as Local Planning Councils, the Alternative Payment Program and CalWORKS subsidies, and state-contracted preschool and infant and toddler programs—stakeholders in multiple counties expressed appreciation for the RTT-ELC grant and the opportunity to participate in the roll-out of the new system. Common hopes for the RTT-ELC QRIS system include that it will add credibility to the early childhood profession, give incentives to providers to increase their education, help the community recognize the importance of early childhood, empower providers and teachers, and lead parents to expect quality.

### RTT-ELC in the Larger Budget Context and Preserving Other ECE Funding Streams

At the same time, based on their experience with the limited time span of other federal and state grants, as well with recent state reductions in early learning and care programs and the impact of the federal sequester on Head Start, counties are cautious in their approach to implementing the RTT-ELC QRIS.

Some of the counties that have invested the most resources in quality improvement, such as San Diego and San Francisco, pointed out that the RTT-ELC grant represents only a small portion of their expenditures for program quality assessment and technical assistance such as coaching, and that it provides no funds for financial incentives. Therefore, according to these counties, even the initial implementation, much less the sustainability, of the RTT-ELC QRIS in their county depends upon the funding for the pre-existing systems, such as San Diego's Quality Preschool Initiative (QPI), San Francisco's Preschool for All (PFA), and First 5's CSP. As a result, their primary concern is not just what will happen to RTT-ELC QRIS after the federal grant expires, but also what will happen to their core funding for their CSP 1 programs, as well as the largely locally funded preschool initiatives. Because of the state-level redirection of First 5 funds to fill other gaps in the state budget, as well as anticipated declines in tobacco tax revenue, First 5 funds are expected to decline by up to 20 percent for those core systems at approximately the same time as the RTT-ELC grant ends. As a result, San Diego County stakeholders expressed hopes for new federal or state funding to help replace some of the revenue they expect to lose from First 5 for QPI, as well as to sustain the RTT-ELC QRIS, which is expanding to include providers that have not previously participated in QPI.

Several counties also stressed the importance of preserving state funding for core workforce development activities. Sacramento County mentioned that, in conjunction with their RTT-ELC QRIS, they are now opening CPIN trainings to all providers, not just those that are Title 5 state-contracted programs. AB 212 is another major initiative in the area of workforce development

[10] In spring 2013, the state learned that it received an additional $22.4 million for the RTT-ELC grant. However, it must be noted that the original grant application was for $100 million, so the revised grant is still $25 million less than the amount initially requested.

and thus will be another building block for the RTT-ELC system. For example, in several counties, the RTT-ELC grant funding includes sites actively participating in AB 212 and/or CARES Plus professional development activities.

### Braiding, Blending, and Partnering

To avoid creating a system they cannot sustain, many RTT-ELC counties are hoping to use the RTT-ELC grant to build capacity that can be at least partially continued by existing local institutions when federal funding ends. In Fresno County, for example, the RTT-ELC QRIS leaders are working with seven community colleges to provide QI trainings that they hope will establish a foundation for the continuation of the trainings when the grant funding ends, if no new funds are found. Orange County, which received the third largest RTT-ELC grant, has hired a consulting firm to help them plan for the sustainability of the system, and they are creating a broad, countywide network to help build ongoing local support for the system. First 5 Santa Barbara is investing RTT-ELC grant dollars in fixed costs related to infrastructure development and programmatic linkages, so that these elements are firmly in place when the grant ends.

### Strategies for Expanding and Sustaining the Provider Base

Stakeholders in several CSP 1 counties said that the primary challenge will be determining how to implement program quality assessments and publicly disseminated ratings among an expanded group of providers that have not been part of PoP or CSP, especially without any new financial incentives or a mandate for participation. For this reason, stakeholders in San Diego and San Francisco suggested exploring a legislative change that would link payment levels for child care subsidy payments to levels of quality.

According to the San Joaquin County Consortium Action Plan, a key goal of the plan is to recruit private centers and family child care homes that have been receiving vouchers for subsidized care through the Alternative Payment Program or CalWORKS and to educate them on the benefits of quality improvement. According to our interview with county stakeholders, this county also appears interested in linking the level of voucher payments to the RTT-ELC QRIS tiers.

### Developing Director Capacity to Lead Program Improvements

Another approach to sustaining the quality improvements anticipated under the RTT-ELC grant is to focus technical assistance on early care and education program directors as agents of change. In First 5 San Diego and the San Diego County Office of Education, stakeholders in the RTT-ELC QRIS said that the prospects for sustaining program quality improvements lie in training program managers and directors and administrators to “own” the strategies, such as applying data to improve program quality and developing professional development plans and coaching based on program quality assessments. While QI activities have, in the past, focused on teachers, San Diego stakeholders believe the county may be able to reduce costs for coaching and technical assistance and promote more lasting change by focusing training on the directors. Such an approach may be more feasible, according to QPI administrators, than reducing the caseload for coaches, the approach favored by the technical assistance staff the study team interviewed.

Along the same lines, some stakeholders see promise in piloting an approach of embedding coaches in the larger programs themselves, and limiting the use of coaching conducted by the administering RTT-ELC QRIS agency or consultants to new teachers or those with identified needs.

### Aligning Resource and Referral Work with the QRIS

Several counties also expressed interest in finding new roles for R&Rs in the RTT-ELC QRIS. Potential roles include conducting program quality assessments, as the R&R agency does in San Diego County. Another role is to provide formal coaching or technical assistance in conjunction with the QRIS, as already occurs in many counties. Alameda First 5 is in preliminary conversations with the R&Rs in their county regarding the R&R role in the system to ask them how they can align their practices around the QRIS in that county.

### Reducing and Sharing the Cost of Program Quality Assessments

Although no county disputes the central role of program quality assessments in a QRIS, many counties are concerned about the cost of program quality assessments and are considering ways to sustain them. For example, Santa Clara stakeholders believe that, as the system expands, they may need to increase the time between assessments for sites with higher ratings, targeting more frequent assessments to the sites in greatest need of improvement.

Stakeholders in several counties, including Santa Barbara, Santa Clara, and San Diego, suggested that one option is to do fee-for-service assessments where providers pay for the assessments. Providers would be invited to participate in the system if they pay. As ratings are publicized, these county stakeholders believe interest in participating in the system, even at some cost to providers, will increase.

## *How the Non- RTT-ELC Counties View the Emerging RTT-ELC QRISs*

Based on the study team's interviews with local First 5 commissions, county offices of education, and other stakeholders in early learning and care in the 42 counties that are not participating in RTT-ELC ELC QRIS Consortium, many of these counties are watching the implementation of the local new RTT-ELC systems with interest.

Asked if they would be interested in participating in the RTT-ELC QRIS Consortium and/or implementing a local QRIS within the next five years, more than half said they would. For example, First 5 and LPC leaders in Sonoma County (which the study team identified as having a form of QRIS) expressed interest in participating in the RTT-ELC Consortia and indicated that they are watching the roll out of the system with interest. Riverside County is also monitoring the RTT-ELC QRIS activities with interest, although they have concurrently started their own QRIS modeled after the CAEL QIS-proposed system, which will not provide public dissemination of ratings. Other counties with medium to large populations that expressed interest include Kern, Monterey, Napa, San Bernardino, San Luis Obispo, San Mateo, and Solano, though many of these counties said they would only be interested in participating if there were adequate funding to support the undertaking.

### Rural County Interest in RTT-ELC QRIS

Many (7) of the 21 counties classified as rural by the U.S. Census Bureau expressed interest in implementing a local QRIS in conjunction with the RTT-ELC system; however, nearly all rural counties identified adequate funding as the primary condition for their participation. For example, Lake County stated that the county has a collaborative spirit and would be a great rural example of how to work together to accomplish a QRIS, if funding were available. Similarly, Placer County indicated that if planning, implementation, and financial incentives were adequately funded, they would be interested, but that they were not in a position to take on an unfunded or underfunded activity. Trinity County stakeholders said that there would need to be some financial incentive for providers to participate.

Another major issue expressed to the study team by First 5, COE, and other stakeholders in rural counties was the need for the RTT-ELC QRIS system to better take into account family child care, especially in the implementation of the system. For example, Plumas County said they would need time and support to lay the groundwork with home-based providers, who are less accustomed to quality improvement activities. Stakeholders in San Benito County stressed that a majority of the child care in their county consists of licensed family child care, and that they would like to see a QRIS that is set up to include them equitably. For more specifics on rural counties' suggestions for adapting the QRIS design in order to include family child care, see chapter 4.

Finally, while some rural counties expressed concern about a one-size-fits-all approach, others indicated that they would be more eager to participate in the system if it were a statewide system. Stakeholders interviewed in Alpine County noted that it would be easier for the county to participate if they could adopt a system that is already in place. Stakeholders in San Benito County said they were attempting to align their local trainings with the RTT-ELC QRIS in the hope that it will eventually become a statewide mandated system.

## Summary

In summary, prior to the state's implementation of the RTT-ELC grant, all counties had some QI elements that could serve as building blocks for a QIS, 14 counties had pre-existing QRISs, and 29 additional counties had some form of pre-existing QIS. Most of the pre-existing QRISs 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.

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 managed to establish a QRIS or QIS.

Budget reductions in other state programs—such as State Preschool, Local Planning Councils, and the AB 212 Staff Retention Program—have diminished the capacity of counties, especially those classified as rural, to support QI activities, much less develop QI systems.

With the advent of the RTT-ELC grant in California, 16 counties (including 11 with pre-existing QRISs) are engaged in implementing systems based on the RTT-ELC Consortium-Hybrid Matrix standards and their own local options. The RTT-ELC QRIS implementation is leading counties to focus especially on establishing and/or expanding the infrastructure for conducting independent program quality assessments using the CLASS as well as the ERS. Key issues include obtaining enough 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.

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 without diminishing the intensity of their pre-existing systems. At the same time, counties are considering innovative approaches to managing the cost of program quality assessments and to recruiting programs/providers that have typically not participated in the pre-existing systems.

Many of the 42 non- RTT-ELC counties expressed interest in joining in the RTT-ELC QRIS, but only if they have the resources to conduct program quality assessments and technical assistance to promote quality improvement. Overall, there is considerable enthusiasm for the "I" (or improvement) aspect of the RTT-ELC QRIS, as well as some concern about publicizing the "R" or ratings.

# Chapter 4. Comparison of QRIS Elements in Pre-Existing Local Systems, CAEL QIS, and the RTT-ELC Consortia

## Introduction

This chapter compares the rating criteria and provider supports recommended by the CAEL QIS Advisory Committee with those developed by the RTT-ELC Consortia, as well as with those identified in pre-existing local systems. The CAEL QIS Advisory Committee worked from 2008 to 2010 to develop a set of recommendations for a statewide QRIS. These recommendations were never implemented, because of concerns about state budget implications as well as concerns about a one-size-fits-all approach. However, the state's receipt of a federal RTT-ELC grant is supporting the planning and advancement of QRISs at the county level. The RTT-ELC planning process led by the 16 RTT-ELC Consortia has resulted in consensus on a set of core recommended quality standards together with provisions for local options. These quality standards build, in part, on the work of the CAEL QIS Advisory Committee. They also build on pre-existing county efforts to implement quality improvement systems. We examine the similarities and differences between the various QRIS system frameworks to inform the development and further refinement of the quality standards and supports for the RTT-ELC QRIS.

In the first half of the chapter, we focus on rating criteria, describing the method of calculating scores, and the criteria for ratios and group size, family engagement, incorporation of the *Foundations* and *Frameworks*, program quality assessments, staff education and training, and program leadership. We compare these criteria as described in *Dream Big for Our Youngest Children* (the final report of the CAEL QIS Advisory Committee), the RTT-ELC Quality Continuum Framework—Hybrid Matrix with Elements and Points, and the RTT-ELC Quality Improvement and Professional Development Pathways.[11] In addition to comparing the rating criteria recommended by the CAEL QIS Advisory Committee and the RTT-ELC Consortia, we compare the rating criteria in county-level QRIS systems that predate the implementation of the RTT-ELC QRISs.[12] We compare the elements of the pre-existing systems in 15 counties[13] that we determined had pre-existing QRISs based on information gathered through telephone

[11] Our comparison is based on the RTT-ELC Hybrid Matrix dated December 27, 2012 (though scores for the CLASS toddler tool were added from the May 15, 2013 version) and the Pathways document dated January 25, 2013. The Pathways document was updated on July 11 and includes significant additions. For reference, this version is included in appendix D.

[12] The present status of these systems varies. Some will continue to operate concurrently as a separate system during the RTT-ELC QRIS implementation, others will be folded into the RTT-ELC QRIS, and others will cease to exist altogether. We refer to these local systems in the present tense throughout the chapter, unless they were no longer operational at the time of our data collection. Note that Riverside's QRIS was implemented at the beginning of 2013, on a similar timeline as that of the local RTT-ELC QRISs. However, it is included here because planning for the Riverside QRIS occurred before the RTT-ELC QRISs were implemented.

[13] These counties are Contra Costa, El Dorado, Fresno, Los Angeles, Merced, Nevada, Riverside, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Sonoma, Ventura, and Yolo.

interviews in all counties throughout the state and follow-up site visits to 19 counties to gather additional information. This list includes one QRIS pilot in Fresno County that tested a tiered rating structure but did not publicly disseminate ratings or offer financial incentives. Finally, we discuss county administrators' opinions, gathered during our interviews and site visits, about the RTT-ELC QRIS rating criteria.

In the second half of the chapter, we compare the CAEL QIS recommendations for provider supports to the Quality Continuum Framework developed by the RTT-ELC Consortia, relying on the *Dream Big* report, the RTT-ELC Hybrid Matrix, and the RTT-ELC Pathways. The recommendations cover topics including technical assistance, workforce development, family involvement, data systems, funding, and strategies for QRIS implementation. We conclude the chapter with a summary of similarities and differences across systems.

# Comparison of Rating Criteria in CAEL QIS and RTT-ELC Recommendations and Local Systems

## *System Structure*

The CAEL QIS Advisory Committee recommended a block rating structure. The RTT-ELC Hybrid Matrix is a combination system in which Tiers 1, 3, and 4 are common across counties and local options are permitted at Tiers 2 and 5. Tier 1 is blocked, and Tier 2 may also be blocked at counties' discretion. Tiers 3 through 5 are point-based. Most pre-existing, local QRIS efforts use a block system rating structure. Two local QRISs, Los Angeles Universal Preschool and Nevada County's Quality Child Care Project, use a point system. Los Angeles County STEP enacts a combination of the two (see exhibit 4.1).

The majority of counties we interviewed were in support of the combination scoring system. Few counties said they would have preferred a block system. Many respondents said that the hybrid system was strengths based and would be more inclusive of private providers and family child care providers. The block requirement at Tier 1 ensures that all programs are in good standing with licensing requirements, and then providers can move up the tiers by earning points based on the strengths of their early care and education program. A few respondents mentioned that teacher education requirements and group size/ratio requirements, in particular, would have been barriers to moving up through the tiers in a block system.

The CAEL QIS Block System and the RTT-ELC Hybrid Matrix both have a total of five tiers or rating levels. Four counties—Fresno, Riverside, Ventura, and LA STEP—operate or operated pre-existing local QRISs with five levels. San Diego and El Dorado have four tiers. The remaining eight counties have three tiers or rating levels. Most counties make technical assistance available for the initial rating process and allow programs to appeal their rating if they think it is inaccurate. Finally, the majority of counties report that the rating is valid for just one year. Just four counties rate programs less frequently—once every two years.

**Exhibit 4.1. Comparison of QRIS Rating Structures and Scoring Systems**

| System or county name | Rating Structure | | | Number of rating levels | Technical assistance for initial rating | Appeal process | No. of years the rating is valid |
|---|---|---|---|---|---|---|---|
| | Block system | Point system | Combination system | | | | |
| CAEL QIS Block System | ✓ | | | 5 | | | |
| RTT-ELC QRIS | | | ✓ | 5 | | | |
| Contra Costa | ✓ | | | 3 | ✓ | ✓ | 1 |
| El Dorado | ✓ | | | 4 | ✓ | ✓ | 1 |
| Fresno | ✓ | | | 5 | | | |
| LA STEP | | | ✓ | 5 | ✓ | ✓ | 2 |
| LAUP | | ✓ | | 3 | ✓ | ✓ | 1 |
| Merced | ✓ | | | 3 | ✓ | | 1 |
| Nevada | | ✓ | | 3 | ✓ | ✓ | 2 |
| Riverside | ✓ | | | 5 | | ✓ | 1 |
| San Diego | ✓ | | | 4 | ✓ | ✓ | 1 |
| San Francisco | ✓ | | | 3 | ✓ | | 1 |
| San Joaquin | ✓ | | | 3 | ✓ | | 1 |
| San Mateo | ✓ | | | 3 | ✓ | | 2 |
| Santa Clara | ✓ | | | 3 | ✓ | | 1 |
| Sonoma | ✓ | | | 2 | | | |
| Ventura | ✓ | | | 5 | | | 2 |
| Yolo | ✓ | | | 3 | ✓ | | 1 |

## *Quality Standards/Indicators*

The criteria that serve as the basis for ratings vary across counties, but all county QRISs use some set of quality indicators. In some cases, the quality standards are tiered, and in others the standards serve as minimum requirements for participation. In the following sections, we compare the CAEL QIS standards with those developed by the RTT-ELC Consortia on ratio and group size, program quality assessments, alignment with the California *Foundations and Frameworks*, family involvement, staff education and training, and program leadership. We also provide examples of the approaches to standards and indicators that county-level systems have taken. Exhibits in the body of the chapter present the rating standards for the CAEL QIS Block System and the RTT-ELC Hybrid Matrix. Detailed standards for pre-existing county systems are shown in appendix E.

## *Ratios and Group Size*

The CAEL QIS Block System and the RTT-ELC Hybrid Matrix both set standards regarding minimum caregiver-to-child ratios and maximum group sizes for infants, toddlers, and preschoolers, and both specify standards that become more stringent across a five-tier improvement continuum, as shown in exhibit 4.2.

The CAEL QIS Block System and the RTT-ELC Hybrid Matrix criteria are generally similar, although CAEL QIS set lower ratios or group sizes in some instances. For example, in both the CAEL QIS and RTT-ELC system designs, Tiers 1 and 2 follow Title 22 standards, conforming to ratios of 1:4, 1:6, and 1:12 in infant, toddler, and preschool care, respectively. The RTT-ELC Hybrid Matrix also makes no mention of maximum group size in Tier 1, whereas CAEL QIS specifies that, for Tier 1, classrooms not exceed a group size of 12 in infant or toddler care, and 24 in preschool. In Tier 2, the CAEL QIS standards are similar to those for the previous tier, whereas the RTT-ELC Hybrid Matrix adds group size requirements in order to earn 2 Points. However, the RTT-ELC Hybrid Matrix sets higher maximum group sizes than does CAEL QIS, requiring a maximum of 16, 18, and 36 in infant, toddler, and preschool care, respectively.

In Tiers 3 through 5, CAEL QIS specifies a transition to stricter standards that generally conform to Title 5 standards or higher. Specifically, in Tiers 3 and 4, CAEL QIS sets a ratio of 1:3 with a group size of 12 or 1:4 with a group size of 8 for infant care; 1:4 and a group size of 12 for toddler care; and 1:8 or 1:10 with a group size of 24 or 20, respectively, for preschool programs. In Tier 5, the infant guidelines change to 1:3 with a group size of 9, but the standards remain the same for toddlers and preschool-age children. The RTT-ELC Hybrid Matrix specifies a very similar transition to increasing staff-to-child ratios and decreasing group size.

Across counties with local QRISs, although variation exists in approaches to staff-to-child ratios and group size implementation (for example, universal versus tiered requirements), at a minimum most counties require adherence to state licensing standards. (See exhibit E-1 in appendix E for further detail on local standards for ratios and group size.) Programs in the eight counties receiving funding from the First 5 Child Signature Program 1 (CSP 1) must hold ratios to no more than 1:3 or 1:4 with group sizes not exceeding 12 or for infants, 1:4 or 1:6 with group size not exceeding 12 for toddlers, and 1:8 or 1:10 with group size no larger than 24 or 20 for preschool children. These stipulations closely align with the highest tier standards of the CAEL QIS Block System and the RTT-ELC Hybrid Matrix.

Some counties administer a combination of tiered and universal standards with respect to staff-to-child ratios. More specifically, some counties set tiered standards for their center-based care, but for family child care they require a universal standard, such as meeting basic Title 22 licensing standards. For instance, in El Dorado County's former QRIS, their center-based infant, toddler, and preschool ratio requirements increased across their four-tier program. Group size requirements also changed across tiers for centers, and for family child care homes they required that all programs (small and large) meet licensing standards—a universal requirement regardless of tier. The Los Angeles County LAUP program and Riverside County have similar policies as El Dorado County in that sense. Ventura County has universal requirements in its CSP 1 sites but was piloting a tiered QRIS system as well.

While the CAEL QIS Block System and RTT-ELC Hybrid Matrix both call for a five-tier/point rating structure for ratios and group size, the counties with pre-existing QRISs vary in the number of tiers they implement for this standard. For example, El Dorado County implemented a four-tier program, and Los Angeles County LAUP implemented a three-tier program. The highest tier ratio and group size standards of these local systems, however, are comparable to the highest tier standards in the CAEL QIS Block System and in the RTT-ELC Hybrid Matrix. In

fact, several local systems closely match the quality criteria set by CAEL QIS and/or now featured in the RTT-ELC Hybrid Matrix. For example, the LA STEP program requirements are similar to those of CAEL QIS; the third tier of LA STEP matches the third tier of the CAEL QIS Block System almost exactly. Riverside County's QRIS framework is also very similar to that of the RTT-ELC Hybrid Matrix.

**Exhibit 4.2. Comparison of Rating Criteria for Ratios and Group Size**

| CAEL QIS Block System[14] | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Infant<br>1:4 with a group size of 12<br>Toddler<br>1:4 with a group size of 12<br>Preschool<br>1:12 with a group size of 24<br>FCCH:<br>Title 22 licensing criteria | Infant<br>1:4 with a group size of 12<br>Toddler<br>1:6 with a group size of 12<br>Preschool<br>1:12 with a group size of 24<br>FCCH:<br>Title 22 licensing criteria | Infant<br>1:3 with a group size of 12 **or**<br>1:4 with a group size of 8<br>Toddler<br>1:4 with a group size of 12<br>Preschool<br>1:8 with a group size of 24 **or**<br>1:10 with a group size of 20<br>FCCH:<br>Title 22 licensing criteria | Infant<br>1:3 with a group size of 12 **or**<br>1:4 with a group size of 8<br>Toddler<br>1:4 with a group size of 12<br>Preschool<br>1:8 with a group size of 24 **or**<br>1:10 with a group size of 20<br>FCCH:<br>Title 22 licensing criteria | Infant<br>1:3 with a group size of 9<br>Toddler<br>1:4 with a group size of 12<br>Preschool<br>1:8 with a group size of 24 **or**<br>1:10 with a group size of 20<br>FCCH:<br>Title 22 licensing criteria |
| **RTT-ELC Continuum Hybrid Matrix** | | | | |
| **Tier 1<br>(Common Tier)** | **2 Points<br>(Local Option)** | **3 Points<br>(Common Tier)** | **4 Points<br>(Common Tier)** | **5 Points<br>(Local Option)** |
| Title 22 regulations:<br>Infant (center only)<br>Ratio – 1:4<br>Toddler (center only)<br>Ratio – 1:6<br>Preschool (center only)<br>Ratio – 1:12<br>FCCH: Title 22 (excluded from point values in ratio and group size) | Infant/Toddler<br>1:4 with a group size of 16<br>Toddler<br>1:6 with a group size of 18<br>Preschool<br>1:12 with a group size of 36 | Infant/Toddler<br>1:4 with a group size of 12<br>Toddler<br>1:6 with a group size of 12<br>Preschool<br>1:12 with a group size of 24 | Infant/Toddler<br>1:4 with a group size of 8 or 12<br>Toddler<br>1:5 with a group size of 10<br>Preschool<br>1:8 with a group size of 24 **or**<br>1:10 with a group size of 20 | Infant/Toddler<br>1:3 with a group size of 9<br>Toddler<br>1:4 with a group size of 12<br>Preschool<br>1:7 with a group size of 20 |

[14] The definition of a toddler varies across tiers as follows: 12–24 months for Tier 1, 18–30 months for Tier 2, 18–36 months for Tiers 3 through 5.

### *Program Quality Assessments*

Program quality assessments are a central feature of QRISs. The CAEL QIS Block System and the RTT-ELC Hybrid Matrix both call for assessments with the Environment Rating Scales (ERS). As shown in exhibit 4.3, the CAEL QIS Block System begins with facilitated self-assessments and progresses to facilitated peer assessments and, finally, to independent assessments, with a minimum overall score of 4.0 required for Tier 3, 5.0 for Tier 4, and 6.0 for Tier 5. The RTT-ELC Hybrid Matrix also requires independent ERS assessments for Point values 3, 4, and 5, and the minimum scores are similar to those specified by CAEL QIS, except that the score required in order to earn 5 Points is slightly lower—5.5 rather than 6.0.

The primary difference between the CAEL QIS Block System and RTT-ELC Hybrid Matrix standards for program quality assessments relates to the Classroom Assessment Scoring System (CLASS). Although CAEL QIS requires assessments with CLASS or Program Assessment Rating Scale (PARS) in alternate rating periods for the three top tiers, there is no minimum threshold or score that programs must meet on this instrument. In contrast, the RTT-ELC Hybrid Matrix, for 4 or 5 Points, sets minimum CLASS scores for subscales—for example, for 5 Points, a mean of 5.5 for Emotional Support and a mean of 3.5 for Instructional Support are required. Moreover, even for 2 Points, the RTT-ELC Hybrid Matrix requires familiarity with the CLASS, whereas there is no mention of the CLASS before Tier 3 in the CAEL QIS rating system.

In all cases, lower tiers or point values have limited or no requirements for meeting minimum quality thresholds, and at most, in the case of CAEL QIS, the standard is that programs conduct self-assessments by using ERSs, such as the Early Childhood Environment Rating Scale (ECERS-R) or the Infant/Toddler Environmental Rating Scale (ITERS-R). The RTT-ELC Hybrid Matrix includes the development of familiarity with ERS, the CLASS, and/or the PARS for 2 Points, whereas CAEL QIS specifies that ERS be conducted through peer assessment in Tier 2.

By Tier 3 or the 3-Point value, however, both CAEL QIS and the RTT-ELC Hybrid Matrix hold programs to more uniform standards by requiring them to use an independent assessor to conduct ERS evaluations and requiring them to achieve an average score of 4.0 or higher out of 7 across all subscales. In the RTT-ELC Hybrid Matrix, an independent and reliable observer is to conduct the CLASS to inform programs' professional development plans, whereas CAEL QIS requires only self-assessment with the CLASS or PARS.[15]

For Tier 4/4 Points, both CAEL QIS and the RTT-ELC Hybrid Matrix require an overall score of at least 5.0, and for Tier 5/5 Points they require overall scores of 6.0 and 5.5, respectively. In addition, the RTT-ELC Hybrid Matrix sets a required minimum score for the Emotional Support, Instructional Support, and Classroom Organization subscales of the CLASS for 4 or 5 Points. The RTT-ELC Pathways requires increasing levels of training on the CLASS or the PARS and integration of these tools into teachers' professional growth plans.

[15] As discussed in chapter 3,while most counties recognized the importance of having a cadre of valid, reliable assessors, many counties we interviewed also expressed concern about the cost of ensuring one.

The minimum requirements for program quality assessments vary across local county systems, as shown in exhibit E-2 in appendix E. Nine county QRISs are implementing tiered requirements. In most counties, universal requirements applied to Preschool for All programs. Providers receiving funding for CSP 1 are subject to universal requirements. Contra Costa County's Preschool Makes a Difference also specifies a universal requirement. It should be noted that having a universal requirement does not necessarily mean that standards are lacking in rigor. For example, in San Mateo County's former Preschool for All program, at the point of entry, programs were required to achieve an average of 4.0 out of 7.0 or higher on either the ECERS-R or the FCCERS-R, and a minimum average of 5.0 out of 7.0 within the next 24 months. In addition, no subscale could receive a score of less than 3.0.

CSP 1, operating in eight counties, requires an overall 5.0 out of 7.0 or better on the ECERS-R in preschool or the ITERS-R in infant/toddler center care or family child care homes (FCCHs). CSP 1 also requires minimum scores on the three subscales or domains of the CLASS—Emotional Support, Classroom Organization, and Instructional Support—in both center-based and family child care preschool settings. Some of the counties we interviewed wished that the RTT-ELC criteria for program quality assessments aligned more closely with the requirements of CSP 1.

There are, however, several counties that have closely aligned their tiered requirements for program quality assessments with the CAEL QIS criteria, or those contained in the RTT-ELC Hybrid Matrix or Quality Improvement Pathways. Some of these counties have program quality assessment requirements that are identical or very similar to those in CAEL QIS or RTT-ELC documents. For example, Riverside follows the CAEL QIS QRIS structure almost exactly for ERS. Riverside also requires use of self-assessment with the CLASS starting in Tier 3. Of the other local counties using tiered systems, most begin to require the use of independent assessors starting at the third tier.

Finally, of those counties that have a minimum requirement, regardless of whether it is universal or tiered, some (for example, San Diego) require a minimum score achieved on average across the entire ERS, others (for example, El Dorado) require that a minimum score be reached in all domains or subscales of the ERS independently, and still others have a combination of the two. For example, San Mateo required an average minimum ERS score of 4.0 or 5.0 in PoP, but programs also had to score no lower than a 3.0 on any one subscale.

**Exhibit 4.3. Comparison of Rating Criteria for Program Quality Assessment**

| CAEL QIS Block System | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Facilitated self-assessment using appropriate ERSs | Facilitated peer assessment using ERS | Independent assessment using ERS and overall score of 4.0; self-assessment with CLASS or PARS in alternate rating periods | Independent assessment with ERS and overall score of 5; self-assessment with CLASS or PARS in alternate rating periods | Independent assessment with ERS and score of 6; self-assessment with CLASS or PARS in alternate rating periods |
| **RTT-ELC Continuum Hybrid Matrix** | | | | |
| **Tier 1 (Common Tier)** | **2 Points (Local Option)** | **3 Points (Common Tier)** | **4 Points (Common Tier)** | **5 Points (Local Option)** |
| Program Environment Rating Scale not required; CLASS not required | Familiarity with ERS and every classroom uses ERS as a part of a Quality Improvement Plan<br><br>Familiarity with CLASS by one representative from the site (online or face-to-face via facilitator) | Independent ERS assessment with all subscales averaged to meet 4.0<br><br>Independent CLASS by reliable observer to inform the program's professional development/ improvement plan | Independent ERS assessment with all subscales averaged to meet 5.0<br><br>Independent CLASS assessment by reliable observer with minimum scores:<br><br>Preschool<br>5.0 on Emotional Support, 3.0 on Instructional Support, and 5.0 on Classroom Organization<br><br>Toddler<br>5.0 on Emotional & Behavioral Support and 3.5 on Engaged Support for Learning | Independent ERS assessment with all subscales averaged to meet overall score of 5.5<br><br>Independent assessment with minimum scores:<br><br>Preschool<br>5.5 on Emotional Support, 3.5 on Instructional Support, and 5.5 on Classroom Organization<br><br>Toddler<br>5.5 on Emotional & Behavioral Support and 4.0 on Engaged Support for Learning |

| RTT-ELC Quality Improvement and Professional Development Pathways | | | | |
|---|---|---|---|---|
| **Pathway 1** | **Pathway 2** | **Pathway 3** | **Pathway 4** | **Pathway 5** |
| Overview of ERS<br><br>CLASS not required<br><br>PAS/BAS not required | Familiarity with ERS and every classroom uses ERS as a part of a Quality Improvement Plan<br><br>Familiarity with CLASS (e.g., Introduction to the CLASS 2- to 6-hour overview training) for appropriate age group as available by one representative from the site (online or face to face via facilitator)<br><br>**or**<br><br>Familiarity with PARS<br><br>Introduction to PAS or BAS | Pending for ERS<br><br>Every lead teacher has completed an Introduction to the CLASS face-to-face facilitated training **or** has completed Looking at CLASSrooms training<br><br>**and**<br><br>All other teaching staff and the director have received the Introduction to the CLASS (2-hour training)<br><br>**or**<br><br>Familiarity with PARS<br><br>Familiarity with PAS or BAS | Pending for ERS<br><br>Independent CLASS assessment by reliable observer (for appropriate age group as available) and information is used as a part of a PG Plan with a certified trainer or observer<br><br>**and**<br><br>CLASS concepts applied in a program-wide approach with intentional purpose (e.g., My Teaching Partner or Making the Most of CLASSroom Interaction)<br><br>**or**<br><br>Informal PARS assessment in same manner<br><br>Self-review with PAS/BAS and continuous improvement through a PAS/BAS action plan<br><br>**or**<br><br>National Association for the Education of Young Children (NAEYC) Accreditation self-study<br><br>**or**<br><br>Self-assessment using the Office of Head Start (OHS) Monitoring Protocols and continuous improvement through a Program Improvement Plan (PIP) | Pending for ERS<br><br>Every classroom uses CLASS as a part of a PG Plan with a certified trainer<br><br>**and**<br><br>CLASS concepts applied in a program-wide approach with intentional purpose<br><br>**or**<br><br>PARS in similar manner<br><br>Independent PAS or BAS assessment plus continuous improvement through a PAS or BAS action plan<br><br>**or**<br><br>NAEYC accreditation<br><br>**or**<br><br>Official OHS review in good standing and/or self-assessment using independent assessors plus continuous improvement through a PIP |

### *Alignment to Foundations and Frameworks*

Both the CAEL QIS Advisory Committee and the RTT-ELC Pathways document, but not the RTT-ELC Hybrid Matrix, refer to tiers or a progression with respect to alignment with the *California Infant-Toddler and Preschool Learning Foundations* and *Curriculum Frameworks*. Both CAEL QIS and the RTT-ELC Pathways specify how programs should advance through the 5 Tiers or Pathways. The CAEL QIS Block System document provides more detail on these criteria. In Tier 1 (awareness), programs are to have a copy of and receive an orientation in *Foundations* and *Frameworks*. In Tier 2 (exploring integrating), programs are to have an education plan indicating that they are implementing a curriculum that is developmentally, culturally, and linguistically appropriate (DCLA). In Tier 3 (developing competency in integrating), programs are to have an education plan that builds on Tier 2 to include social, emotional, cognitive, and physical domains in lesson plans that are linked to DCLA child assessments. They should also have professional development plans for the *Foundations* and *Frameworks*. Tier 4 (building competency in integrating) stipulates that programs continue to build competency in the same domains indicated in the prior tier. And finally, in Tier 5 (fully integrating the *Foundations* and *Frameworks*), programs should include all domains of learning in an integrated fashion in lesson plans linked to DCLA child assessment procedures, while also maintaining professional development plans.

Of the local QRISs that predated the RTT-ELC QRIS implementation, two had tiered requirements related to the *Foundations* and *Frameworks*, nine had a baseline requirement, and five did not address the *Foundations* and *Frameworks*.[16] Of the counties implementing a tiered QRIS, some, such as Riverside County, match these CAEL QIS standards verbatim in their own tiers. Others, such as Fresno, have tiers that are very similar, following a gradual progression from awareness to full implementation.

Among counties implementing a baseline requirement, eight implement the CSP 1 requirements, which specify that programs align with *Foundations* and implement the *Frameworks*. They specify full alignment and implementation as opposed to gradual introduction to and use of these documents. In some counties that have a local QRIS other than just CSP 1, such as San Diego's Quality Improvement Initiative (QPI), the quality criteria require integration of the *Foundations* and *Frameworks* and the *Preschool English Learners* guide to planning a quality learning environment. San Diego's QPI further stipulates that programs establish a written philosophy statement reflecting research-based principles of developmentally appropriate practices. Finally, in some counties, such as Contra Costa's PMD, programs are required to use the *Foundations* and *Frameworks* to support their chosen curriculum.

[16] Riverside and Ventura had tiered requirements. Contra Costa had a baseline requirement, as did CSP 1 programs in Los Angeles, Merced, San Diego, San Francisco, San Joaquin, Santa Clara, and Yolo. QRISs in El Dorado, LA STEP, LAUP, Nevada, and Sonoma did not address the *Foundations and Frameworks*.

### *Family Engagement*

The CAEL QIS Block System lays out specific standards for rating family involvement, as shown in exhibit 4.4. For each of the five tiers, the CAEL QIS Block System requires that programs facilitate the Parents and Staff subscale of the ERS. The parent-specific indicators of the ERS subscale tend to measure aspects of parent involvement, such as sharing of child-related information with parents through frequent informal and formal meetings, parent involvement in decision-making, and encouraging parent involvement in the child's program through activities such as field trips, among other things. The CAEL QIS Block System requires self-assessment with the Parents and Staff subscale of the ERS in Tier 1, peer assessment in Tier 2, and independent assessment in Tiers 3 through 5. In Tiers 1 and 2, the threshold is a 3.0 out of 7.0, and in each tier thereafter the requirement increases by one point such that by Tier 5, the requirement is 6.0 out of 7.0.

Family engagement is not a separate rating element in the RTT-ELC Hybrid Matrix. However, the RTT-ELC Hybrid Matrix does tap into domains of family engagement through the use of the ERS and the Desired Results Family Survey. The RTT-ELC Hybrid Matrix also rates programs on the use of Developmental and Health screenings, such as the Ages and Stages Questionnaire, which are to be conducted in conjunction with families. In addition, guidance on family engagement has been drafted and added to the July 11 version of the Quality Improvement and Professional Development Pathways (see appendix D). Even so, several counties said that family engagement should be included more explicitly in the RTT-ELC rating criteria. Sacramento County has placed an emphasis on family engagement with a local option requiring programs to develop a quality improvement plan if they receive a score less than 6.0 on the Provisions for Parents subscale of the ERS.

In the local systems that predate the implementation of the RTT-ELC QRIS, 10 county-based QRISs have universal requirements for family engagement, four have tiered requirements, and one does not address family involvement. (See exhibit E-3 in appendix E for a detailed presentation of family engagement standards in local systems.) Of those that have universal requirements, some have implemented programs to engage families. For example, in Contra Costa County, all PMD-participating families receive a set of Raising a Reader materials to help facilitate reading at home and attend two family workshops per year.

CSP 1 Quality Enhanced sites or centers have the same baseline family involvement policies. Specifically, they require that parents and programs participate in services provided by the Family Support Specialist and require that programs and parents work together with the Family Support Specialist to identify other services as needed. They also require that parents are provided with information on their children's growth and development and that parent involvement is encouraged to help with facilitating this development. Finally, they stipulate that programs must work with parents to develop a Family Partnership Agreement identifying strengths and concerns while also prioritizing families' goals for their children.

In some counties that have tiered requirements, these requirements go above and beyond the CAEL QIS standards related to family engagement. For example, Riverside and Ventura Counties, which tend to match the CAEL QIS standards quite closely, not only stipulate the same

requirements as does the CAEL QIS Block System but also include additional requirements. For Tier 2, parents are to receive information and/or education about topics such as how their children learn at home, developmental levels, brain development, and physical activities and nutrition. In Tier 3, both Riverside County and Ventura County system standards require formal transition plans for children entering either another care setting or kindergarten. These plans are to include specific steps to support transitions, a timeline for transition, a description of how families will be included in the transition plan, and a description of the communication system supporting transitions. El Dorado's tiers refer to practices that would otherwise be assessed in the ERS subscale (such as parent conferences two times annually and family evaluations of the program completed annually), much as the CAEL QIS tiers do. Furthermore, El Dorado places a specific emphasis on children's Developmental Profiles. Through each tier, they aim to increase the proportion of parents completing these profiles—from 50 percent in Tier 2, to 75 percent in Tier 3, to 98 percent to 100 percent in Tier 4. See exhibit E-3 in appendix E for further detail on these local standards.

**Exhibit 4.4. Comparison of Rating Criteria for Family Involvement**

| CAEL QIS Block System | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Use of ERS subscale on Parents and Staff in facilitated self-assessment, peer assessment, or independent assessment, as required by tier level<br><br>Quality improvement plan if score less than 3 | Use of ERS subscale on Parents and Staff in facilitated self-assessment, peer assessment, or independent assessment, as required by tier level<br><br>Quality improvement plan if score less than 3 | Use of ERS subscale on Parents and Staff in facilitated self-assessment, peer assessment, or independent assessment, as required by tier level<br><br>Quality improvement plan if score less than 4 | Use of ERS subscale on Parents and Staff in facilitated self-assessment, peer assessment, or independent assessment, as required by tier level<br><br>Quality improvement plan if score less than 5 | Use of ERS subscale on Parents and Staff in facilitated self-assessment, peer assessment, or independent assessment, as required by tier level<br><br>Quality improvement plan if less than 6 |
| **RTT-ELC Continuum Hybrid Matrix** | | | | |
| There is currently no mention of family involvement in the RTT Continuum Matrix with Elements and Points. | | | | |
| **RTT Quality Improvement & Professional Development Pathways** | | | | |
| The topic is pending in the RTT Quality Improvement and Professional Pathways document reviewed for this report. A revised version released after the draft of this report was prepared is shown in appendix D for reference. | | | | |

### *Staff Education and Training*

Staff education and training are also key components of QRISs. There are three main components of staff education and training discussed in the CAEL QIS Block System, the RTT-ELC Hybrid Matrix, and existing county-level systems. These include teachers' higher education units in early childhood education (ECE), amount of prior teaching experience, and hours of professional development. The CAEL QIS standards address all three of these; the RTT-ELC Hybrid Matrix addresses education units and professional development hours. It is important to stress that, in both CAEL QIS and in the RTT-ELC matrix, the minimum qualifications for center-based teachers apply to lead teachers only, not to assistant teachers or other staff. Also, in both documents, staff training and education requirements for family child care homes are lower than those for center lead teachers in Tiers 1 and 2 but are the same for the three higher tiers or point values. See exhibit 4.5 for a summary of these standards.

In Tier 1, CAEL QIS starts with very explicit requirements: 12 units in ECE for teachers in center-based care and 15 hours of health and safety training for family child care home providers. The requirements also stipulate a minimum of six months of experience and 21 hours of professional development training annually for this first tier. The RTT-ELC Hybrid Matrix requires that programs meet Title 22 regulations in Tier 1.

In later tiers (Tiers 2 through 5 and Point values 2 through 5), the CAEL QIS and the RTT-ELC Hybrid Matrix criteria are virtually identical regarding ECE units and professional development hours. Specifically, for Tier 2/2 Points, both require 24 units of ECE in center-based care and 12 units in family child care. By Tier 3/3 Points, a distinction is no longer made between center-based and family child care: all teachers should have 24 units of ECE and 16 units of general education (which is equivalent to what Title 5 requires and what the current Child Development Teacher permit requires). For Tier 4/4 Points, these documents require an AA or equivalent degree in ECE, and for Tier 5/5 Points both require a BA in ECE or equivalent with 48 or more units in early childhood education. Some of the counties we interviewed expressed concern about the 48-unit requirement. Santa Cruz County administrators exercised their local option to change the 5-Point value to 24 units of ECE to align with CSP 1. Both CAEL QIS and the RTT-ELC Hybrid Matrix require 21 hours of professional development training annually across Tiers 2 through 5 and the 2 through 5 Point values. Some of the counties we interviewed voiced reservations about the professional development requirement and wondered about what types of professional development would count toward the 21 hours. Sacramento County exercised their local option under the RTT-ELC to strike this professional development requirement altogether.

The only additional criterion in the CAEL QIS system that is not in the RTT-ELC Hybrid Matrix pertains to years of prior experience. Specifically, in Tier 2 CAEL QIS requires one year of prior experience, and in Tiers 3 and above, a minimum of two years of experience is required. The RTT-ELC Pathways document is distinct in that it focuses exclusively on professional development. Specifically, it stipulates that for Pathways 2 and 3, lead teachers have completed a professional growth plan; in Pathway 4, the plan is completed for all staff and in addition lead teachers use the ECE Competencies Self-Assessment Tool; and in Pathway 5, all staff have both completed a plan and use this tool.

Among pre-existing QRISs, providers in nine counties are subject to universal requirements for teacher education through either CSP 1 or Contra Costa County's PMD program, and nine local systems take a tiered approach. The universal requirements of CSP 1 and Contra Costa County's PMD program are similar or identical to the Tier 3 requirement of the CAEL QIS Block System. Lead teachers at CSP 1-funded sites must hold a bachelor's degree plus 24 units specific to ECE or may hold instead the Multiple Subject Teaching Credential or the Child Development Permit. CSP 1 assistant teachers and family child care providers are required to hold an associate's degree or have completed equivalent course work within a BA program, with a recommended (but not required) total of 24 ECE units. Finally, all CSP 1 staff are required to participate in professional development, but the number of hours required is not stipulated. Contra Costa County recognized that the requirements of PMD may have been a far reach for some existing teachers. For this reason, some staff were temporarily grandfathered in and given extra time to meet the requirement.

Among county QRISs taking a tiered approach, some counties perfectly align their requirements with the standards of the CAEL QIS Block System or the RTT-ELC Hybrid Matrix. For example, Riverside County and the QRIS pilot in Ventura County[17] both align exactly with the CAEL QIS standards. At the highest tier, most counties require one teacher per classroom to hold a bachelor's degree with specialized training in ECE. Counties seem to vary in what they require of non-lead teachers. Even in the highest tier, most just require either professional development hours (for example, El Dorado required that other staff complete a minimum of 48 hours of staff development training annually) or an associate's degree related to ECE or a Child Development Permit (for example, San Diego and Merced Counties).

Finally, counties implementing a tiered approach usually take either a gradual approach to increasing requirements or increasing the *proportion* of teachers meeting a requirement. As an example of the former, the first-tier teachers may be required to have only 12 ECE units, but by the second year they would be required to have 24 ECE units. As an example of increasing proportions, for Tier 1 the Fresno County pilot QRIS and Los Angeles STEP require at least one teacher per group or set of classrooms to have completed 12 units in child development and have six months of experience. By Tier 2, this proportion increases such that 50 percent of classrooms or the group must be staffed by at least one person who holds or has applied for a Child Development Teacher Permit, and the rest of the classrooms or groups must be staffed by at least one person who holds an Associate Teacher Permit.

Some counties do not have any requirements or have few tiered requirements for staff education and training. For example, Sonoma lists two tiers. In Tier 1, there are no requirements, but by Tier 2 they indicate that teachers must have at least an associate's degree or equivalent. Furthermore, although some counties make reference to some minimum number of professional development hours required, few refer to the use of self-assessment tools or professional growth plans mentioned in the RTT-ELC Pathways document.

[17] Ventura has a universal requirement for CSP and has tested a tiered system in their QRIS pilot.

**Exhibit 4.5. Comparison of Rating Criteria for Staff Education and Training**

| CAEL QIS Block System | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| 12 units of ECE for center and 15 hours of health and safety for FCCH<br><br>Six months of experience<br><br>21 hours of professional development training per year | 24 units of ECE (core 8) for center, and 12 units of ECE (core 8) for FCCH<br><br>One year of experience<br><br>21 hours of professional development training per year | 24 units of ECE (core 8), and 16 units of General Education (same as Title 5 and current Child Development Teacher permit)<br><br>Two years of experience<br><br>21 hours of professional development training per year | AA degree in ECE or 60 degree-applicable units, etc.—similar to a Master Teacher in Title 5 programs or October 2011 Head Start requirements<br><br>Two years of experience<br><br>21 hours of professional development training per year | BA in ECE or closely related field with 48 or more units in ECE or master's degree in ECE<br><br>Two years of experience<br><br>21 hours of professional development training per year |
| **RTT-ELC Continuum Hybrid Matrix** | | | | |
| **Tier 1 (Common Tier)** | **2 Points (Local Option)** | **3 Points (Common Tier)** | **4 Points (Common Tier)** | **5 Points (Local Option)** |
| Meet Title 22 regulations | Center: 24 units of ECE (core 8), family child care: 12 units of ECE (core 8), and 21 hours of professional development annually | 24 units of ECE (core 8) and 16 units of General Education and 21 hours of professional development annually | AA in ECE or 60 degree-applicable units, including 24 units of ECE or AA in any field plus 24 units of ECE and 21 hours of professional development annually | BA degree in ECE (or closely related field) with 48 or more units of ECE or master's degree in ECE and 21 hours of PD annually |
| **RTT-ELC Quality Improvement & Professional Development Pathways** | | | | |
| **Pathway 1** | **Pathway 2** | **Pathway 3** | **Pathway 4** | **Pathway 5** |
| Professional Growth Plan and Early Education Competencies:<br>• Pathway 1, not required | Professional Growth Plan and Early Education Competencies:<br>• Pathway 2, completed plan for each lead teacher | Professional Growth Plan and Early Education Competencies:<br>• Pathway 3, completed plan for each lead teacher | Professional Growth Plan and Early Education Competencies:<br>• Pathway 4, completed plan for all teaching staff and lead teachers use ECE Competencies Self-Assessment Tool | Professional Growth Plan and Early Education Competencies:<br>• Pathway 5, completed plan and use of tool for all teaching staff |

### *Program Leadership*

The CAEL QIS Block System, RTT-ELC Hybrid Matrix, and RTT-ELC Pathways provide guidance on up to four components of program leadership: (1) degree level, content domain, and and/or number of units in early care and education, administration, management, and/or supervision; (2) years of management or supervisory experience; (3) experience and continuous improvement plan with the Program Administration Scale (PAS) or Business Administration Scale (BAS); and (4) annual professional development hours. (See exhibit 4.6 for a summary of these rating criteria.) The CAEL QIS standards tend to focus on degree level and specialization, years of experience, and experience with PAS/BAS. The RTT-ELC Hybrid Matrix tends to focus on degree level and specialization and professional development, whereas the RTT-ELC Pathways focus exclusively on the use of the PAS and the BAS or other accreditation practices or programs.

With regard to degree level and content area studied, the CAEL QIS and the RTT-ELC Hybrid Matrix criteria are almost identical. In every tier, degree requirements and specialization gradually increase. More specifically, in Tier 1, both require 12 units in ECE and 3 units specific to administration. For Tier 2/2 Points, both call for 24 units in ECE and 16 units in general education; the RTT-ELC Hybrid Matrix further requires 3 units in administration. By Tier 3/3 Points, both require more formal degrees, increasing from an associate's, to a bachelor's, to a master's degree in Tier 3/3 Points through Tier 5/5 Points. Furthermore, in Tiers 3 and 4 at the 3- and 4-Point values, both continue to require 24 units specific to ECE. At Tier 5/5 Points, this amount increases to 30 units. Both CAEL QIS and the RTT-ELC Hybrid Matrix also require a minimum of six units of administration or supervision for Tier 3/3 Points, but for Tiers 4 and 5 CAEL QIS requires more units in this domain than does the RTT-ELC Hybrid Matrix. The RTT-ELC requirement of 30 units for 5 Points was questioned by some county respondents who said this requirement does not align with typical ECE degree requirements and would exclude directors who had transitioned to early care and education from another field. Ventura County changed the requirement to 24 units, exercising a local option to align with the CSP 1. One county suggested aligning the RTT-ELC requirements with a Teaching Credential or Child Development Permit administered by the California Commission on Teacher Credentialing so that counties would not be responsible for evaluating units.

In addition to these degree requirements, the CAEL QIS Block System requires ECE experience. Specifically, in Tier 1, CAEL QIS would require four years of experience, but the experience does not have to be specific to administration. By Tier 2, CAEL QIS would require one year of ECE experience specific to management or supervision, increasing to two and three years in Tiers 3 and 4, respectively. Conversely, the RTT-ELC Hybrid Matrix does not specify these experience requirements, but it does require 21 hours of professional development annually for Point values 3 through 5.

Finally, although the CAEL QIS Advisory Committee refers to the PAS and BAS, the RTT-ELC Hybrid Matrix does not. Instead, the RTT-ELC Pathways provide guidance on the use of PAS and BAS. Specifically, CAEL QIS requires introduction to the PAS or BAS starting in Tier 1, whereas the RTT-ELC Pathways do not introduce this requirement until Pathway 2. The CAEL

QIS Block System calls for self-study with the PAS or BAS in Tier 2, and an action plan for continuous improvement through the PAS or BAS in Tiers 3 through 5. Alternatively, by Pathway 3, the RTT-ELC Pathways call for familiarity with the PAS or BAS, and it is not until the Pathway 4 that the Pathways document requires self-review or continuous improvement through a PAS or BAS action plan. The RTT-ELC Pathways document also leaves room for flexibility in the fourth pathway, allowing for an NAEYC accreditation self-study or a self-assessment using Head Start monitoring protocols in place of the PAS or BAS action plan. For Pathway 5, the RTT-ELC Pathways document calls for an independent PAS or BAS assessment and a PAS or BAS action plan, NAEYC accreditation, or an official Office of Head Start review in good standing.

At the local level, fewer counties have pre-existing standards for program leadership than for other domains. Of those that have program leadership standards, only four incorporate such requirements in a tiered approach. Rather, most have a baseline requirement. Of those that have either a baseline or tiered requirement, most counties make at least some reference to requiring course work in ECE, and some also require additional training specific to administration and management. The CSP 1 requirements include a BA plus 24 units specific to ECE but include no mention of course work in other content domains. However, a permitted alternative in most counties is a Multiple Subject Teaching Credential or meeting qualifications for the Child Development Permit Matrix Program Director position. This baseline requirement for CSP 1 is close to the Tier 4/4 Points requirements of the CAEL QIS Block System and RTT-ELC Hybrid Matrix.

Furthermore, even among counties taking a tiered approach to program leadership, some have fairly stringent requirements in early tiers. For instance, the Fresno QRIS pilot and LA STEP both have very similar tiered requirements relevant to program leadership. In both, by Tier 2 the program director must have an associate's degree in ECE and one year of administrative experience in ECE or child development, a standard that is not required until Tier 3 by the CAEL QIS Advisory Committee. Some counties, such as Riverside and Ventura's QRIS, almost identically match the CAEL QIS Advisory Committee's requirements.

Finally, some counties allow for flexibility in the acquisition of credentials among program leadership. For instance, Sonoma County lists several content-specific degree and experience requirements but then also indicates that if the administrator does not hold those credentials, he or she can document that a plan is in place to meet the indicators within five years. Another alternative is that the program director provides documentation of having achieved a combination of education and experience that is comparable to their required credentials and experience.

**Exhibit 4.6. Comparison of Rating Criteria for Program Leadership**

| CAEL QIS Block System | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| 12 units ECE, 3 units administration, four years of experience, introduction to PAS or BAS | 24 units of ECE, 16 units general education, one year of management or supervisory experience; self-study with PAS or BAS | AA degree with 24 units core ECE, 6 units of administration, 2 units of supervision, and two years of management or supervisory experience; continuous improvement through a PAS or BAS action plan | BA degree with 24 units core ECE, 15 units of management, and three years of management or supervisory experience; continuous improvement through a PAS or BAS action plan | Master's degree with 30 units core ECE including specialized courses, 21 units of management, or administrative credential; continuous improvement through a PAS or BAS action plan |
| **RTT-ELC Continuum Hybrid Matrix** | | | | |
| **Tier 1 (Common Tier)** | **2 Points (Local Option)** | **3 Points (Common Tier)** | **4 Points (Common Tier)** | **5 Points (Local Option)** |
| 12 units of ECE or related field, 3 units of management/administration | 24 units core ECE, 16 units general education, 3 units management/administration | AA degree with 24 units core ECE, 6 units supervision, and 21 hours of PD | BA degree with 24 units core ECE, 8 units management/ administration, and 21 hours of PD annually | Master's degree with 30 units core ECE including specialized courses, 8 units management/ administration or administrative credential, and 21 hours of PD annually |
| **RTT-ELC Quality Improvement & Professional Development Pathways** | | | | |
| **Pathway 1** | **Pathway 2** | **Pathway 3** | **Pathway 4** | **Pathway 5** |
| PAS or BAS not required | Introduction to PAS or BAS | Familiarity with PAS or BAS | Self-review with PAS/BAS and continuous improvement through a PAS/BAS action plan **or** NAEYC accreditation self-study **or** self-assessment using the Office of Head Start Monitoring Protocols and continuous improvement through a Program Improvement Plan | Independent PAS or BAS assessment plus continuous improvement through a PAS or BAS action plan **or** NAEYC Accreditation **or** official OHS review in good standing and/or self-assessment using independent assessors plus continuous improvement through a PIP |

## Comparison of Quality Improvement Supports in the CAEL QIS and RTT-ELC Recommendations

Although this chapter focuses primarily on the rating criteria and quality standards developed for state or local QRISs, both the CAEL QIS Advisory Committee and the RTT-ELC Consortia clearly acknowledge the importance of provider supports to help participating centers and family child care homes attain and sustain the standards. The CAEL QIS final report recommends supports to include (1) technical assistance to help programs improve, (2) workforce development to promote effective teachers, (3) strategies to encourage family and community involvement, (4) data systems to track progress, (5) initial work to develop a funding model, and (6) a strategy for pilot testing and implementation. The CAEL QIS Advisory Committee further recommended piloting these strategies. We compare the provisions for provider supports in the RTT-ELC grant application, Hybrid Matrix, Professional Development Pathways, and Tiered Quality Rating and Improvement System (TQRIS) Implementation Guidelines to these CAEL QIS recommendations.[18]

With regard to professional development (PD), coaching, and technical assistance (TA), both CAEL QIS and RTT-ELC place much emphasis on helping programs develop a quality improvement or growth plan. The CAEL QIS highlights that the purpose of the plan would be to help programs move up through the tiers. The RTT-ELC elaborates more on the specific content of the growth plan, indicating that all teachers and staff should use the ECE competencies self-assessment tool and integrate results of this self-assessment with their independent professional growth plan. The CAEL QIS also indicates that technical assistance should be available to help programs maintain their current tier or rating and use a strengths-based approach to coaching for continuous quality improvement. They also specify that coaches should be trained on improving the quality of teaching and learning, leadership, and human resources management. Furthermore, both CAEL QIS and RTT-ELC refer to the importance of ensuring that teachers are introduced to and trained in the CLASS, either through Looking at CLASSrooms or some other introduction to the CLASS training. Finally, the RTT-ELC, but not CAEL QIS, refers to the importance of training and familiarity among teaching staff with the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) pyramid model.

With respect to workforce development, CAEL QIS explicitly addresses the need to promote more effective teachers by aligning community college courses with state university courses to build a pathway from two- to four-year degrees. Both the CAEL QIS and RTT-ELC discuss the need to develop a common and comprehensive course of study for ECE educators that incorporate "core eight" courses that would be available in every college. In fact, the RTT-ELC grant application to the federal Department of Education proposed the use of one-time grant funds to help expand the number of early childhood courses offered in the community college systems that are aligned across community colleges to establish a common set of eight courses. The RTT-ELC grant application also proposed to support cohort-based professional development

[18] Our comparison is based on the RTT-ELC Hybrid Matrix dated December 27, 2012, the Pathways document dated January 25, 2013, and the Implementation Guide dated March 26, 2013.

through local Consortia. This application also indicated the importance of developing web-based training to support local programs wishing to develop competencies of their staff.

The CAEL QIS addresses family and community involvement, suggesting the development of a unique brand for the QRIS, including advertisements; templates for Web sites, brochures, and posters; and scripts for outreach by phone and through electronic media. The CAEL QIS further recommends that state, county, and local agencies and organizations with pre-existing relationships with families disseminate information on the QRIS. For example, information about QRIS could be added to the First 5 "Kit for New Parents." The RTT-ELC TQRIS Implementation Guidelines require that local Consortia communicate quality ratings to the public at the end of the three-year grant period, but do not provide further guidance on the manner in which ratings are publicized.

The CAEL QIS Block System notes the importance of data systems and the importance of data to inform instruction and provide timely feedback regarding children's progress to families, teachers and providers, and programs. The CAEL QIS also focuses on how to implement such systems, highlighting the value of aligning existing data systems to eliminate duplicate reporting. The CAEL QIS also recommends the use of unique student identifiers that can be linked to K–12 data to track program effects on students' longer term outcomes. The RTT-ELC Hybrid Matrix and the RTT-ELC TQRIS Implementation Guidelines call for the use of DRDP Tech at the 5-Point value on the child observation element. DRDP Tech creates psychometrically valid reports for teachers and also meets the Federal RTT-ELC grant requirements of state-level data. According to the TQRIS Implementation Guidelines, use of DRDP Tech is free to Head Start–funded and state-funded programs and will be available at a minimal cost per child for non-publicly funded programs.

With regard to funding, CAEL QIS discusses the importance of financial incentives to motivate program participation, promote quality improvement, and promote teacher professional development. To determine the costs of the QRIS at the state and local levels, CAEL QIS recommends making use of the cost calculator available through the Office of Child Care's National Child Care Information and Technical Assistance Center. The CAEL QIS Advisory Committee also suggests pilot testing financial incentives to determine how incentives impact different quality indicators, which incentives are most cost-effective, and what the most effective frequency of incentive payments is before moving forward with such funding. The RTT-ELC system calls on local Consortia to design incentives that encourage participation and improve quality.

The CAEL QIS recognized the importance of allowing time for full implementation of a QRIS. The CAEL QIS recommends a three-year pilot in a random sample of settings that include urban and rural, infant/toddler and preschool classrooms, and QRIS-experienced and non-experienced settings before any kind of statewide implementation. After the pilot, CAEL QIS recommends phasing in the QRIS over five or more years to allow sufficient time for planning and evaluation. In contrast, the RTT-ELC grant timeline allows for a three-year planning and implementation period. Although the CAEL QIS Advisory Committee foresaw eventual statewide implementation of the QRIS, the RTT-ELC favors a more local approach to the development and implementation of quality standards themselves.

## Summary

Taken together, these comparisons indicate that the CAEL QIS Advisory Committee and the RTT-ELC Consortia recommendations for quality standards are actually quite similar and generally appear to reflect similar visions of quality. However, there are a handful of domains (such as family involvement and *Foundations* and *Frameworks*) in which CAEL QIS makes tiered recommendations and the RTT-ELC Hybrid Matrix does not address them. Still, both CAEL QIS and the RTT-ELC Hybrid Matrix place particular emphasis on program quality assessment through the CLASS and ERS systems. Both CAEL QIS and RTT-ELC also emphasize improvement along a tiered continuum on teacher-child ratios and group size and content-specific education and experience for teachers and leadership personnel within programs. Despite a provision that allows for local options, most counties that received RTT-ELC grants to implement local QRISs chose not to alter the rating standards. 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.

At the local level, although most counties with pre-existing QRISs address the components of quality addressed by CAEL QIS and RTT-ELC (including staff and administrator education, classroom quality assessments, teacher-child ratios and group sizes, and family involvement), there is some variation in how they are addressed and implemented across counties. For instance, some counties have universal baseline requirements that all programs must meet, whereas others have tiered systems similar to CAEL QIS and RTT-ELC. Still other counties implement a combination of tiered and baseline requirements in a given domain depending on the type of child care provider. More specifically, some counties implement baseline requirements for ratios and group size according to licensing standards for family child care but implement tiered requirements for center-based care. Finally, in the face of substantial increases in quality requirements, some counties recognize the difficulty that programs might face in implementing changes so quickly. Therefore, some counties have allowed for gradual phase-in, so that programs do not have to meet all specified requirements immediately, as long as they demonstrate that there are steps in place to achieve such changes by a particular time.

The CAEL QIS Advisory Committee and the RTT-ELC Consortia recommendations also address provider supports. The recommendations of the CAEL QIS Advisory Committee address provider supports including technical assistance, workforce development, family involvement, data systems, funding, and pilot testing and implementation. The RTT-ELC Consortia recommendations address some of these areas, but not all. The RTT-ELC Consortia recommendations place substantial emphasis on professional development and training of staff and program leadership. Family involvement guidelines are also under development. However, the RTT-ELC system has yet to address several issues, including data systems, financial incentives, and a long-term funding model. Given the local focus of the RTT-ELC QRIS effort, it does not include a strategy for statewide implementation or address higher education reform for workforce development. The RTT-ELC Consortia approach to provider supports will likely result in substantial variation and innovation across counties, offering an opportunity for comparison and evaluation of different approaches.

# Chapter 5: Characteristics of Providers Participating in QISs and QRISs and Children and Families Served by Them

## Introduction

With the descriptions of county systems presented in chapter 3 and rating structures presented in chapter 4 in mind, chapter 5 turns to the providers participating in these systems and the children, families, and communities served by these systems. To better understand the contexts in which these systems operate and the variation in providers and families served, we worked with a subset of county systems to obtain and analyze the data that they collect to document, manage, monitor, and/or evaluate their own quality improvement efforts. Specifically, using these and other extant sources of data for seven county systems, we address the following questions[19] :

1. **Characteristics of Participating Providers and Scope of their Participation**. Who are the providers participating in the QRIS or QIS activities? What quality improvement supports do they receive? What are the characteristics of the children and families served by these participating providers?
2. **Characteristics of Providers with Increased Quality Ratings**. What are the characteristics of participating providers that increased their quality ratings?
3. **Community Demographics**. What are the demographics of the community or communities served by the quality improvement efforts?
4. **Variation Across Local Systems**. How do local systems vary in terms of characteristics of participating providers or of the children, families, and communities served by these systems?

Beyond describing the stakeholders in QISs and QRISs, however, this chapter also offers an opportunity to explore the systems counties are using for defining, gathering, and recording data elements that will ultimately be used in the RTT-ELC QRIS for determining and managing ratings information. Before ratings are publicized, systems 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 there is more work to be done to shore up county data systems to ensure that ratings across (and even within) counties are meaningful and reliable reflections of quality.

[19] One important question that we could not address is what are the characteristics of the parents and families who receive information on providers' quality ratings? As discussed in depth in Chapter 8, very few QRISs provide information on quality ratings to families, so there is little if any, data available about the characteristics of families who receive those ratings in the few counties that have made them available. In addition, we cannot address the question of who the providers are that are *not* participating in the system. That is, we cannot describe the extent to which participating providers reflect the characteristics of the population of providers in each county or whether only the highest quality providers are selected into the system.

Our general approach to the analyses presented in this chapter is to analyze extant data over multiple years, where available, from the QRISs or QISs that were established in counties before the implementation of the RTT-ELC QRIS, as well as data on community characteristics from other sources. After screening 19 QRIS counties we initially considered to be candidates for having a QRIS to determine the availability of data needed to address the questions outlined above, we found that many did not have a data system in place to store the data we were interested in collecting, and those that did have existing data files often collected data on similar topics by using very different definitions and approaches. As a result, we collected extant data from seven QRIS or QIS initiatives—our "focal systems"—in six California counties:

- Los Angeles Universal Preschool (LAUP)
- Los Angeles Steps to Excellence Program (LA STEP)
- San Francisco Preschool for All (PFA)
- San Joaquin County Preschool Initiative
- Orange County Quality Improvement System (OC QIS)
- Santa Clara Child Signature Program (CSP)
- Contra Costa County Preschool Makes a Difference (PMD)

We begin with a description of our approach to extant data collection and analysis. We then present the results of these analyses in profiles of each participating county QRIS or QIS, with descriptive information about provider characteristics and quality. Finally, we summarize the similarities and differences across these systems and explore variation in county characteristics. Appendix E provides a more detailed discussion of the methodology used for this chapter and presents a description of the characteristics of the counties included in this analysis compared with the rest of the state.

## *Approach to Extant Data Analysis*

To address the study questions outlined above, we gathered extant data from the seven focal systems that had sufficient data available and were able to provide it to us in a format suitable for our analysis. Data requested included:

- Scope of the system (e.g., number of participating providers, provider zip code)
- Provider characteristics (e.g., provider size and ages served, provider type, setting or funding sources, curriculum used, accreditation)
- Characteristics of early educators (e.g., education level)
- Program or classroom quality (e.g., QRIS rating or reimbursement tier, ERS scores, CLASS scores)
- Participation in quality improvement supports (e.g., receipt of training, TA, or grants)

- Family and child characteristics and development (e.g., child race/ethnicity, language spoken at home, parent education or socio-economic status, child developmental outcomes)

Not all systems were able to provide data in all categories; exhibit F-3 in appendix F provides an indication of which systems provided which data elements. We analyzed the available data from each county. We also drew on several large datasets with information on county-level characteristics to supplement our analysis:

- Early Learning Systems Data Browser, developed by AIR, which provides community demographic data by county (e.g., number of 3 and 4 year olds, number of children eligible for State Preschool), enrollment information by early care and education settings, and number of providers by setting
- American Community Survey (ACS) data from the U.S. Census, which contains more detailed information on community demographics such as income, parent education, and race/ethnicity
- Common Core of Data (CCD), which includes data on urbanicity by county and zip code

Using these data, we conducted a series of descriptive analyses. The analysis methods used for each research question are described below.

## *Characteristics of Participating Providers and the Scope of Their Participation*

The county systems in our study differed considerably in the types of data they collected on providers. Even when they did collect the same type of data, the variables were often defined or scored differently. Furthermore, some counties collected quality data at the provider level, and others collected it at the classroom level. The differences in the data collected by each county system made it impossible to combine or aggregate data across systems or even to report the same information for each QRIS or QIS. To maximize the amount of information we were able to use from the data provided to us by each county system, given inconsistencies across counties, we ran separate analyses to describe the providers participating in each QRIS or QIS. The data used for these analyses included information on the characteristics of providers or classrooms, teachers, and families; program or classroom quality ratings or classroom observation scores; and participation in quality improvement supports offered by the county.

## *Characteristics of Providers with Increased Quality Ratings*

Five of the county systems (LAUP, San Francisco PFA, San Joaquin Preschool Initiative, Santa Clara CSP, and Contra Costa PMD) had data on program quality ratings or classroom observations from more than one point in time for at least some participating providers. For the time frame for which data were provided, LAUP made significant changes in the approach to calculating the provider reimbursement tier, so the ratings could not be compared over time. Data consistency issues also precluded comparisons over time for Contra Costa PMD. For San Francisco PFA, San Joaquin Preschool Initiative, and Santa Clara CSP, we examined how quality changed over time for a panel of providers with data for more than one point in time by calculating the percentage of providers that scored higher, the same, or lower on the classroom

observation scores, and we also compared the mean scores over time by using a paired *t* test. If there was significant change in the scores over time, we used chi square tests to compare the provider characteristics (such as provider type, size, setting or funding sources, accreditation status or curriculum use, and teacher qualifications) that did and did not increase their score over time.

### *Community Demographics*

To examine community characteristics, we analyzed demographic and community characteristics data from the Early Learning Systems Data Browser, ACS, and CCD. We first compared characteristics of the counties hosting the seven focal systems that provided data. We then compared the characteristics of counties that had a system that met the definition of a QIS, those that had a system meeting the definition of a QRIS, and those that had neither. In addition, we also compared the characteristics of rural and nonrural counties since, as described in chapter 3, rural counties appear to face more challenges in implementing QI components because of limitations of distance or technology and inability to qualify for many state-level programs and QI resources.

### *Variation Across Local Systems*

As noted, data inconsistencies across counties limit our ability to make direct comparisons between county systems. However, to the extent feasible, we compared results from data collected from the seven focal systems and identified commonalities and differences. We also compared demographic and community characteristics across the counties in which data had been collected.

## Findings

As previously noted, because data collected across county systems were not comparable, we present separate profiles of each system that provided data. Results describing provider characteristics, teacher characteristics, characteristics of children and families served, quality improvement supports received by providers, and quality ratings are presented for each system that provided data on these topics. First, we present univariate frequencies and percentages for categorical variables or the mean and standard deviation for continuous variables. Then, we present bivariate cross-tabulations or means of quality scores classified by provider characteristics and participation in quality improvement supports, where available, along with chi square or *t* tests of group differences. After these profiles, we discuss variation across systems, including both county characteristics and provider data.

It is important to note that four of the seven systems (LAUP, San Francisco PFA, San Joaquin Preschool Initiative, and Santa Clara CSP) included in the analysis have a common history through funding from First 5 preschool initiatives. They grew out of the Power of Preschool (PoP) initiative funded by First 5 California and local First 5 commissions. They also currently have funds from the First 5 Child Signature Program (CSP 1), which evolved from PoP. This means that these systems focus on improving the quality of programs/providers located in high-need areas of their counties, and predominantly on the classrooms/providers serving preschool age children, as distinct from the birth to age five population. The other systems have drawn on

other sources of funding and take a different approach to targeting their quality improvement efforts.

## *Profile of Los Angeles Universal Preschool (LAUP)*

Located in Los Angeles, about half of LAUP's providers are in zip codes designated as a city, and half are in zip codes designated as a suburb; fewer than 1 percent have a zip code designated as rural. The stated purpose or focus of LAUP is to improve the quality of classrooms and family child care homes serving preschool-age children in targeted zip codes of the county. LAUP rates each participating classroom rather than the program as a whole.

This rating system, which is further described in appendix E, meets the study's definition of a QRIS because the ratings are used to determine the level of tiered reimbursement. The ratings are not publicized, although families may request the information about participating providers. Additional information about the quality ratings is provided in the section below describing quality ratings and measures of program quality. Providers included in LAUP are all part of the county's local First 5-funded preschool initiative, and all serve preschool-age children.

### Characteristics of Providers and Classrooms in LAUP

In LAUP, the number of participating providers has declined slightly across the three years of data provided by the county. There were 350 providers in the 2010–11 program year, 334 providers in 2011–12, and 309 providers in 2012–13. This decline paralleled state reductions in many of the publicly subsidized and state-contracted programs participating in the QRIS, though the precise reason for the decline in participation is not known. The provider characteristics presented in exhibit 5.1 are for the 2011–12 program year since data were most complete for this year.

In 2011–12, family child care homes made up 30 percent of the LAUP providers; school-based or other public centers made up another 33 percent of providers; and the remaining 37 percent of providers were private community-based centers, which included both nonprofit and for-profit centers. It is notable that almost a third of the providers were family child care homes, reflecting the program's diverse delivery system.

Data on program capacity and enrollment for providers participating in LAUP include only the number of slots supported by the First 5 funded initiative and do not represent the total size of the program. Total program size may be different from the capacity reported for LAUP in two ways. First, providers may have additional slots that are tuition based or are funded by other sources. Second, many of the slots funded by the LAUP preschool initiative are part-day slots, so the number of slots would be larger than the maximum number of children served at a given time. For example, family child care providers are limited to serving between 6 and 14 preschoolers, depending on the type of license and age of the children, but may have up to 24 slots funded by the First 5 preschool initiative in two separate part-day sessions.

**Exhibit 5.1. Characteristics of Providers Participating in LAUP (2011–12)**

| Characteristics of Providers in LAUP | | |
|---|---|---|
| **Scope of QRIS** | Number of Providers | |
| 2009–10 | 350 | |
| 2011–12 | 334 | |
| 2012–13 | 309 | |
| **Provider Type** | Percentage of Providers (N=334) | |
| Private, community-based center | 37% | |
| School-based or other public center | 33% | |
| Family child care homes | 30% | |
| **Capacity (Number of Preschool Slots)** | Percentage of Center-Based Programs (N=234) | Percentage of Family Child Care Homes (N=100) |
| Less than 10 children | -- | 28% |
| 10–14 children | 1% | 20% |
| 15–24 children | 35% | 52%* |
| 25–48 children | 50% | -- |
| More than 48 children | 15% | -- |
| **Curricula** | Percentage of Providers (N=102)* | |
| Creative Curriculum | 54% | |
| HighScope | 34% | |
| Reggio Emilia | 13% | |
| Other (for example, Emergent, Montessori) | 16% | |

Source: 2011–12 data from LAUP.
*Notes: Only 102 providers had data on the curriculum used. It is not known what, if any, curriculum was used by the remaining 232 providers. In addition, some providers listed multiple curricula; thus, percentages do not sum to 100.
Many FCC providers offered two sessions (morning and afternoon).
Capacity data only include slots supported by the First 5 initiative and, thus, do not reflect total provider capacity.

The average number of slots funded by the First 5 preschool initiative grew steadily across the three years of data provided by the county, with a mean capacity per First 5–funded program of 31.7 children in 2010–11, 33.0 children in 2011–12, and 35.5 children in 2012–13. In 2011–12, the number of slots ranged from only 4 children to 24 children in family child care homes, and from 10 children to a maximum of 144 in center-based programs. Exhibit 5.1 shows the range of First 5 preschool slots for both center-based programs and family child care homes in 2011–12. A little more than half of family child care homes had more than 14 slots, indicating that they had separate morning and afternoon sessions. Most centers served either 20 to 24 children (in one classroom) or 25 to 48 children (approximately two classrooms or one classroom with morning and afternoon sessions). The LAUP preschool initiative serves preschool-age children, so all children in these counts were in that age group.

In 2011–12, only 102 of the 334 providers reported the name of the curriculum or curricula used by the provider; this information is missing for the remaining 232 providers. Of these, 54 percent used Creative Curriculum, 34 percent used High Scope, 13 percent used Reggio Emilia, and 16 percent used a variety of other curricula such as Montessori and Emergent. These percentages add up to more than 100 because 16 percent of providers reported using more than one curriculum.

## Characteristics of Early Educators in LAUP

Data on lead teacher education level were available for a subset of providers (294 of 334) in 2011–12, representing a total of 517 classrooms. Exhibit 5.2 shows that 71 percent of lead teachers had at least a bachelor's degree. The teachers in LAUP are highly educated when compared with most early childhood teachers, which is not surprising, given that teacher education qualifications are a major element of the rating system in this QRIS. Data were also available on the education levels of up to three assistant teachers, but these data may also include other program staff in addition to assistant teaching staff and may not accurately reflect the education levels of the assistant teachers in the classrooms participating in the QRIS. Exhibit 5.2 includes data only for the first assistant teacher identified for each classroom.

**Exhibit 5.2. Characteristics of Early Educators Participating in LAUP (2011–12)**

| Characteristics of Early Educators in LAUP | | |
|---|---|---|
| **Education Level** | Percentage of Lead Teachers (N=517) | Percentage of Assistant Teachers (N=402) |
| Some college | 12% | 57% |
| Associate's degree | 17% | 28% |
| Bachelor's degree or higher | 71% | 15% |

Source: 2011–12 data from LAUP.

## Characteristics of Children and Families in LAUP

Data on child characteristics were available for 548 classrooms located in 298 of the 334 providers participating in LAUP in 2011–12. Exhibit 5.3 shows the percentage of classrooms participating in LAUP that had high concentrations of children with various risk factors. In particular, many providers had high concentrations of children in low-income families, with 72 percent of classrooms in which at least one in four children had a family income below $30,000. Just 15 percent of classrooms had none of these indicators of a high-risk population, 15 percent of classrooms had one of the indicators, and 70 percent had two or more indicators. This finding is consistent with the initiative's focus on serving high-need populations.

**Exhibit 5.3. Characteristics of Children and Families Served by Providers Participating in LAUP (2011–12)**

| Characteristics of Children and Families in LAUP | |
|---|---|
| **Risk Indicators** | Percentage of Classrooms (N=548) |
| More than 25 percent with family income under $15,000 | 40% |
| More than 25% with family income under $30,000 | 72% |
| More than 25% receiving TANF | 12% |
| More than 25% receiving WIC | 69% |
| More than 25% with mother who did not complete high school | 35% |
| More than 10% with IEP or IFSP | 22% |
| One risk indicator | 15% |
| Two or more risk indicators | 70% |

Source: 2011–12 data from LAUP.

### Participation in QRIS Quality Improvement Supports in LAUP

Data on participation in QRIS quality improvement supports is available at the provider level. In 2011–12, all 334 providers received coaching for quality improvement as part of LAUP (exhibit 5.4). In addition, eight providers (2 percent) received specialized coaching for providers that are new to the system and are working toward qualifying for level 3, the minimum to be eligible for the preschool initiative. Some providers participated in additional quality improvement supports, including an intensive training institute for teaching quality (28 percent of providers) and tuition support for staff education (22 percent); 41 percent of providers participated in at least one of these quality improvement supports.

In 2011–12, participation in the additional quality improvement supports (intensive training institute or tuition supports) varied by provider type, with 52 percent of community-based centers, 41 percent of school-based or other public centers, and 28 percent of family child care providers participating ($\chi^2 = 13.63$, $p = .0001$). Participation in quality improvement supports did not vary by urbanicity (data not shown).

**Exhibit 5.4. Quality Improvement Supports Received by Providers Participating in LAUP (2011–12)**

| Quality Improvement Supports in LAUP | |
|---|---|
| **Participation in QI Supports** | Percentage of Providers Participating in QI Supports (N=334) |
| Coaching for quality improvement | 100% |
| Specialized coaching for new providers | 2% |
| Additional QI supports | 41% |
| Intensive training institute for teaching quality | 28% |
| Tuition support for staff education | 22% |
| **Participation in QI Supports by Provider Type** | Percentage of Providers Participating in at Least One Additional QI Support |
| Community-based centers (N=124) | 52% |
| School-based or other public centers (N=110) | 41% |
| Family child care providers (N=100) | 28% |

Source: 2011–12 data from LAUP.

### Quality Rating and Observed Classroom Quality Scores in LAUP

Providers participating in LAUP received an annual quality rating score. The ratings, which occurred at the classroom level, included three levels (ratings of 3, 4, and 5; providers that rate below a 3 are not eligible for participation in the system). The quality ratings are based on a combination of staff qualifications and the results of a structured quality observation in the classroom. The exhibits in appendix E show the rating criteria for each of these levels. The quality ratings are used to determine the per-child reimbursement rate for classrooms participating in the LAUP preschool initiative; the reimbursement rate increases substantially as the quality rating level goes up.

Because ratings are assigned at the classroom level, they may vary among different classrooms within the same program. In 2011–12, 11 percent of the 333 providers with rated classrooms had different quality rating scores across classrooms, whereas the remaining 89 percent had the same

rating in each classroom (55 percent) or had only one classroom with a rating (34 percent). Because classrooms must obtain a rating of at least 3 to remain in LAUP, all classrooms in the data file have a rating of 3, 4, or 5.

**Exhibit 5.5. Quality Ratings for Providers Participating in LAUP (2010–11 and 2011–12)**

| **Quality Ratings in LAUP** | | |
|---|---|---|
| **Classroom Quality Ratings, 2011–12** | Percentage of Classrooms (N=623) | |
| Level 3 | 18% | |
| Level 4 | 62% | |
| Level 5 | 20% | |
| **Variation in Classroom Quality Ratings within Providers, 2011–12** | Percentage of Providers Rated (N=333) | |
| Some score variation across classrooms | 11% | |
| Same scores across all classrooms | 55% | |
| Only one classroom rated | 34% | |
| **Average Classroom Quality Ratings at the Provider Level, by Provider Type, 2011–12** | Mean (SD) Provider Average Quality Rating | |
| Private, community-based centers (N=124) | 4.09 (0.55) | |
| School-based or other public centers (N=110) | 3.82 (0.51) | |
| Family child care providers (N=99) | 4.05 (0.67) | |
| **Classroom Quality Scores at the Classroom Level** | Mean (SD) Classroom Quality Score | Percentage (N) of Classrooms Assessed |
| ERS scores, 2010–11 | 5.54 (0.48) | 92% (573) |
| CLASS emotional support scores, 2010–11 | 5.73 (0.63) | 93% (579) |
| CLASS emotional support scores, 2011–12 | 5.73 (0.54) | 78% (485) |
| CLASS classroom organization scores, 2010–11 | 5.33 (0.77) | 93% (579) |
| CLASS classroom organization scores, 2011–12 | 5.43 (0.72) | 78% (485) |
| CLASS instructional support scores, 2010–11 | 2.73 (1.02) | 93% (579) |
| CLASS instructional support scores, 2011–12 | 2.56 (0.90) | 78% (485) |

Source: 2010–11 and 2011–12 data from LAUP.

Although ratings were available for each provider in these years, LAUP made significant changes to the rating calculation approach during this time, so it is not possible to compare scores over time. The shift in rating calculation includes the introduction of the CLASS instrument for the classroom quality observations, in addition to continued use of the ERS in alternating years. Not all providers were assessed with the same instrument during the transition to the new rating calculation approach. In 2010–11, 84 percent of the 606 classrooms with quality observations had both a CLASS and an ERS score, 9 percent had only a CLASS score, and 7 percent had only an ERS score. Therefore, any observed differences in rating levels over time would likely reflect changes in the county's criteria for achieving each quality level rather than changes in quality on a constant measure.

At the classroom level, there was not much change over time in observed classroom quality. Among the 437 classrooms that had CLASS observations in both 2010–11 and 2011–12, paired *t* tests indicated that average CLASS instructional support scores declined slightly from 2010–11 and 2011–12, but there were no differences in the CLASS emotional support and classroom organization scores. Among all 485 classrooms that had a CLASS observation in 2011–12, the

average scores were 5.73 for emotional support, 5.43 for classroom organization, and 2.56 for instructional support, as shown in exhibit 5.5. CLASS scoring ranges from 1 to 7, with scores of 1-2 generally considered low, 3-5 considered middle range, and scores of 6-7 considered high (Hamre, Goffin, & Kraft-Sayre, 2009). Among the 579 classrooms with CLASS scores in 2010-11, the average scores were 5.73 for emotional support, 5.33 for classroom organization, and 2.73 for instructional support. ERS scores were available only for the 2010–11 program year and were fairly high, on average, with a mean score of 5.54 (on a scale from 1 to 7, where 7 is considered excellent) in 573 classrooms.

Providers' average QRIS ratings across classrooms in 2011–12 varied significantly by provider type, in a one-way analysis of variance ($F = 7.00$, $p = .001$). The average quality rating is similar for private, community-based centers (mean = 4.09) and family child care providers (mean = 4.05) but is significantly lower in school-based or other public centers (mean = 3.82). There were no significant differences in average QRIS ratings in providers that received additional quality improvement supports or reported using a specific curriculum. Quality ratings did not differ significantly by program size or urbanicity.

## *Profile of Los Angeles Steps to Excellence Program (LA STEP)*

LA STEP is also located in Los Angeles. The majority of providers participating in LA STEP (83 percent) are located in zip codes designated as a city, 16 percent are in a zip code designated as a suburb, and 1 percent are in a zip code designated as a town.

LA STEP provides ratings to a variety of provider types on a voluntary basis. Unlike LAUP, LA STEP is focused on improving early care and education and supporting school readiness across all age groups from birth to age 5. Also unlike LAUP, LA STEP rates each participating provider as a whole, rather than rating classrooms separately, and includes five quality levels. Additional information about the quality ratings is provided in the section below describing quality ratings and measures of program quality.

### Characteristics of Providers and Classrooms in LA STEP

There were 314 providers active in the LA STEP system in 2012–13 (exhibit 5.6). The data available on providers and classrooms in LA STEP apply to providers active in LA STEP in the 2012–13 program year, although data for many providers were collected earlier. For example, 91 percent of the program quality ratings were based on applications submitted in 2011 or earlier. Furthermore, the system has transitioned out of a pilot phase that was completed in 2011, introducing a revised set of rating standards. The revised standards require centers to use the CLASS as part of the rating process to measure adult-child interactions, whereas family child care providers will continue to use the prior measure used (the Adult Involvement Scale). As a result, quality ratings have not been completed for all providers that have submitted QRIS applications more recently. Just eight of the 256 providers with quality ratings were rated under the revised system; for consistency, these providers have been excluded from analysis of the quality ratings.

**Exhibit 5.6. Characteristics of Providers Participating in LA STEP (2012–13)**

| Characteristics of Providers in LA STEP | | |
|---|---|---|
| **Scope of QRIS** | Number of Providers | |
| 2012–13 | 314 | |
| **Provider Type** | Percentage of Providers (N=314) | |
| Center-based programs | 66% | |
| Family child care homes | 34% | |
| **Funding Sources** | Percentage of Centers (N=209) | Percentage of FCCs (N=105) |
| Parent fees or tuition | 50% | 68% |
| CDE | 67% | 2% |
| Another local QRIS | 19% | 13% |
| Other sources | 13 | 20% |
| Head Start | 17% | -- |
| CalWORKS | -- | 67% |
| Family Child Care Home Education Network | -- | 26% |
| **Capacity (Center-Based Programs)** | Mean Number of Preschool Classrooms (SD) | Mean Number of Infant and Toddler Classrooms (SD) |
| Centers with preschool classrooms only (N=128) | 3.20 (1.60) | -- |
| Centers with preschool and infant and toddler classrooms (N=76) | 2.88 (1.81) | 1.86 (1.36) |
| **Capacity (Family Child Care Providers)** | Percentage of Providers (N=105) | |
| 8 children | 34% | |
| 10 to 12 children | 12% | |
| 14 children | 54% | |
| **Accreditation** | Percentage of Providers with NAEYC/NAFCC Accreditation (N=314) | |
| Center-based programs | 3% | |
| Family child care providers | 13% | |

Source: 2012–13 data provided by LA STEP.
Note: Data on Head Start funding is not available for family child care providers, and data on funding from CalWORKS is not available for centers. Funding from Family Child Care Home Education Network is available only to family child care providers.

LA STEP includes a diverse range of provider settings, including private child care centers, Head Start programs, family child care providers, and public preschool programs. Similar to LAUP, in LA STEP, two thirds of the 314 participating providers were centers, and the remaining third were family child care homes, as shown in exhibit 5.6. Providers had a variety of funding sources, including parent fees or tuition, the California Department of Education, and the other QRIS focusing on preschool-age children that is located in the county. The data used for this study do not allow us to link providers across the two systems to compare the ratings. Additional analysis indicates that 61 percent of providers have multiple funding streams, and 89 percent of the providers that accept parent fees have other funding sources as well.

Provider enrollment capacity data are collected differently for family child care providers and centers in LA STEP, so this information is presented separately. More than half of family child care providers were large FCCs, serving up to 14 children, as shown in exhibit 5.6. LA STEP was not able to provide data on provider enrollment capacity for all age groups served in centers, however, so the capacity data cannot be meaningfully interpreted, but data are available on the

number of classrooms serving each age group. Overall, the mean number of classrooms across all centers is 3.77, and exhibit 5.6 shows the mean number of classrooms by age group served. All centers participating in LA STEP had at least one classroom for preschool-age children, and 37 percent of centers also had infant and toddler classrooms. In LA STEP, 7 percent of all 314 participating providers were accredited by NAEYC or NAFFC. Family child care providers in the QRIS were more likely to have accreditation (13 percent) than were centers (3 percent, $\chi^2 = 11.2$, $p = .0008$).

## Characteristics of Early Educators in LA STEP

Data on lead teacher qualification levels were available for 175 classrooms, located in just 93 of the 314 participating providers. The teacher qualification categories differed for family child care providers and center-based classrooms, so these data are presented separately for each provider type. Exhibit 5.7 shows that almost all teachers in LA STEP center-based classrooms had at least an associate's degree, and almost 72 percent had a bachelor's degree. In contrast, 36 percent of family child care providers had at least an associate's degree, and 20 percent had a bachelor's degree.

**Exhibit 5.7. Characteristics of Early Educators Participating in LA STEP (2012–13)**

| Characteristics of Early Educators in LA STEP | |
|---|---|
| **Education Level (Center Teachers)** | Percentage of Lead Teachers (N=145) |
| Completed 12 units in child development and at least six months' experience, no permit | 1% |
| Hold or have applied for a Child Development Associate Teacher Permit (CDA or alternative higher education credits plus experience) | 1% |
| Hold or have applied for a Child Development Teacher Permit (associate's degree or alternative higher education credits plus experience) | 26% |
| Hold or have applied for a Child Development Master Teacher Permit (bachelor's degree or alternative higher education credits plus experience) | 46% |
| Hold a bachelor's degree in early childhood education or a closely allied field, no permit | 26% |
| **Education Level (FCC Providers)** | Percentage of Providers (N=30) |
| No early childhood education classes taken and meets Title 22 requirements, no permit | 40% |
| Child Development Assistant permit (some coursework requirements) | 23% |
| Child Development Teacher permit (associate's degree or alternative higher education credits plus experience) | 13% |
| Associate's degree in child development, no permit | 3% |
| Holds a bachelor's degree in ECE or related field with child development units or holds a bachelor's degree in another field with at least 12 ECE credits, no permit | 20% |

Source: 2012–13 data provided by LA STEP.

## Characteristics of Children and Families in LA STEP

LA STEP had little data available on children and families in participating providers. As shown in exhibit 5.8, 26 percent of providers served children receiving TANF, and 15 percent of providers served children in foster care.

**Exhibit 5.8. Characteristics of Children and Families Served by Providers Participating in LA STEP (2012–13)**

| Characteristics of Children and Families in LA STEP | |
|---|---|
| **Risk Indicators** | Percentage of Providers (N=314) |
| Serves children receiving TANF | 26% |
| Serves children in foster care | 15% |

Source: 2012–13 data provided by LA STEP.

## Participation in QRIS Quality Improvement Supports in LA STEP

Out of 211 providers with data on quality improvement supports, 72 percent received a quality improvement grant through LA STEP (between 2009 and 2012), with an average grant amount of $4,520. All 105 family child care providers received quality improvement grants, whereas only half of centers (51 percent) did. On average, family child care providers received a higher grant award, $4,778, in comparison with the $4,265 average for centers ($t = 5.10$, $p < .0001$). Grants were used for quality improvement efforts in each of the six domains included in the quality rating assessment, as shown in exhibit 5.9. In general, family child care providers identified more purposes for the grants they received (mean = 2.5) in comparison with centers (mean = 1.9, $t = 3.72$, $p = .0003$), so family child care providers were more likely to report using grants for quality improvements in several of the domains shown in exhibit 5.9. The most common use of the grants was to make improvements in the learning environment domain, for both centers and family child care providers, although a higher percentage of family child care providers reported using grants for this purpose.

**Exhibit 5.9. Quality Improvement Supports Received by Providers Participating in LA STEP (2012–13)**

| Quality Improvement Supports in LA STEP | | | |
|---|---|---|---|
| **Participation in QI Supports** | All Providers (N=211) | Centers (N=106) | FCCs (N=105) |
| Percent receiving a QI grant | 72% | 51% | 100% |
| Mean QI grant award amount | $4,520 | $4,265 | $4,778 |
| **Quality Improvement Grant Uses** | Percentage of All Providers (N=211) | Percentage of Centers (N=106) | Percentage of FCCs (N=105) |
| Learning environment | 91% | 86% | 95%* |
| Staff qualifications and working conditions | 45% | 34% | 56%** |
| Identification and inclusion of children with special needs | 36% | 34% | 37% |
| Family and community connections | 24% | 17% | 30%* |
| Teacher-child relationships | 16% | 8% | 25%** |
| Regulatory compliance | 12% | 14% | 10% |

Source: 2009–12 data from LA STEP.
* $p < .05$; ** $p < .01$.

## Quality Ratings and Observed Classroom Quality Scores in LA STEP

In LA STEP, providers received a quality rating score on a scale of 1 to 5, which applied to the entire program. The QRIS evaluated six domains of program quality: regulatory compliance, teacher-child relationships, learning environment, identification and inclusion of children with special needs, staff qualifications and working conditions, and family and community partnerships. The rating system has different criteria for centers and family child care providers,

although both provider types are rated on the same 1-to-5 scale. The rating criteria used by LA STEP can be found in appendix E. As described above, the eight providers that had quality ratings under the revised rating calculation system are excluded from this analysis for consistency. Also, 58 of 314 providers were active in the QRIS system in 2012–13 but were still working on the ratings process and did not have quality ratings assigned to them yet.

Exhibit 5.10 shows the overall quality ratings providers received in LA STEP under the rating calculation approach used in the system's pilot phase and also the program ratings on the subdomains that contribute to the total QRIS rating level. The distribution of overall program quality ratings is centered in the middle of the level range, with almost half of providers rated a level 3. Only 1 provider out of 248 (less than 1 percent) was rated at a level 5. Just 6 percent of providers receive the lowest rating of a level 1. The domain scores show that, on average, providers tended to earn lower scores in the staff qualifications domain and tended to earn higher scores in the teacher-child relationships and learning environment domains.

**Exhibit 5.10. Quality Ratings for Providers Participating in LA STEP (2011–12 and 2012–13)**

| **Quality Ratings in LA STEP** | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Program Quality Ratings** | Overall Quality Rating (N=248) | | Teacher-Child Relationships Domain (N=248) | | Learning Environments Domain (N=248) | | Children with Special Needs Domain (N=248) | | Staff Qualifications Domain (N=248) | | Family and Community Domain (N=248) | |
| Below 1 | -- | | 1% | | 1% | | 1% | | 2% | | 4% | |
| Level 1 | 6% | | 2% | | 1% | | 9% | | 27% | | 6% | |
| Level 2 | 29% | | 8% | | 4% | | 30% | | 46% | | 17% | |
| Level 3 | 49% | | 35% | | 19% | | 26% | | 19% | | 14% | |
| Level 4 | 16% | | 48% | | 59% | | 27% | | 4% | | 26% | |
| Level 5 | <1% | | 6% | | 19% | | 6% | | 2% | | 32% | |
| **Program Quality Ratings by Provider Type** | Overall Quality Rating | | Teacher-Child Relationships Domain | | Learning Environments Domain | | Children with Special Needs Domain | | Staff Qualifications Domain | | Family and Community Domain | |
| | Center (N=152) | FCC (N=96) | Center (N=152) | FCC (N=96) | Center (N=152) | FCC (N=96) | Center (N=152) | FCC (N=96) | Center (N=152) | FCC (N=96) | Center (N=152) | FCC (N=96) |
| Below 1 | -- | -- | 1% | 1% | 1% | 1% | 1% | 1% | 3% | 1% | 1% | 9% |
| Level 1 | 3% | 11% | 0% | 6% | 1% | 1% | 6% | 15% | 14% | 48% | 1% | 16% |
| Level 2 | 14% | 51% | 1% | 19% | 1% | 9% | 26% | 38% | 55% | 31% | 9% | 30% |
| Level 3 | 61% | 29% | 24% | 52% | 11% | 31% | 33% | 16% | 24% | 10% | 11% | 19% |
| Level 4 | 22% | 7% | 64% | 22% | 65% | 44% | 28% | 27% | 3% | 6% | 37% | 8% |
| Level 5 | 0% | 1% | 10% | 0% | 22% | 14% | 7% | 4% | 1% | 3% | 41% | 18% |
| **Classroom Quality Scores** | | | Mean (SD) Quality Score (scale of 1-7) (N=185) | | | | | | | | | |
| ERS teaching and interactions subscale | | | 6.09 (0.61) | | | | | | | | | |
| ERS provisions for learning subscale | | | 4.64 (0.99) | | | | | | | | | |
| **Program Quality Rating by QI Support** | | | Mean (SD) Program Quality Rating (N=248) | | | | | | | | | |
| Received a QI grant | | | 2.65 (0.86) | | | | | | | | | |
| Did not receive a QI grant | | | 3.14 (0.40) | | | | | | | | | |

Note: All providers passed the regulatory compliance domain, which is rated as pass/fail rather than on the 5-level scale. Percentages may not sum to 100 because of rounding.
Source: Data collected for LA STEP between 2009 and 2012, applicable in 2012–13.

Just nine providers in the system have had multiple ratings at different time points, precluding analysis of the characteristics of providers that improve quality ratings over time.

Under the pilot version of LA STEP, the rating for the learning environments domain was based on classroom observations by using the ERS instruments (ECERS for center-based preschool classrooms, ITERS for center-based infant and toddler classrooms, and FCCERS-R for family child care). LA STEP used an alternative approach to scoring the ERS; rather than calculating a single total score or seven subscale scores from the instrument, LA STEP calculated two amalgamated subscale scores by using certain items from the instrument. These scores are not directly comparable with ERS total scores calculated by other QRIS or QIS systems, although they are on the same seven-point metric, and were found to yield global ERS scores comparable to administering the entire tool (Cassidy et al. 2005)..

In the revised ratings approach implemented in 2012, classroom observation scores included six of the seven ERS subscale scores used in traditional ERS scoring and also used CLASS scores for center-based classrooms only. However, data from this revised ratings approach were available for only a handful of providers and, as mentioned above, only the pilot version of the ERS scoring is presented in this report.

Similar to the quality ratings scores, the ERS scores included data that were collected between 2009 and 2012 but that still apply to providers active in the system in 2012–13. ERS data were collected at the classroom level, rather than the program level, although many providers (79 percent) had only one classroom (or group, in the case of family child care). ERS data were available for 185 classrooms located in 97 of the 248 providers with quality ratings. As shown in exhibit 5.10, the average ERS quality observation scores tended to be higher in the teaching and interactions subscale than in the provisions for learning subscale.

**Quality Ratings by Provider Characteristics in LA STEP**

Among the 248 providers with quality ratings in the pilot rating calculation system for LA STEP, there were significant differences in rating levels between centers and family child care homes. As shown in exhibit 5.10, overall ratings tended to be higher in centers than in family child care homes, and centers also tended to have higher domain ratings. The rating system has different criteria for centers and family child care providers, as described above, although both have five levels that are comparable.

Quality ratings were significantly lower among providers that received quality improvement grants, suggesting that the grants were appropriately targeted to providers most in need of support. The average overall rating for providers that did not receive a grant was 3.1, whereas the average among providers that did receive a grant was 2.7 ($t = 5.89$, $p < .0001$). The average quality rating was also lower among providers that received a grant on every domain except identification and inclusion of children with special needs.

Similarly, quality ratings were significantly higher in providers located in city areas, in comparison with providers located in suburban or town areas, including overall ratings and ratings in all domains except identification and inclusion of children with special needs. The

average overall rating in city areas was 2.83, compared with 2.36 in suburban and town areas ($t$ = -3.27, $p$ = .0012).

## *Profile of San Francisco PFA*

Like LAUP and LA STEP, San Francisco PFA is located in an urban region. However, unlike LAUP and LA STEP, all providers participating in PFA are located in zip codes designated as a city. Similar to LAUP, PFA focuses on classrooms and family child care homes serving preschool-age children and is supported by the county's First 5 commission, state First 5 funds, and local revenues. PFA has three tiered reimbursement levels based on provider quality, although this information is not disseminated publicly. This rating system meets the study's definition of a QRIS because the ratings are used to determine the level of tiered reimbursement.

### Characteristics of Providers and Classrooms in San Francisco PFA

There were 229 classrooms active in PFA in 2012–13, located within 62 providers. Classrooms tend to have participated in the initiative for several years. For example, 76 percent of classrooms began participating in PFA in 2008–09 or earlier.

**Exhibit 5.11. Characteristics of Providers Participating in San Francisco PFA (2011–12)**

| **Characteristics of Providers in San Francisco PFA** | | |
|---|---|---|
| **Scope of QRIS** | Number of Providers | Number of Classrooms |
| 2011–12 | 62 | 229 |
| 2012–13 | 65 | 232 |
| **Provider Type** | Percentage of Providers (N=62) | |
| Center-based programs | 79% | |
| Family child care homes | 21% | |
| **Funding Sources** | Percentage of Providers (N=229) | |
| First 5 preschool initiative | 81% | |
| Title 5 | 27% | |
| Head Start | 25% | |
| Other local sources | 27% | |
| **Capacity (Center-Based Programs)** | Percentage of Centers (N=49) | |
| 1 classroom | 59% | |
| 2 to 4 classrooms | 22% | |
| 5 to 10 classrooms | 8% | |
| 10 to 20 classrooms | 8% | |
| More than 20 classrooms | 2% | |
| **Enrollment** | Percentage of Center-Based Classrooms (N=138) | Percentage of Family Child Care Classrooms (N=13) |
| Up to 5 children | 10% | 69% |
| Between 6 and 12 children | 33% | 31% |
| Between 13 and 24 children | 53% | -- |
| More than 24 children | 4% | -- |

Note: Data for children in 151 of the 229 classrooms participating in PFA in 2011–12.
Source: 2011-12 data from San Francisco PFA.

As shown in exhibit 5.11, in 2011–12, 79 percent of the 62 participating providers were center-based programs, and the remaining 21 percent were family child care homes. Although all family child care providers have a single classroom participating in the QRIS, centers range from having just 1 classroom to 76 classrooms in a very large agency with multiple locations. Exhibit 5.11 shows a count of centers with different numbers of classrooms participating in the QRIS; note that many of these programs have other classrooms that are not part of the QRIS and are not included in this table.

Data on child enrollment are available for 151 of the 229 classrooms participating in PFA in 2011–12. Exhibit 5.11 presents data on the number of children enrolled in these PFA classrooms, although this does not represent total program size for all providers, as many providers have classrooms not participating in PFA. Enrollment size is significantly different for center-based and family child care classrooms ($t = 8.21$, $p < .0001$), so enrollment is presented by provider type.

The majority of family child care providers participating in San Francisco PFA have fewer than six children. The mean number of children enrolled in family child care is 4.4. In contrast, the mean number of children enrolled in center-based classrooms is 13.5 As shown in exhibit 5.11, a little more than half of classrooms have between 13 and 24 children, and a third have smaller class enrollments of 6 to 12 children.

Classrooms in PFA had a variety of funding sources, and classroom funding streams varied within some centers with multiple classrooms. In PFA, 81 percent of classrooms received funding directly from the First 5 preschool initiative, 27 percent received Title 5 funds, 25 percent had Head Start funds, and 27 percent received funding from other local sources. Exhibit 5.11 shows the percentage of classrooms receiving various types of public funding.

### Characteristics of Early Educators in San Francisco PFA

Data on education level were available for early educators in 147 classrooms, or 64 percent of the classrooms currently active in PFA. The education level data were not available separately for different staff types (such as lead teacher or assistant teacher), so the data presented in exhibit 5.12 indicate whether any teacher or other staff associated with the classroom has the specified level of education. Almost all classrooms have at least one teacher with an associate's degree, and 88 percent have a teacher with at least a bachelor's degree. Somewhat fewer classrooms have staff with these degrees in early childhood education or child development–related fields.

**Exhibit 5.12. Characteristics of Early Educators Participating in San Francisco PFA (2011–12)**

| Characteristics of Early Educators in San Francisco PFA | |
|---|---|
| **Education Level** | Percentage of Classrooms with at Least One Teacher at This Education Level (N=147) |
| Associate's degree or higher, any subject | 98% |
| Bachelor's degree or higher, any subject | 88% |
| Associate's degree or higher, in early childhood education or child development | 73% |
| Bachelor's degree or higher, in early childhood education or child development | 55% |

Source: 2011-12 data from San Francisco PFA.

## Characteristics of Children and Families in San Francisco PFA

Data on child characteristics are available for 1,935 children in 149 of the 229 classrooms participating in PFA in 2011–12. As shown in exhibit 5.13, in 2011–12, 75 percent of these children were four years old as of September 1, 2011. Most of the remaining children were three years old, although 2 percent had already turned five. San Francisco PFA focused on preschool-age children, so no children under age three were included in PFA classrooms.

In 2011–12, a third of the children included in the San Francisco PFA child enrollment data file were Hispanic/ Latino, and another third were Asian. The remaining third of the children were a variety of other races or ethnicities. Exhibit 5.13 shows that 61 percent of children listed in the data file speak a language other than English at home, with Spanish and Cantonese spoken most commonly. Screening for developmental delays led to a referral for additional services for 2 percent of children. A handful of children (27, or a little more than 1 percent) received a CalWORKS voucher in addition to participation in the First 5 preschool initiative.

**Exhibit 5.13. Characteristics of Children and Families Served by Providers Participating in San Francisco PFA (2011–12)**

| Characteristics of Children and Families in San Francisco PFA | |
|---|---|
| **Age at Start of 2011–12 Program Year** | Percentage of Children (N=1,935) |
| 3 years old | 23% |
| 4 years old | 75% |
| 5 years old | 2% |
| **Race or Ethnicity** | Percentage of Children (N=1,826) |
| Hispanic/Latino, any race | 33% |
| Asian, not Hispanic/Latino | 33% |
| White, not Hispanic/Latino | 13% |
| Black/African American, not Hispanic/ Latino | 10% |
| Multiple races or ethnicities | 7% |
| Other race or ethnicity | 4% |
| **Home Language** | Percentage of Children (N=1,826) |
| English | 39% |
| Spanish | 28% |
| Cantonese | 23% |
| Other languages | 10% |

Note: Percentage of all children included in county data file for San Francisco PFA, which contained data for 151 classrooms for age and 151 classrooms for race or ethnicity of the 229 classrooms participating in PFA.
Source: 2011-12 data from San Francisco PFA.

## Quality Ratings and Observed Classroom Quality Scores in San Francisco PFA

Data are not available on the reimbursement tiers for classrooms participating in San Francisco PFA, but data are available from classroom observations that were used along with teacher qualification data to determine the reimbursement tier. The classroom observations were conducted using ERS instruments, including the ECERS for center-based classrooms and the FDCRS for family child care homes. The ERS scores are conducted approximately every three years for providers that pass the minimum ERS requirement. The ERS data presented below are

the most recent score for classrooms active in PFA but include data collected between 2009 and 2012 (and earlier dates for a handful of classrooms).

As shown in exhibit 5.14, the average ERS quality observation scores tended to be higher in the teaching and interactions subscale than in the provisions for learning subscale. The average total ERS score across classrooms is 5.07 on a scale of 1 to 7. This average score is relatively high because classrooms are expected to meet a minimum threshold for PFA.

**Exhibit 5.14. Quality Ratings for Providers Participating in San Francisco PFA (2005–12)**

| Quality Ratings in San Francisco PFA | |
|---|---|
| **Classroom Quality Scores** | Mean (SD) Quality Score (N=229) |
| ERS total score | 5.07 (0.48) |
| ERS space and furnishing subscale | 4.77 (0.84) |
| ERS personal care routine subscale | 2.87 (0.68) |
| ERS language–reasoning subscale | 5.25 (0.74) |
| ERS activities subscale | 5.09 (1.02) |
| ERS interaction subscale | 5.81 (0.88) |
| ERS program structure subscale | 6.02 (0.65) |
| **Change in Classroom Quality Scores Over Time** | Percentage of Classrooms (N=168) |
| ERS scores from most recent observation were higher than previous score | 54% |
| ERS scores from most recent observation were the same as or lower than previous score | 46% |

Source: Data collected for San Francisco PFA between 2005 and 2012, applicable in 2012–13.
Note: Includes ECERS scores for 214 center-based classrooms and FDCRS scores for 15 family child care providers. Most data were from 2009-2012, but a few programs had ERS data between 2005 and 2007 but were still considered active in 2011-12.

There were no significant differences in total ERS scores between centers and family child care homes, and there also was only one significant difference in the ERS subscales. Family child care providers scored higher on average (6.65) than did centers (5.87) in the program structure subscale ($t$ =-3.98, $p$ < .0001).

There were no significant differences in ERS scores between classrooms that did and those that did not have at least one teacher with a bachelor's degree or between classrooms that did and those that did not have at least one teacher with a degree in early childhood education or child development. Also, ERS scores did not differ between providers that had multiple funding streams and those that did not. San Francisco PFA did not use the CLASS routinely during the time from which these data were collected, so no data on the relationship between teacher education qualifications and instructional quality are available.

Many providers in PFA have participated in the initiative for several years, as described above, and as a result, many classrooms have had multiple ERS assessments. In 2011–12, 73 percent of classrooms had data available from at least one prior classroom observation with the ERS. Just as the current ERS scores were collected over several years, the previous scores also spanned several years, from 2005 to 2011. Among the 168 classrooms with at least two rounds of ERS

scores, 54 percent had higher scores in the more recent observation period. Among classrooms with two observation time points, the mean ERS score for the most recent observation was 5.07, which is significantly higher than the 4.96 mean ERS score for the previous observation (paired $t = 2.34$, $p = .02$). However, the current and previous ERS observations were conducted over varying years for different classrooms.

Providers with increasing ERS scores did not differ from providers with flat or declining ERS scores in terms of teacher qualifications (having a BA or the degree area) or funding sources.

## *Profile of the San Joaquin Preschool Initiative*

The San Joaquin Preschool Initiative is located in a suburban county, though most (61 percent) participating providers are located in zip codes designated as a city; 36 percent are located in zip codes designated as a suburban area, and 4 percent are located in a zip code designated as a rural area.

Similar to several of the other initiatives, the San Joaquin Preschool Initiative is for classrooms and family child care homes participating in the county's First 5–funded preschool initiative. San Joaquin has three tiered reimbursement levels based on teacher qualifications, although this information is not disseminated publicly. This rating system meets the study's definition of a QRIS because the ratings are used to determine the level of tiered reimbursement. Providers included in the San Joaquin Preschool Initiative are all part of the county's local First 5–funded preschool initiative, and all serve four-year-old children.

### Characteristics of Providers and Classrooms in the San Joaquin Preschool Initiative

In the San Joaquin Preschool Initiative, there were 28 classrooms participating in 2011–12, located within 7 providers. Among the 28 classrooms, 21 had a single session and 7 had multiple sessions with different groups of children, with one morning and one afternoon session except a single classroom that had three daily sessions. Just one classroom (with two sessions) was in a family child care setting, but this classroom was part of a provider that also operated several center-based classrooms. All 28 classrooms participated in the Preschool Initiative in 2010–11 as well as in 2011–12.

San Joaquin had two different types of data on classroom size in 2011–12, which were collected separately for all sessions for classrooms that had multiple sessions. Data were available on classroom session capacity, indicating the number of children served at any given time, and on classroom session enrollment, indicating the number of children served during the course of the year. The two sessions located in a family child care setting (in a single classroom) both had a capacity and enrollment of 10 children. Exhibit 5.15 presents data on capacity and enrollment for center-based classroom sessions. In 2011–12, one single-session classroom had a total licensed capacity of 32, whereas all other classroom sessions had a capacity of 24 or fewer children. In contrast, 42 percent of sessions served more than 24 children during the course of the year, suggesting that many sessions had child turnover during the year.

**Exhibit 5.15. Characteristics of Providers Participating in the San Joaquin Preschool Initiative (2011–12)**

| Characteristics of Providers in the San Joaquin Preschool Inititiative | | |
|---|---|---|
| **Scope of QRIS** | Number of Providers | Number of Classrooms (Sessions) |
| 2010–11 | 7 | 28 (36) |
| 2011–12 | 7 | 28 (36) |
| **Provider Type** | Percentage of Classrooms (N=28) | Percentage of Sessions (N=36) |
| Center-based classrooms | 96% | 94% |
| Family child care classrooms | 4% | 6% |
| **Capacity (Center-Based Programs)** | Capacity: Percentage of Center-Based Sessions (N=33)* | Enrollment: Percentage of Center-Based Sessions (N=33) |
| 10 children | 3% | 3% |
| Between 16 and 20 children | 30% | 18% |
| Between 21 and 24 children | 64% | 36% |
| More than 24 children | 3% | 42% |

Source: 2011–12 data from San Joaquin Preschool Initiative.
*Note: Of the 36 sessions, 2 were FCCs, and 1 had missing information on capacity, leaving 33 sessions with valid data.

Among the 36 sessions, 11 percent served children who used child care subsidies for wraparound care, and 6 percent served children who paid tuition for wraparound care.

### Characteristics of Early Educators in the San Joaquin Preschool Initiative

San Joaquin collected early educator qualification data for each of the 28 classrooms and assigned a quality level to each classroom on the basis of the qualifications of both the lead teacher and the assistant teacher, if applicable. The classroom quality level determines the provider's tiered reimbursement rate for the First 5 preschool initiative, so these data are presented below in the quality ratings section. As shown in exhibit 5.18 in the quality ratings section, 29 percent of classrooms were in the highest tier, indicating that the lead teacher holds a Program Director Permit, which requires a bachelor's degree in most cases.

### Characteristics of Children and Families in San Joaquin

In San Joaquin, 72 percent of the 36 classroom sessions had high concentrations of children (more than 25 percent) who speak a language other than English at home (exhibit 5.16). Classroom average Desired Results Developmental Profile (DRDP) scores were reported as integers and ranged from 2 to 5 (on a scale of 1 to 5), with a median of 4. Data on the number of children receiving mandated special education services was available only at the provider level but ranged from none to 34 percent, with a mean of 14 percent.

**Exhibit 5.16. Characteristics of Children and Families Served by Providers Participating in the San Joaquin Preschool Initiative (2011–12)**

| Characteristics of Children and Families in the San Joaquin Preschool Initiative | |
|---|---|
| **Risk Indicators** | Percentage of Classroom Sessions (N=36) |
| More than 25% speak a language other than English at home | 72% |
| **Developmental Outcomes** | Median Classroom Average Scores (N=28) |
| DRDP score | 4 |

Source: 2011–12 data from the San Joaquin Preschool Initiative.

## Participation in QRIS Quality Improvement Supports in the San Joaquin Preschool Initiative

Among the 28 classrooms participating in the San Joaquin Preschool Initiative, 21 percent received technical assistance in 2011–12, with technical assistance duration ranging from one to three hours (exhibit 5.17).

**Exhibit 5.17. Quality Improvement Supports Received by Providers Participating in the San Joaquin Preschool Initiative (2011–12)**

| Quality Improvement Supports in the San Joaquin Preschool Initiative | | |
|---|---|---|
| **Participation in QI Supports** | Percentage of Classrooms That Received Support (N=28) | Support Duration Range (N=28) |
| Technical assistance | 21% | 1–3 hours |

Source: 2011–12 data from the San Joaquin Preschool Initiative.

## Quality Ratings and Observed Classroom Quality Scores in the San Joaquin Preschool Initiative

In San Joaquin, quality ratings are assigned to classrooms on the basis of teacher permit levels and ERS scores and are used to determine classroom reimbursement rates for the First 5 preschool initiative. There are three classroom rating levels, including Entry Level for a $3,200 reimbursement rate, Advancing Level for a $4,000 reimbursement rate, and Highest Level for a $4,800 reimbursement rate. In order to meet the Entry Level quality criteria, classrooms are required to have a lead teacher with a Teacher Permit and assistant teachers with Assistant Permits, have an overall ERS score of 4, and meet Title 5 requirements. An overall average score below 4.0 triggers a follow-up visit and the development of a Plan of Action for improvement. Classrooms that meet the Advancing Level quality criteria have a lead teacher with a Site Supervisor Permit and assistant teachers with Associate Teacher Permits. Finally, to reach the Highest Level, classrooms must have a lead teacher with a Program Director Permit (which requires a bachelor's degree) and assistant teachers with Teacher Permits and associate's degrees.

Classroom rating levels may vary for different classrooms within the same program. As shown in exhibit 5.18, 61 percent were rated at the middle reimbursement tier, and relatively few providers were at the lowest reimbursement tier.

**Exhibit 5.18. Quality Ratings for Providers Participating in the San Joaquin Preschool Initiative (2010–11 and 2011–12)**

| Quality Ratings in the San Joaquin Preschool Initiative | | |
|---|---|---|
| **Classroom Quality Ratings** | Percentage of Classrooms, 2010–11 (N=28) | Percentage of Classrooms, 2011–12 (N=28) |
| Entry Level (lowest tier, $3,200 reimbursement rate) | 11% | 11% |
| Advancing Level (middle tier, $4,000 reimbursement rate) | 61% | 61% |
| Highest Level (highest tier, $4,800 reimbursement rate) | 29% | 29% |
| **Classroom Quality Scores** | Mean (SD) Quality Score, 2010-11 (N=28) | Mean (SD) Quality Score, 2011-12 (N=28) |
| ERS total score | 5.10 (0.51) | 5.10 (0.41) |

Source: 2011–12 data from the San Joaquin Preschool Initiative.

Classroom rating levels in San Joaquin are not based on classroom observation results (except in terms of minimum qualifications), but the county did conduct ECERS observations in all 28 classrooms included in the QRIS in both 2010–11 and 2011–12. Although one classroom (with two sessions) was based in a family child care setting, the county considered it most appropriate to use the ECERS for all classroom quality observations. As shown in exhibit 5.18, the average ECERS total score across classrooms was 5.10 on a scale of 1 to 7. This average score is relatively high, possibly because providers have to meet standards associated with participation in the First 5 preschool initiative.

Comparisons between providers at each rating level are limited by the small number of classrooms, especially in the lowest rating level. No significant differences were found in ERS scores by rating level, but this may be partly because of the small sample size.

All classrooms participating in the San Joaquin Preschool Initiative maintained the same reimbursement tier from 2010–11 to 2011–12. No providers had an identical ECERS score over the two years, and half scored higher in 2011–12 and half scored lower. However, the mean ECERS score was the same for both years, and a paired *t* test showed no significant difference overall in classrooms' ECERS scores from 2010–11 to 2011–12.

## *Profile of Orange County Quality Improvement System*

Orange County Quality Improvement System (OC QIS) includes a range of providers, half of which are located in zip codes designated as a city, and half are designated as suburban. OC QIS focuses on enhancing the quality of early care and education for all age groups by providing criteria for self-assessments, coaching, technical assistance, and professional development activities. However, this system does not have quality ratings or a tiered reimbursement system linked to the quality assessments conducted by the county, so OC QIS does not meet the study's definition of a QRIS.

## Characteristics of Providers and Classrooms in OC QIS

In 2011–12, there were 32 providers participating in OC QIS, with a total of 343 classrooms. Data on OC QIS are collected at the program level, so all analyses are for participating programs rather than classrooms.

**Exhibit 5.19. Characteristics of Providers Participating in OC QIS (2011–12)**

| **Characteristics of Providers in OC QIS** | | |
|---|---|---|
| **Scope of QIS** | Number of Providers | Number of Classrooms |
| 2011–12 | 32 | 343 |
| **Provider Type** | Percentage of Providers (N=32) | |
| Center-based programs | 100% | |
| Family child care homes | 0% | |
| **Setting** | Percentage of Providers (N=32) | |
| Nonprofit | 38% | |
| Faith based | 19% | |
| Private, for-profit | 19% | |
| Other | 25% | |
| **Funding** | Percentage of Providers (N=32) | |
| Public funding | 47% | |
| Accepts CalWorks child care subsidies | 72% | |
| **Capacity (Classrooms)** | Percentage of Providers (N=32) | |
| 1 classroom | 6% | |
| 2 to 4 classrooms | 31% | |
| 5 to 10 classrooms | 44% | |
| More than 10 classrooms | 19% | |
| **Capacity (Children)** | Mean Number of Children Enrolled by Provider (SD) | |
| Enrollment, all ages | 285.5 (476.7) | |
| Enrollment, preschool (N=32) | 267.1 (466.7) | |
| Enrollment, infant/toddler (N=16) | 36.9 (46.4) | |
| **Ages Served** | Percentage of Providers (N=32) | |
| Preschool-age children | 100% | |
| 2-year-old children | 53% | |
| Infants | 25% | |
| **Curricula** | Percentage of Providers (N=32) | |
| Published curriculum only | 31% | |
| Center-created curriculum only | 44% | |
| Center-created with published curricula | 25% | |
| **Services** | Percentage of Providers (N=32) | |
| Parent education | 91% | |
| Health screenings | 81% | |
| Kindergarten transition supports | 78% | |
| Developmental screenings | 66% | |
| **Accreditation** | Percentage of Providers (N=32) | |
| Accredited by NAEYC or another accreditation agency | 22% | |

Source: 2011–12 data from OC QIS.

In 2011–12, all providers participating in OC QIS were center-based programs. Providers ranged in size from having just 1 classroom to one very large provider with 80 classrooms. Exhibit 5.19 shows that most providers (81 percent) had 10 or fewer classrooms.

All participating providers served preschool-age children, 53 percent also served two-year-olds, and 25 percent also served infants. Program enrollment size varied widely, as did the number of classrooms, from a minimum of 19 children to a maximum of 2,333 children served. The mean program size of 286 children is highly skewed by a couple of providers that have very large enrollments. Exhibit 5.19 shows the average number of children served, including total enrollment at all ages, and also by age group; the average for infants and toddlers includes only the 16 providers that had children currently enrolled in that age group. Far more preschool-age children than infants and toddlers are served in programs participating in OC QIS.

Almost half of the providers in OC QIS (47 percent) had public funding, including a variety of state and federal funding streams, and 72 percent of providers accepted children using CalWORKS child care subsidies. Exhibit 5.19 shows that provider settings were diverse, including nonprofit agencies, faith-based agencies, private for-profit agencies, and other publicly funded agencies.

Providers reported using a range of curricula; 31 percent of providers reported using published curricula only, whereas the other providers used a center-created curriculum only (44 percent) or a center-created curriculum with supplements from published curricula (25 percent). Among the providers using published curricula, half used the Houghton Mifflin Pre-K curriculum; others used a variety of curricula, including High Scope, Creative Curriculum, Zoo Phonics and others. Among the 32 providers in OC QIS, 22 percent were accredited by NAEYC or another accreditation agency.

Out of the 32 providers participating in OC QIS, all but one (97 percent) offered comprehensive services to families. The most common service offered was parent education, but most providers also offered health and developmental screenings and kindergarten transition supports.

## *Profile of Santa Clara Child Signature Program*

Santa Clara Child Signature Program (CSP) is located in an area that includes a city and several suburbs, though 91 percent of participating providers are in a zip code designated as a city, and only 9 percent are in a zip code designated as a suburb. Like LAUP, San Francisco PFA, and San Joaquin Preschool Initiative, Santa Clara CSP is specifically for providers participating in the county's First 5-funded preschool initiative. Santa Clara uses data on provider education and quality to determine tiered reimbursement rates, so this rating system meets the study's definition of a QRIS.

### Characteristics of Providers and Classrooms in Santa Clara CSP

The same 11 providers participated in Santa Clara CSP in 2010–11, 2011–12, and 2013–13, and the number of classrooms remained fairly constant as well, as shown in exhibit 5.20. In 2011–12, there were 56 classroom sessions, and 77 percent of these were part-day sessions. In 2011–12, 27 percent of the participating providers were family child care providers, but some of the centers had many classrooms, so only 13 percent of classrooms were located in family child care homes.

Most of the centers had five or fewer classrooms, but one center had eight classrooms, and another very large center had 24 classrooms. Some participating providers may have additional classrooms that are not part of the First 5 preschool initiative.

Santa Clara CSP does include classrooms serving infants and toddlers, but the majority (89 percent) of classrooms served preschool-age children, either three- to five-year-olds or four-year-olds only. There was one center-based program that served infants and toddlers only, and one center that had a single infant and toddler classroom in addition to several preschool classrooms. Two of the three family child care providers served infants and toddlers as well as preschoolers. Enrollment data include all children who enrolled in classrooms participating in the First 5 preschool initiative during the course of the program year and do not necessarily represent the total number of children enrolled at a specific point in time (which may be significantly less than total enrollment during the course of the year because of turnover).

**Exhibit 5.20. Characteristics of Providers Participating in Santa Clara CSP (2011–12)**

| **Characteristics of Providers in Santa Clara CSP** | | |
|---|---|---|
| **Scope of QRIS** | Number of Providers | Number of Classroom Sessions |
| 2010–11 | 11 | 52 |
| 2011–12 | 11 | 56 |
| 2012–13 | 11 | 54 |
| **Provider Type** | Percentage of Providers (N=11) | Percentage of Classroom Sessions (N=56) |
| Center-based programs | 73% | 87% |
| Family child care | 27% | 13% |
| **Ages Served** | Percentage of Providers (N=11) | Percentage of Classroom Sessions (N=56) |
| Preschool | 73% | 87% |
| Infant and toddler | 27% | 13% |
| **Capacity (Enrollment)** | Percentage of Center-Based Sessions (N=49) | Percentage of Family Child Care Sessions (N=7) |
| Fewer than 16 children | 18% | 57% |
| Between 16 and 20 children | 10% | 29% |
| Between 21 and 24 children | 59% | -- |
| More than 24 children | 12% | 14% |

Source: 2011–12 data from Santa Clara CSP except where noted.

## Characteristics of Early Educators in Santa Clara CSP

Data on teacher education level was available for a subset of classroom sessions (37 of 56) in 2011–12. The data are for teachers designated as the classroom's lead teacher for all but three classrooms, which had teachers designated only as the classroom's assistant teacher. Exhibit 5.21 shows that 75 percent of lead teachers in center-based sessions and 60 percent of lead teachers in family child care sessions had at least a bachelor's degree. The remaining 25 percent in centers had an associate's degree, and the remaining 40 percent of family child care providers did not have a college degree.

**Exhibit 5.21. Characteristics of Early Educators Participating in Santa Clara (2011–12)**

| Characteristics of Early Educators in Santa Clara CSP | | |
|---|---|---|
| **Education Level (of Master Teacher or Other Teacher)** | Percentage of Lead Teachers in Center-Based Classroom Sessions (N=32) | Percentage of Lead Teachers in Family Child Care Sessions (N=5) |
| No college degree | -- | 40% |
| Associate's degree | 25% | -- |
| Bachelor's degree or higher | 75% | 60% |

Source: 2011–12 data from Santa Clara CSP.

## Characteristics of Children and Families in Santa Clara CSP

Data on child characteristics are available for 987 children in all of the 56 classrooms participating in Santa Clara CSP in 2011–12. In this year, 60 percent of these children were four years old as of September 1, 2011. Most of the remaining children were three years old, although 10 percent were infants and toddlers. Just one child participating in a Santa Clara classroom had turned five at the start of the program year.

In 2011–12, 81 percent of the children included in the Santa Clara child enrollment data file were Hispanic/Latino, and another 10 percent were Asian, as shown in exhibit 5.22. The most commonly spoken home language was Spanish, followed by English and Vietnamese. Among children with available data, 44 percent had mothers who did not complete high school, although this information was available for only 35 percent of the children enrolled in 2011–12.

**Exhibit 5.22. Characteristics of Children and Families Served by Providers Participating in Santa Clara CSP (2011–12)**

| Characteristics of Children and Families in Santa Clara CSP | |
|---|---|
| **Ages** | Percentage of Children (N=987) |
| Less than 1 year old | 2% |
| 1 year old | 2% |
| 2 years old | 6% |
| 3 years old | 31% |
| 4 years old | 60% |
| 5 years old | 0% |
| **Race or Ethnicity** | Percentage of Children (N=987) |
| Hispanic/Latino, any race | 81% |
| Asian, not Hispanic/Latino | 10% |
| White, not Hispanic/Latino | 3% |
| Black/African American, not Hispanic/ Latino | 1% |
| Multiple races or ethnicities | 3% |
| Other race or ethnicity | 2% |
| **Home Language** | Percentage of Children (N=987) |
| Spanish | 64% |
| English | 28% |
| Vietnamese | 6% |
| Other languages | 2% |

Source: 2011–12 data from Santa Clara.

Santa Clara provided data on child DRDP scores from the fall and spring of the 2011–12 program year for 753 children in 8 of the 11 participating providers. Exhibit 5.23 shows that children's DRDP scores, which are measured on a 5-point scale from 0 to 4, tended to be highest in the physical development domain and lowest in the mathematical development domain in both fall and spring. Children's average scores were higher in the spring, with average increases in scores ranging from 0.89 in the physical development and health domains and 1.07 in the self and social development and mathematical development domains. Child scores were provided at the program level but not at the classroom level, so comparisons cannot be made by classroom characteristics or quality observation scores.

**Exhibit 5.23. Average DRDP Scores for Children in Santa Clara CSP (2011–12)**

| **Outcomes for Children in Santa Clara CSP** | | | |
|---|---|---|---|
| **DRDP Domain** | Mean (SD) DRDP score in fall 2011 (N=753) | Mean (SD) DRDP score in spring 2012 (N=753) | Mean (SD) change in DRDP scores from fall 2011 to spring 2012 (N = 753) |
| Self and Social Development (SSD) | 2.01 (0.81) | 3.08 (0.79) | 1.07 (1.11) |
| Language and Literacy Development (LLD) | 1.84 (0.86) | 2.86 (0.86) | 1.02 (1.21) |
| Cognitive Development (COG) | 1.98 (0.87) | 2.99 (0.88) | 1.01 (1.19) |
| Mathematical Development (MATH) | 1.74 (0.94) | 2.81 (0.93) | 1.07 (1.32) |
| Physical Development (PD) | 2.47 (0.84) | 3.36 (0.79) | 0.89 (1.07) |
| Health (HLTH) | 2.23 (0.86) | 3.12 (0.90) | **0.89** (1.20) |

Source: 2011–12 data from Santa Clara CSP. Data are available for children in 8 of the 11 participating providers.

## Quality Ratings and Observed Classroom Quality Scores in Santa Clara CSP

Santa Clara conducted classroom observations in participating classrooms. ERS scores (including the ECERS for center-based preschool classrooms, the ITERS for center-based infant and toddler classrooms, and the FDCRS for family child care homes) were collected intermittently until 2011–12, and in 2012–13 Santa Clara began collecting CLASS and ERS scores in alternating years. Among the classroom sessions with ERS scores in 2010–11 and 2011–12, only 10 had scores in both years, and only CLASS scores were collected in 2012–13, so the data cannot be directly compared across years.

As shown in exhibit 5.24, the average ERS score in 2011–12 was 4.57, although this represents only 57 percent of the classroom sessions that were active in that year. CLASS scores were collected for 89 percent of classroom sessions that were active in 2012–13, and programs scored fairly high on the emotional support and classroom organization domains (an average of 5.82 and 5.23, respectively). Programs tended to have lower scores on the instructional support domain of the CLASS (average of 2.34), but lower scores on that domain are not unusual.

**Exhibit 5.24. Quality Scores for Providers Participating in Santa Clara CSP (2010–11, 2011–12, and 2012–13)**

| Quality Scores in Santa Clara CSP | | |
|---|---|---|
| **Classroom Quality Scores** | Mean (SD) Quality Score | Number of Classroom Sessions Assessed |
| ERS scores, 2010–11 | 4.16 (0.69) | 19 |
| ERS scores, 2011–12 | 4.57 (0.67) | 32 |
| CLASS emotional support scores, 2012–13 | 5.82 (0.56) | 48 |
| CLASS classroom organization scores, 2012–13 | 5.23 (0.83) | 48 |
| CLASS instructional support scores, 2012–13 | 2.34 (1.09) | 48 |

Source: 2010–11, 2011–12, and 2012–13 data from Santa Clara CSP. Note that CLASS scores are only presented for classrooms serving preschool-age children, since only 4 infant/toddler classrooms had CLASS observations and the domains are different.

There were no significant differences in providers' ERS scores in 2011–12 according to provider type, urbanicity, or whether the teacher had a bachelor's degree. However, the sample size was fairly small, making it difficult to detect differences in scores according to provider characteristics. There also were no significant differences in the CLASS scores in 2012–13.

## *Profile of Contra Costa County Preschool Makes a Difference*

Contra Costa County Preschool Makes a Difference (PMD) provides scholarship funding for eligible children to attend participating preschool programs that meet the QRIS criteria, and the scholarship amount is determined by program quality through a tiered reimbursement system. This rating system meets the study's definition of a QRIS because the ratings are used to determine the level of tiered reimbursement. Participating providers include child care centers and family child care homes.

### Characteristics of Providers in Contra Costa PMD

In 2011–12, there were 62 providers participating in PMD, with a total of 92 classrooms. Data on provider characteristics are available for 59 of the participating providers.

In 2011–12, more than half of the participating providers were family child care homes, and only a small percentage (12 percent) were located in public settings. As shown in exhibit 5.25 below, most of the family child care providers were large FCCs serving more than 8 children, whereas almost half of centers served more than 48 children. The licensed capacity of centers ranged from 17 children to 200 children. Only some of the children enrolled in programs participating in PMD had the subsidy that is linked with the QRIS. Furthermore, the providers may not have subsidized children enrolled at all times; 37 of the 59 providers reported having at least one child enrolled who was receiving the subsidy, and the number of subsidized children ranged from 1 to 20 in the 2011–12 program year. The percentage of subsidized children out of total program capacity ranged from 1 percent to 37 percent for centers and from 7 percent to 63 percent for family child care.

Providers participating in PMD tended to serve a range of ages. All providers served preschoolers (ages three and four), and 72 percent served two-year-olds. Many providers served infants and school-age children as well. Almost half of the providers were accredited by NAEYC, NAFCC, or another accrediting organization. The providers tended to be located in

disadvantaged areas, with 88 percent in an area that the county determined had a low supply of child care, and 69 percent located near a school with low academic performance.

**Exhibit 5.25. Characteristics of Providers Participating in Contra Costa PMD (2011–12)**

| Characteristics of Providers in Contra Costa PMD | | |
|---|---|---|
| **Scope of QRIS** | Number of Providers | Number of Classrooms |
| 2011–12 | 62 | 92 |
| **Provider Type** | Percentage of Providers (N=59) | |
| Center-based programs | 39% | |
| Family child care homes | 61% | |
| **Setting** | Percentage of Providers (N=59) | |
| Private, nonprofit | 49% | |
| Private, for profit | 39% | |
| Public | 12% | |
| **Funding** | Percentage of Providers (N=59) | |
| Private local subsidy | 52% | |
| Head Start/Early Head Start | 22% | |
| CDE General Child Care | 13% | |
| Capacity (Overall) | Percentage of Center-Based Programs (N=23) | Percentage of Family Child Care Homes (N=35) |
| Up to 8 children | 0% | 29% |
| Between 9 and 14 children | 0% | 71% |
| Between 15 and 48 children | 52% | 0% |
| More than 48 children | 48% | 0% |
| Capacity (Number of Children in Program with Subsidy) | Percentage of Center-Based Programs (N=23) | Percentage of Family Child Care Homes (N=35) |
| None or not reported | 30% | 40% |
| 1 child | 22% | 17% |
| Between 2 and 5 children | 22% | 40% |
| More than 5 children | 26% | 3% |
| **Ages Served** | Percentage of Providers (N=58) | |
| School-age children | 43% | |
| Preschool-age children | 100% | |
| 2-year-old children | 72% | |
| Infants | 48% | |
| **Accreditation** | Percentage of Providers (N=58) | |
| Accredited by NAEYC, NAFCC, or another accreditation agency | 48% | |
| **Community Characteristics** | Percentage of Providers (N=59) | |
| Local school has low API | 69% | |
| Neighborhood has low supply of child care as determined by the county | 88% | |

Source: 2011–12 data from Contra Costa PMD.

## Characteristics of Early Educators in Contra Costa PMD

Data on staff education level were available at the program level, but not at the classroom level, for 54 of the 62 providers participating in PMD in 2011–12. The percentage of staff with at least

a bachelor's degree varied in centers, with half of the participating centers having more than 50 percent of staff with a BA or higher. However, because PMD data do not distinguish between staff who are lead teachers, assistant teachers, or classroom aides, it is not possible to compare the percentage of lead teachers with bachelor's degrees to that in the other QRIS systems included in this study. It is possible that in a center where 30 to 50 percent of staff have a bachelor's degree, all of the lead teachers have that level of education. Family child care staff were much less likely to have a bachelor's degree, with 88 percent having no staff with a BA or higher.

**Exhibit 5.26. Characteristics of Early Educators Participating in Contra Costa PMD (2011–12)**

| Characteristics of Early Educators in Contra Costa | | |
|---|---|---|
| **Education Level** | Percentage in Center-Based Classroom Sessions (N=22) | Percentage in Family Child Care Sessions (N=32) |
| No staff have a BA or higher | 18% | 88% |
| Up to 50 percent of staff have a BA or higher | 32% | 3% |
| More than 50 percent of staff have a BA or higher | 50% | 9% |

Source: 2011–12 data from Contra Costa PMD.

## Quality Ratings and Observed Classroom Quality Scores

In Contra Costa PMD, the county uses program quality data to determine the tiered reimbursement rate for children with subsidies. Reimbursement rate data were available for 42 of the 62 participating providers in 2011–12, and 47 providers had reimbursement rate data in 2012–13. In PMD, 41 providers had reimbursement tier data for both 2011–12 and 2012–13. In 2011–12, there were nine possible reimbursement amounts, with small increments between most of the rates, whereas there were just three possible reimbursement tiers in 2012–13. In exhibit 5.27, the amounts are grouped for ease of reporting, but the change in reimbursement amount should not be directly compared because the possible range of rates changed between the two program years.

**Exhibit 5.27. Quality Scores for Providers Participating in Contra Costa PMD (2011–12)**

| Quality Ratings in Contra Costa PMD | | |
|---|---|---|
| **Program Quality Ratings (Subsidy Reimbursement)** | Percentage of Providers, 2011–12 (N=42) | Percentage of Providers, 2012–13 (N=47) |
| $198 to $210 per child | 50% | 53% |
| $211 to $227 per child | 45% | 23% |
| $238 per child | 5% | 23% |
| **Classroom Quality Scores** | Mean (SD) Quality Score, 2011–12 (N=69) | |
| CLASS Emotional Support | 6.20 (0.72) | |
| CLASS Classroom Organization | 5.54 (0.97) | |
| CLASS Instructional Support | 3.17 (1.17) | |

Source: 2011–12 and 2012–13 data from Contra Costa PMD.

Among all 42 providers that had a CLASS observation in 2011–12, the average scores were 6.20 for emotional support, 5.54 for classroom organization, and 3.17 for instructional support. Scores of 1–2 were generally considered low, 3–5 were considered middle range, and 6–7 were

considered high. As noted previously, the scoring pattern observed among providers in PMD, with high emotional support scores and lower instructional support scores, is common.

## *Variation Across Local Systems*

Reviewing the profiles for the seven systems that provided data as well as county-level characteristics shown in exhibit 5.28, we find a number of similarities and differences worth noting. First, there is wide variation in the size of the counties that support the systems included in this analysis. Los Angeles (supporting both LAUP and LA STEP) is far larger in population, at 3 to 15 times the size of the other counties. However, although it is much larger, a smaller percentage of children are enrolled in licensed settings in LA compared with that in the other counties (43 percent, compared with 65 percent in San Francisco, for example). Only San Joaquin is lower, with only 38 percent of three- and four-year-olds enrolled in licensed settings.

Located in the largest county, LAUP and LA STEP include, by far, the largest number of providers (334 and 314, respectively), each representing approximately 3 percent of the licensed providers in the county. San Francisco PFA and Contra Costa PMD—also in urban counties, though with fewer than 10 percent of the three- and four-year-olds in Los Angeles—include a larger percentage of the licensed facilities in the county at 6 percent and 5 percent, respectively (each with 62 providers). The remaining systems are smaller in scope, serving 7 to 32 providers and representing approximately 1 percent or fewer of licensed facilities in the county.

Family child care homes made up approximately a fifth to a third of the participating providers in four of the seven county systems (LAUP, LA STEP, San Francisco PFA, and Santa Clara CSP) and the majority of providers participating in Contra Costa PMD. San Joaquin Preschool Initiative and Orange County QIS, on the other hand, included few or no family child care homes, suggesting a wide range in the settings included across county systems.

Information on funding varied from system to system. However, of the seven county systems that provided data, four (LAUP, San Francisco PFA, San Joaquin Preschool Initiative, and Santa Clara CSP) were associated with former PoP/CSP 1 programs. Three of the four systems that are associated with PoP/CSP 1 (LAUP, San Francisco PFA, and San Joaquin Preschool Initiative) included classrooms serving only preschool-age children (age four only or ages three and four). The fourth system associated with PoP/CSP 1 (Santa Clara CSP) includes infants and toddlers as well as preschool-age children. In addition, the three systems not associated with PoP/CSP 1 (LA STEP, OC QIS, and Contra Costa PMD) also serve infants and toddlers and preschool-age children.

Data on teacher qualifications were available for only five of the systems (LAUP, LA STEP, San Francisco PFA, San Joaquin Preschool Initiative, and Santa Clara CSP). Providers participating in four of these systems (LAUP, LA STEP, San Francisco PFA, and Santa Clara CSP) tended to be highly educated, with a range of 71 percent to 88 percent of lead teachers in centers having at least a bachelor's degree or equivalent education and experience through an alternative pathway. In the San Joaquin Preschool Initiative, however, only 29 percent of the classrooms had a teacher with a bachelor's degree or equivalent and an assistant teacher with an associate's degree or equivalent, although there may have been some additional classrooms with a bachelor's-level

teacher and a less qualified assistant teacher. This county also has the lowest percentage of adults with bachelor's degrees (18 percent) of all of the counties included in the analysis (which range from 29 percent to 51 percent). Similarly, the county with the highest percentage of teachers with bachelor's degrees (San Francisco PFA, at 88 percent) also has the highest percentage of adults with bachelor's degrees (51 percent) across the county.

**Exhibit 5.28. Characteristics of Each County in the Sample**

| | Los Angeles | San Francisco | San Joaquin | Orange | Santa Clara | Contra Costa |
|---|---|---|---|---|---|---|
| **Population** | | | | | | |
| Total population (2010) | 9,758,256 | 789,172 | 673,613 | 2,965,525 | 1,739,396 | 1,024,809 |
| Total number of 3- and 4-year-olds | 299,807 | 17,612 | 21,695 | 86,866 | 53,511 | 24,406 |
| **Availability of ECE services** | | | | | | |
| Number of licensed centers | 2,451 | 319 | 183 | 809 | 571 | 353 |
| Number of licensed FCC homes | 7,610 | 662 | 739 | 1,576 | 1,907 | 976 |
| **Use of ECE services** | | | | | | |
| Percentage of 3- and 4-year-olds in licensed settings | 43% | 65% | 38% | 51% | 48% | 56% |
| Percentage of 3- and 4-year-olds in publicly contracted programs | 24% | 23% | 26% | 15% | 13% | 21% |
| Percentage of 3- and 4-year-olds in Head Start | 10% | 5% | 12% | 4% | 4% | 7% |
| Percentage of 3-and 4-year-olds in State Preschool | 14% | 17% | 14% | 11% | 9% | 14% |
| **Child demographics** | | | | | | |
| Percentage of 3- and 4-year-olds eligible for State Preschool | 53% | 29% | 70% | 44% | 28% | 54% |
| Percentage of 3- and 4-year-olds in API 1–3 neighborhoods | 33% | 27% | 54% | 19% | 15% | 27% |
| Percentage of 3- and 4-year-olds in API 1–5 neighborhoods | 53% | 34% | 72% | 37% | 32% | 45% |
| **Family demographics** | | | | | | |
| Mean household income | $55,476 | $71,304 | $54,341 | $74,344 | $86,850 | $78,385 |
| Percentage of adults with HS diploma or higher | 76% | 86% | 77% | 83% | 86% | 88% |
| Percentage of adults with BA or higher | 29% | 51% | 18% | 36% | 45% | 38% |
| Percentage white | 28% | 42% | 37% | 46% | 37% | 49% |
| Percentage Hispanic, any race | 47% | 15% | 38% | 33% | 26% | 23% |
| Percentage Asian or Pacific Islander | 14% | 34% | 14% | 18% | 32% | 14% |
| Percentage black | 9% | 6% | 7% | 2% | 2% | 9% |
| Percentage other or multiple races | 2% | 4% | 4% | 2% | 3% | 4% |
| Percentage born outside United States | 36% | 36% | 23% | 31% | 37% | 24% |
| Percentage using language other than English at home | 56% | 45% | 39% | 44% | 51% | 32% |

Source: 2010 data from the ELS Data Browser and ACS.

Using county-level indicators, we find variation in characteristics of children and families as well. Average annual household incomes range from a low of approximately $55,000 in Los Angeles, and San Joaquin to a high of more than $78,000 in Santa Clara and Contra Costa.

Compared with the other counties, San Francisco and Santa Clara have fewer children eligible for State Preschool, 29 percent and 28 percent, respectively, whereas San Joaquin has a 70 percent eligibility rate. Although San Joaquin has a small percentage of children in licensed care, a larger proportion of these children are in publicly contracted programs such as State Preschool and Head Start compared with that in other counties (26 percent, compared with 15 percent and 13 percent in QRISs 5 and 6, respectively).

Data on quality scores and/or quality ratings cannot be compared because of variations in approaches to collecting, recording, and maintaining data across county systems.

Demographic characteristics for counties in our sample vary, with some counties having more family risk factors than others:

- Los Angeles is nearly 50 percent Hispanic and only 28 percent white, and more than half (56 percent) use a language other than English at home.
- San Francisco has the highest percentage of college-educated adults (51 percent have bachelor's degrees) and far fewer Hispanic families (18 percent) and more Asian families (34 percent) than most, and close to half (45 percent) speak a language other than English at home.
- San Joaquin has the lowest proportion of adults in the population who have completed a college education, at 18 percent. Fewer families were born outside the United States (23 percent) and speak a language other than English at home (39 percent) compared with those in other counties. San Joaquin also has the highest percentage of students in API 1–3 neighborhoods (54 percent) and nearly three quarters living in neighborhoods with API 1–5 schools.
- Although LA is nearly 50 percent Hispanic, nearby Orange is 46 percent white and 33 percent Hispanic, with 44 percent of families speaking a language other than English at home. In addition, only 19 percent of three- and four-year-olds in Orange live in API 1–3 neighborhoods.
- In addition to having the highest total household income among the sampled counties, Santa Clara also has one of the highest rates of college completion (45 percent of adults have bachelor's degrees). The ethnic makeup of the county is fairly evenly distributed across white (37 percent), Asian (32 percent), and Hispanic (26 percent). A little more than half (51 percent) of families speak a language other than English at home. Santa Clara has only 15 percent of three- and four-year-olds in API 1–3 neighborhoods—the lowest rate among sampled counties.
- Contra Costa has a higher percentage of white families than did other counties, with fewer immigrants (24 percent) and families speaking a language other than English at home (32 percent).

### *Comparisons of Counties with and without Systems*

In addition to variation across counties among our sample of seven systems, we also consider differences in county-level indicators for counties identified in chapter 3 as having a QRIS (N = 14), a QIS (N = 26), or no formal quality improvement system (N = 18). In addition, because rural counties described additional barriers to developing a local QRIS, we also draw comparisons of county characteristics for rural and nonrural counties in California.

First, as shown in exhibit 5.29, the counties with QRISs represent a majority of the state's population (more than 21 million, or 60 percent), and QIS counties represent 27 percent. A little more than 13 percent of the state's population resides in counties with no formal system in place, according to the study's definition. Similarly, counties without formal systems have a little more than 14 percent of the licensed early care and education facilities in the state. In addition to having far fewer licensed facilities, nonsystem counties have a somewhat smaller proportion of three- and four-year-olds in licensed settings (at 40 percent, compared with 45 percent of QRIS and QIS counties).

We also find variation in family risk factors for counties with and those without systems. Specifically, average household incomes are more than $5,000 lower in nonsystem counties compared with counties with a QRIS or QIS. Similarly, there is a larger percentage of three- and four-year-olds eligible for State Preschool in nonsystem counties (70 percent) compared with those in counties with either a QRIS or a QIS, but there are also county characteristics that set the QRIS counties apart from the QIS and nonsystem counties. For example, on the one hand, QRIS counties have higher percentages of families born outside of the United States and more families speaking a language other than English at home compared with those in QIS and nonsystem counties. On the other hand, QRIS counties also have a higher percentage of adults with bachelor's degrees and higher performing schools—that is, fewer three- and four-year-olds living in neighborhoods with an API 1–3 school.

Although many of the counties without formal systems are rural, we find even more striking differences when we compare all rural counties with nonrural counties (two far right columns). Not surprisingly, there are significant population size differences, with rural counties representing only 2 percent of the total population of the state (overall and for three- and four-year-olds specifically). However, rural counties have a higher percentage of children in licensed care generally and in publicly contracted programs more specifically. More children in rural counties are eligible for State Preschool as well (75 percent of three- and four-year-olds in rural counties compared with 60 percent in nonrural counties), indicating higher poverty levels in rural counties. Total household incomes are substantially lower in rural counties as well—$17,000 lower than in nonrural counties on average.

Consistent with concerns about the challenge that stakeholders in rural counties raised about their ability to support early educators in their communities to achieve education requirements associated with quality improvement initiatives, we find education levels among adults in rural counties to be much lower than in nonrural counties. Although 30 percent of adults in nonrural counties have bachelor's degrees, only 21 percent of adults in rural counties have bachelor's degrees. In addition, the academic performance of schools in rural counties is lower, on average,

with 60 percent of three- and four-year-olds in neighborhoods with schools in the API 1–5 range (representing the lower half of the performance band). In contrast, only 49 percent of three- and four-year-olds live in neighborhoods with API 1–5 schools.

**Exhibit 5.29. Characteristics of Counties with QRISs, QISs, No System, Rural Counties, and Nonrural Counties**

| | QRIS Counties (N=14) | QIS Counties (N=26) | Nonsystem Counties (N=18) | Rural Counties (N=21) | Nonrural Counties (N=37) |
|---|---|---|---|---|---|
| **Population** | | | | | |
| Total population (2010) | 21,828,988 | 9,913,051 | 4,895,251 | 842,283 | 35,795,007 |
| Total number of 3- and 4-year-olds | 649,064 | 301,638 | 148,819 | 17,652 | 1,081,869 |
| **Availability of ECE services** | | | | | |
| Total number of licensed centers | 6,157 | 3,181 | 1,511 | 363 | 10,486 |
| Total number of licensed FCC homes | 20,489 | 10,044 | 5,289 | 948 | 34,874 |
| **Use of ECE services** | | | | | |
| Percentage of 3- and 4-year-olds in licensed settings | 45% | 45% | 40% | 51% | 44% |
| Percentage of 3- and 4-year-olds in publicly contracted programs | 21% | 21% | 22% | 34% | 21% |
| Percentage of 3- and 4-year-olds in Head Start | 13% | 13% | 15% | 19% | 13% |
| Percentage of 3- and 4-year-olds in State Preschool | 8% | 8% | 7% | 15% | 8% |
| **Child demographics** | | | | | |
| Percentage of 3- and 4-year-olds eligible for State Preschool | 58% | 59% | 70% | 75% | 60% |
| Percentage of 3- and 4-year-olds in API 1–3 neighborhoods | 28% | 32% | 33% | 29% | 30% |
| Percentage of 3- and 4-year-olds in API 1–5 neighborhoods | 47% | 52% | 56% | 60% | 49% |
| **Family demographics** | | | | | |
| Mean household income | $63,100 | $61,988 | $56,490 | $45,294 | $62,389 |
| Percentage of adults with HS diploma or higher | 81% | 81% | 81% | 87% | 81% |
| Percentage of adults with BA or higher | 32% | 28% | 26% | 21% | 30% |
| Percentage white | 38% | 48% | 42% | 76% | 40% |
| Percentage Hispanic, any race | 38% | 34% | 35% | 15% | 37% |
| Percentage Asian or Pacific Islander | 15% | 11% | 11% | 2% | 13% |
| Percentage black | 6% | 4% | 8% | 1% | 6% |
| Percentage other or multiple races | 3% | 3% | 4% | 6% | 3% |
| Percentage born outside United States | 30% | 23% | 22% | 8% | 28% |
| Percentage using language other than English at home | 47% | 38% | 37% | 13% | 44% |

Source: 2010 data from the ELS Data Browser and ACS.

On the other hand, rural counties confront fewer challenges related to supporting English language development. There are relatively few ethnic minorities in rural counties (76 percent are white, compared with 40 percent in nonrural counties), and only 13 percent speak a language other than English at home (compared with 44 percent for nonrural counties).

## Summary

This analysis of extant data from seven county systems demonstrates some similarities across systems but much variability. All systems were able to provide data on the scope of their QRIS or QIS and on characteristics of the programs included in their system. Systems ranged in size from 7 to 334 providers engaged in their QI efforts. Systems included relatively small proportions of the licensed providers in their counties—anywhere from 1 percent to 10 percent. Although family child care homes represented the majority (61 percent) of the providers participating in one system, FCCs represented a fifth to a third of providers served by four of the seven county systems, and two systems included very few or no FCCs.

All but two systems provided data on teacher characteristics. In four of the five systems with data on teacher qualifications, we found surprisingly high percentages of lead teachers with bachelor's degrees in center-based programs (71 percent to 88 percent). These rates were highest in counties with greater proportions of college-educated adults in the community, but the percentages of teachers with bachelor's degrees in these systems were even higher than in the population in each county. For example, 75 percent of lead teachers in Santa Clara CSP had bachelor's degrees, whereas 45 percent of adults in county as a whole had bachelor's degrees.

Four of the seven counties were prior PoP counties and currently have CSP 1 funds. Not only were these counties more likely to have systems that were classified as QRISs, according to our study definition, but they also were more likely to have data in a format that could be shared, perhaps given the earlier requirements for data collection under PoP. Most of the prior PoP/CSP 1 counties included classrooms serving only preschool-age children.

Most systems provided some data on quality ratings or classroom quality scores, though limitations in the data precluded any kind of trend analysis. Although many systems provided data on the core topics of interest, the nature of the data provided on these topics varied so widely that aggregating the data or even presenting the data in a comparable way was impossible. The most significant finding from the extant data analysis was perhaps the lack of consistent data available within and across counties:

- Many counties did not have the data needed for the study. Half of the counties eligible for the extant data study did not have data available (or in a usable format) to share with the study.
- Among counties that did provide data, there was very little consistency across counties in the data the county systems had available, which made it difficult to compare systems.
- One difference in data collection is that some systems collected data at the classroom level, whereas others collected data at the program level, and, in some cases, data are not collected for all providers or classrooms.
- Counties varied in the types of data they collected.
    - For example, some counties collected no data on children and families served in participating programs, whereas others collected extensive information about family demographics and child developmental progress.

    - Most systems did not have data on the total enrollment size of participating programs, but rather most had information only about the number of children funded through First 5 slots. Information is needed both about funded slots and classrooms as well as total program size and total number of classrooms.
    - Data on program characteristics, such as program setting, funding streams, curriculum, and accreditation were also not uniform.
    - Teacher qualifications data were often available only through the reimbursement tier for the classroom. Data on degrees and higher education credits earned are needed in addition to classroom or teacher permit levels.
- Approaches to selecting and administering measures and calculating scores varied across counties. For example, although several counties used ERS scores, some adjusted the scoring of the ERS to reflect county priorities (such as not including some subscales, or calculating scores by using a different formula from the standard scoring procedure). This approach may address a county's unique needs and circumstances, but it means that the data cannot be compared across counties.
- These systems are dynamic, and as they expand and refine their QI efforts, they also refine their scoring decisions or adjust their scoring calculations. Although these may be improvements for the functioning of the system, they mean that comparisons over time cannot be made, which is especially problematic for initiatives focused on quality improvement.

As the implementation of the RTT-ELC QRISs continues to unfold, it will be important to consider a coherent approach to capturing the work of the systems and documenting progress and outcomes associated with QI efforts. If data are to be combined across counties to make broader statements about quality improvement efforts statewide, data on program quality—at least for a core set of elements—must be collected consistently across counties and within each county over time.

# Chapter 6: Synthesis of Existing Evaluations of Local Quality Improvement Systems

## Introduction

California quality improvement initiatives have typically incorporated evaluation into the process of QRIS and QIS program design and implementation. This chapter provides a synthesis of the results from evaluations of QRISs or QISs operating in California counties. We draw on similar methods used in chapter 2 to synthesize evaluation evidence for QRISs and QISs implemented in other states.

The studies identified for this review consist primarily of process evaluations or descriptive analyses of the outcomes of early care and education (ECE) programs or ECE providers, or outcomes of the participating children and their parents. None of the studies purport to validate the rating component of a QRIS, although several look at issues relevant for QRIS validation, and none aim to evaluate the causal impact of a QRIS or QIS or a component of a QRIS or QIS. Despite this limitation, in the synthesis that follows, we do highlight and discuss both the qualitative and quantitative aspects of the available descriptive findings and note where there is convergence and divergence of findings across studies that address a similar research question using similar methods. We also note that in seeking to synthesize the results of the available research for entities in California implementing QRISs and QISs, we cast our net broadly to include research on quality improvement (QI) initiatives that themselves might not constitute a QRIS or QIS as defined for purposes of this larger study.

In the next section, we begin by discussing our analytic approach to the research synthesis, including our taxonomy of research questions addressed by the available studies. We also provide a summary of the studies identified in our review. In the five sections that follow, we synthesize the results from the available studies for a series of outcomes associated with QRISs, QISs, or QI initiatives: participating ECE programs; ECE program quality indicators and ratings; ECE workforce participants and their professional development; child developmental assessments; and parent outcomes. A final section provides a summary of results.

## Approach

In the past decade, statewide and multi-county initiatives in California focused on expanding ECE program access, raising program quality, and advancing the skills of the ECE workforce have typically incorporated research focusing on the process of program design and implementation, as well as outcomes for program participants including ECE programs, ECE workforce members, and parents and children. First 5 California, for example, published reports in 2009 and 2011 that examined the First 5 Power of Preschool (PoP) demonstration projects that had been implemented as part of Preschool for All (PFA) initiatives in nine counties (Prayaga 2009; Franke, Espinosa, and Hanzlicek 2011), and it produced an assessment of the statewide CARES (Comprehensive Approach to Raising Educational Standards) program (Harder+Company 2008, 2009). Other research has also been conducted for specific local

initiatives, such as the multi-component evaluation of Los Angeles Universal Preschool (LAUP) (First 5 Los Angeles 2012).

For the purposes of this review, we aimed to identify research studies of California statewide, multi-county, or local QRISs, QISs, or QI initiatives, where the latter was defined to be programs or interventions designed to improve ECE program quality, either with a focus on QI for the ECE program itself or through mechanisms designed to improve the skills, competencies, or credentials of members of the ECE workforce. Of primary interest were studies of systems or initiatives implemented in one of the 19 systems that were the focus of site visits and in-depth data collection efforts. However, we also expanded our literature search criteria to capture research from other counties that assessed relevant QI initiatives.

Studies were identified through a comprehensive literature review and through our interviews with local officials. At a minimum, we required that eligible studies provide written documentation of the study approach and findings (e.g., tables without accompanying narrative were excluded). Subject to this requirement, both published and unpublished studies were included. Studies include both stand-alone research documents, as well as First 5 annual reports that summarize research findings not available elsewhere. These annual reports did not always provide complete details on the study methods (e.g., sample sizes), however.

## *Taxonomy of Research Questions*

Like our review of the national research described in chapter 2, we were interested in impact and validation studies:

- *Impact studies* measure the causal effect of the QRIS, QIS, or QI initiative on intermediate outcomes such as the provider market, parental behavior, or teacher performance, as well as the final outcome of interest: child developmental outcomes.
- *Validation studies* determine if the QRIS, QIS, or QI initiative is well designed and operating in the ways articulated in the system's underlying logic model.

As examples, exhibit 6.1 reproduces the series of impact and validation questions addressed in the national literature reviewed in chapter 2.

**Exhibit 6.1. Illustrative Questions for Impact (I), Validation (V), Descriptive (D), and Process (P) Studies**

| Number | Question |
|---|---|
| | **Illustrative Impact Study Questions** |
| I1 | Does the implementation of a QRIS change the number or quality mix of providers? |
| I2 | Does the implementation of a QRIS change parental care choice? |
| I3 | Does the implementation of a QRIS improve teacher professional development? |
| I4 | Does the implementation of a QRIS improve teacher performance, other measures of program quality, or program quality ratings? |
| I5 | Does the implementation of a QRIS improve child developmental outcomes? |
| | **Illustrative Validation Study Questions** |
| V1 | Do programs with higher QRIS ratings have higher observed quality? |
| V2 | Do QRIS ratings or other indicators of program quality for participating programs increase over time? |
| V3 | Do programs with higher QRIS ratings have better child developmental outcomes? |
| V4 | Do parents know about and understand the QRIS ratings? |
| | **Illustrative Descriptive Study Questions** |
| D1 | Which programs participate in the QRIS, QIS, or QI initiative? |
| D2 | What is the distribution of quality for programs in the QRIS, QIS, or QI initiative? |
| D3 | Which ECE workforce members participate in the QRIS, QIS, or QI initiative? |
| D4 | Do outcomes improve for ECE workforce members participating in the QRIS, QIS, or QI initiative? |
| D5 | What is the distribution of child development or school readiness for children in settings in the QRIS, QIS, or QI initiative? |
| D6 | Do child development outcomes improve for children in settings in the QRIS, QIS, or QI initiative? |
| D7 | Are parents with children in settings in the QRIS, QIS, or QI initiative engaged in activities with their child at home or at school? |
| | **Illustrative Process Study Questions** |
| P1 | What are the experiences of programs, ECE workforce members, and families with the QRIS, QIS, or QI initiative and what are the factors supporting or limiting successful implementation? |

To be as comprehensive as possible in considering the California research base, we also included quantitative descriptive studies:

- *Descriptive studies* measure outputs or outcomes of the QRIS, QIS, or QI initiative but do not attribute those outputs or outcomes as a causal effect of the system or initiative.

Descriptive studies, while quantitative, do not employ a study design—such as a randomized controlled trial or a quasi-experimental design with a valid comparison group—that supports causal inference.

Exhibit 6.1 also shows the types of descriptive studies that are relevant for the California initiatives of interest. For example, a study may examine which programs or which members of the ECE workforce participated in the QRIS, QIS, or QI initiatives (questions D1 and D3, respectively). Given the interest in quality improvement, a descriptive analysis could document the distribution of quality for participating programs (D2). However, note that a study that tracks changes in quality over time for participating programs is consistent with the validation question, V2, that has been examined in studies in other states. Descriptive studies may also focus on the ECE workforce, documenting the characteristics of those participating in the initiative (D3) or changes in professional development outcomes for the ECE workforce following participation in the initiative (D4). A parallel set of descriptive questions applies to child developmental

outcomes, either measured for participants at a point in time (D5) or changes over time (D6) following participation in the initiative. Note that despite a pre-post design in studies that measure changes in outcomes for the ECE workforce participants or participating children, it is the absence of a randomly assigned control group or valid quasi-experimental comparison group that qualifies the study as descriptive (D4 or D6) rather than one that measures causal impact (I3 or I5). Finally, a descriptive study may also consider outcomes for parents such as their engagement with their child at home or at school (D7).

Finally, in our scan, we also identified studies that incorporated *process* evaluations or were solely a process evaluation. Such process evaluations are typically qualitative and describe the experiences of the various stakeholders (e.g., ECE programs, ECE workforce members, or families and children) that participated in the QRIS, QIS, or QI initiative (question P1 in exhibit 6.1). A process evaluation may also identify the factors that helped or hindered successful implementation of the initiative. As such, process evaluations are an important component of an overall evaluation plan and often aid in the interpretation of other descriptive analyses or impact studies.

Given our interest in quantitative outcomes, we exclude from consideration those studies that provide only a process evaluation, and we do not focus our discussion on the process evaluation findings included in studies with other results that are of interest. However, we will draw, as relevant, on the process evaluations in our consideration of best practices in later chapters.

## *Studies Included in the Synthesis*

Exhibit 6.2 provides a summary of the local, multi-county, or statewide initiatives for which research has been conducted. Single-county studies are listed first in alphabetical order by county. Multi-county initiatives (e.g., the Learning Together Cohort Model implemented in four counties and the PoP/PFA program implemented in nine counties) are listed next, followed by initiatives implemented statewide or in nearly all counties (e.g., CARES). For each county/initiative combination, exhibit 6.2 shows the geographic coverage, the initiative name, a brief summary of the initiative approach, the research questions addressed by the available studies (following the numbering system in exhibit 6.1), and the relevant study citations. In cases where research findings are documented in a series of reports, exhibit 6.2 lists the most recent report in the sequence, as well as any earlier reports if they addressed other questions not covered in the most current study. Several of the county First 5 annual reports that are the source of some of the research findings covered more than one initiative.

**Exhibit 6.2. Studies of Local QRIS, QIS, or QI Initiatives Covered in the Synthesis**

| Geographic Coverage | QRIS, QIS, or QI Initiative | Initiative Approach | Questions Addressed | Citation |
|---|---|---|---|---|
| Alameda County | Every Director Counts (part of California Early Childhood Mentor Program) | • Provide center directors with 14 training sessions, 2 retreats, and monthly meetings (more than 100 training hours)<br>• Provide ongoing one-on-one mentoring | P1, D4 | Parsons and LaFrance (2006) |
| Alameda County | Corps AA Degree Program | • Provide financial incentives to ECE professionals to work toward AA degree<br>• Provide PD and career advising<br>• Cohort model also available | P1, D4 | jdcPartnerships (2010) |
| Alameda County | Quality Counts | • Eight-month quality improvement program for FCCHs<br>• Consultants provided weekly on-site visits<br>• One-time improvement grants for up to $5K | V2 | Bernzweig (2011) |
| Contra Costa County | First 5 Services for Special Needs Children | • Enhance skills and provide emotional support to caregivers of children with special needs | D4 | Constantine, Gomby, and Mitchell (2008) |
| Contra Costa County | Early Learning Demonstration Project (ELDP) | • Provide grants and TA and PD supports for home- and center-based programs to move toward or achieve accreditation standards | V2 | Harder+Company (2010a) |
| Contra Costa County | Professional Development Program (PDP) | • Provide financial incentives, advising, tutoring, and cohort classes to ECE professionals to complete college courses | D4 | Harder+Company (2010a) |
| Fresno County | QRIS Pilot | • Provide accreditation support for participating providers<br>• Provide additional trainings to ECE professionals for PD and Environment Rating Scale (ERS) assessments | V2 | First 5 Fresno (2011) |
| Los Angeles County | LAUP | • Expand access to high-quality preschool programs by measuring, improving, and rewarding quality<br>• Provide education and training to ECE professionals for PD<br>• Engage parents in child's development | V1, D2, D5, D6, D7 | Love et al. (2009); Moiduddin, Xue, and Atkins-Burnett (2011); Xue, Atkins-Burnett, and Moiduddin (2012) |
| Merced County | Workforce Recruitment and Advancement Project (WRAP) and related PD activities | • Provide center- and home-based providers with PD and training; academic advising; coaching, modeling, and mentoring | V2, D4 | Valcasti et al. (2011) |
| Merced County | Early Quality Improvement Project (EQuIP) | • Provide home-based programs with materials, training, and financial support to improve quality | V2 | Valcasti et al. (2011) |
| San Diego County | Preschool for All | • Expand access to high-quality preschool programs by measuring, improving, and rewarding quality<br>• Provide education and training to ECE professionals for PD<br>• Engage parents in child's development | D1, D2, V2, D3, D4, D5, D6, D7 | Harder+Company (2012) |
| San Francisco County | Preschool for All | • Expand access to high-quality preschool programs by measuring and improving quality<br>• Provide education and training to ECE professionals for PD<br>• Engage parents in child's development | D2, V2, D5, D6 | American Institutes for Research (2010); First 5 San Francisco (2012) |
| San Joaquin County | Preschool for All | • Expand access to high-quality preschool programs by measuring, improving, and rewarding quality<br>• Provide education and training to ECE professionals for PD<br>• Engage parents in child's development | D2, D3, D5, D6, D7 | Harder+Company (2007, 2010b, 2010c, 2013) |

| Geographic Coverage | QRIS, QIS, or QI Initiative | Initiative Approach | Questions Addressed | Citation |
|---|---|---|---|---|
| San Mateo County (Redwood City School District) | Preschool for All | • Expand access to high-quality preschool programs by measuring, improving, and rewarding quality<br>• Provide education and training to ECE professionals for PD<br>• Engage parents in child's development | D5, D6 | Sanchez (2012) |
| Santa Barbara County | Stipends, Training, and Retention (STAR) project | • Provide financial incentives to ECE professionals working toward a certificate, BA, or MA degree<br>• Blend of AB212, CARES, foundation funding | D4 | Felix, Terzieva et al. (2012) |
| Santa Barbara County | Quality Counts Network (QCN) and Family Childcare Steps to Quality Network and Program | • Provide centers with grants, TA, and learning communities to support quality improvement leading to national accreditation<br>• Provide FCCHs with assessments, PD, and TA to support quality improvement leading to national accreditation | D2, V2 | Felix, Terzieva et al. (2012) |
| Santa Clara County | CARES | • Provide financial incentives to ECE professionals working toward a certificate, BA, or MA degree | P1, D3 | WestEd E3 Institute (2007) |
| Santa Clara County | Power of Preschool (formerly Preschool for All) | • Expand access to high-quality preschool programs by measuring, improving, and rewarding quality<br>• Provide education and training, as well as coaching and modeling, to ECE professionals for PD<br>• Engage parents in child's development | D3, D5, D6 | WestEd E3 Institute (2011) |
| Santa Cruz County | Early Literacy Foundations Initiative | • Provide skill development and coaching for ECE professionals through SEEDS (Sensitive, Encourage, Educate, Develop through Doing, and Self-Image) of Early Literacy curriculum PD model and SEEDS Plus<br>• Support child assessments for CSPP classrooms to tailor literacy instruction<br>• Other literacy supports provided to teachers and families | D2, V2, D3, D5, D6 | Applied Survey Research and First 5 Santa Cruz County (2012) |
| Yolo County | Child Care Quality Enhancement Project | • Provide on-site quality enhancement TA<br>• Provide workshops to participating providers<br>• Mini-grants also available to improve learning environment | D2, V2 | Davis Consultant Network (2012) |
| Two counties: San Francisco and San Mateo | Preschool for All | • Expand access to high-quality preschool programs by measuring and improving quality<br>• Provide education and training to ECE professionals for PD<br>• Engage parents in child's development | P1, D2 | American Institutes for Research (2007) |
| Four counties: Alameda, San Francisco, Santa Barbara, and Santa Clara | Learning Together Cohort Program | • Form cohorts of ECE professionals who pursue coursework and BA degree together<br>• Provide supported services | P1, D3, D4 | Whitebook, Kipnis et al. (2011); Kipnis, Whitebook et al. (2012) |
| Nine counties: Los Angeles, Merced, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Ventura, and Yolo | Power of Preschool | • Expand access to high-quality preschool programs by measuring, improving, and rewarding quality<br>• Provide education and training to ECE professionals for PD<br>• Engage parents in child's development<br>• Some alternative design approaches can be decided upon by counties | P1, D2, D3, D4, D5, D6 | Prayaga (2009); Franke, Espinosa, and Hanzlicek (2011) |
| California (most counties) | CARES | • Provide financial incentives to ECE professionals working toward a certificate, BA, or MA degree | D3 | Harder+Company (2008, 2009) |

Exhibit 6.2 lists a total of 30 studies covering 17 distinct initiatives (counting the multi-county initiatives such as PoP/PFA and CARES as single initiatives). Aside from CARES, which was implemented in almost all counties, 14 counties are represented in the research studies in exhibit 6.2, either as a single-county initiative or as part of a multi-county initiative. All nine PoP/PFA counties are covered. All Race to the Top–Early Learning Challenge Grant (RTT-ELC) consortium counties are represented with the exception of El Dorado, Orange, and Sacramento counties.

The studies in exhibit 6.2 cover a number of initiatives that constitute a QIS at minimum, if not a QRIS (e.g., Fresno pilot, LAUP, PoP/PFA). The remaining initiatives that do not constitute a full QRIS or QIS fall generally into two categories: those focused on program improvement through TA and other supports (e.g., Alameda County Quality Counts, Contra Costa County Early Learning Demonstration Project [ELDP], among others) and those centered on workforce professional development (e.g., Alameda County Corps AA Degree Program, Contra Costa County Professional Development Program [PDP], among others).

The available studies often address only one of the research questions in exhibit 6.1, although studies that answer two or more questions are common. Looking across the 24 rows in exhibit 6.2, studies most frequently consider outcomes for the ECE workforce (14 county/initiative studies address D3 or D4). Next most common are those that examine quality at a point in time or changes in quality over time (D2 or V2 for 10 county/initiative studies), followed by studies of child development at a point in time or over time (nine studies address D5 or D6), and studies of parent involvement (three studies address D7). Only one study examines the characteristics of participating ECE programs (D1). Notably, only two of the validation questions listed in exhibit 6.1 are addressed by any of the studies: one study looks at the relationship between ratings and observed quality (V1), while 10 studies measure whether program quality improves over time (V2). None of the studies examine whether quality ratings are associated with child developmental outcomes (V3) or if parents know about and understand program ratings (V4). In addition, no studies implement a research design that supports addressing any of the five impact questions in exhibit 6.1 (I1 to I5).

With this overview, we now turn to a synthesis of the findings from this body of research. We organize the discussion by the focus (and associated research questions): participation of ECE programs (D1); ECE program quality indicators and ratings (D2, V1, and V2); ECE workforce participants and their professional development (D3 and D4); child developmental assessments (D5 and D6); and parent outcomes (D7). Each section is accompanied by a summary table that provides key details on the associated studies, where studies are grouped into different panels based on the research design. For each study, the tables show the data source and time period covered, the samples studied and associated sample sizes, the empirical research design employed, the outcomes examined, and the key findings. For some studies, the details regarding some of the methods are not available (e.g., data source or sample sizes).

## Findings: Participation of ECE Programs

There were no studies that directly addressed the question of which programs participate in a voluntary QRIS, QIS, or QI initiative and which do not (question D1 in exhibit 6.1). Exhibit 6.3 summarizes the results for the one study that examines the characteristics of ECE programs

participating in the initiative, albeit without reference to nonparticipating programs. The descriptive evaluation of San Diego's PFA initiative used administrative data to examine the distribution of programs by type in PFA. In all years, a plurality of programs (e.g., 80 percent in 2010–11) were non-school-based, either centers or FCCHs. Yet, up to 55 percent of children participating in the initiative were in school-based programs. This reflects the fact that, on average, school-based programs (as well as center-based programs) typically serve more children compared with FCCHs. In contrast, while 20 out of 41 programs in the 2010–11 year were FCCHs, only 217 out of the 6,942 children in participating programs (or 3 percent) were in FCCHs. In general, QI initiatives frequently base decisions on the distribution of resources across providers of different types on the number of children they will actually reach.

## Findings: ECE Program Quality Indicators and Ratings

Given the interest in improving ECE program quality, we would expect a substantial focus on measuring ECE program quality at a point in time (question D2 in exhibit 6.1) or over time (question V2 in exhibit 6.1) among the studies we identified, and this is indeed the case. Exhibit 6.4 summarizes the studies that address either or both of these questions. As a whole, these studies are descriptive because none of them seek to determine if quality improves as a result of the QI initiative being examined. Studies that address V2—measuring whether program quality increases over time for those participating in the QI initiative—can be viewed as contributing to the validation of the QI initiative. In other words, by documenting that program quality improves over time, it is consistent with a QI system that is achieving its objective, although it does not constitute evidence that the QI initiative caused the improvement in quality.

**Exhibit 6.3. Studies Addressing ECE Program Participation**

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| **a. Method: Descriptive, repeated cross-section, no control/comparison** | | | | | |
| San Diego County / Preschool for All / Harder+Company (2012) | Administrative data for 2006–07 to 2010–11 program years | 16 to 41 participating programs in each of five program years | Repeated cross-sectional distribution of programs by type | • Type of program (school based, non-school-based, FCCH) | • In all years, a plurality of programs were non-school-based (e.g., in 2010–11, 32% were non-school centers, 49% were FCCHs, 20% were school based)<br>• In last three years, from 45% to 55% of children served were in school-based programs; fewer than 5% of children served each year were in FCCHs |

**Exhibit 6.4. Studies Addressing ECE Program Quality and Quality Ratings**

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| **a. Method: Descriptive, single cross-section, no control/comparison** | | | | | |
| San Diego County / Preschool for All / Harder+Company (2012) | Observational quality assessments of PFA-funded centers and FCCHs for 2010–11 program year | All centers: 128 new classrooms, 50 continuing classrooms<br><br>All FCCHs: 13 new homes, 2 continuing homes<br><br>Centers and FCCHs in top tier: 78 center classrooms; 5 FCCHs | Point in time independent measure of quality | • ERS scores (ECERS-R, FCCERS-R)<br>• CLASS scores (top tier only) | • For continuing rooms, ECERS-R scores exceeded 6 for all subscales except Space and Furnishings (5.7) and Personal Care Routines (5.2); scores were higher than those for new classrooms on every subscale except for Parents and Staff<br>• For continuing homes, FCCERS-R scores exceeded 6 for all subscales except Personal Care Routines (5.2); scores were higher than those for new homes on every subscale<br>• CLASS scores for center classrooms in the top tier exceeded the national average on each subscale; CLASS scores for FCCHs did not exceed the national average for each subscale |
| San Joaquin County / Preschool for All / Harder+Company (2010c) | Observational quality assessments of PFA-funded centers for 2009–10 program year | 53 classrooms | Point in time independent measure of quality | • ERS scores (ECERS-R) | • Average ECERS-R score was 5.2<br>• Average subscale scores ranged from 3.1 (Personal Care Routines) to 6.1 (Parents and Staff) |
| California / Power of Preschool / Prayaga (2009) | County reports of observational quality assessments for PoP programs (2007–08) | Sample size unstated | Point in time independent measure of quality | • ERS scores (ECERS-R) | • All counties have average ECERS-R scores in the "good" to "excellent" range (5 or greater)<br>• Lowest scores occur for Personal Care Routines subscale |
| California / Power of Preschool / Franke, Espinosa, and Hanzlicek (2011) | County reports of observational quality assessments for PoP programs (2010–11) | Sample size unstated<br><br>ECERS-R data for all nine counties; ITERS-R data for five counties | Point in time independent measure of quality | • ERS scores (ITERS-R, ECERS-R) | • ECERS-R average subscale scores ranged from 4.1 (Personal Care Routines) to 6.0 (Interaction and Program Structure)<br>• ITERS-R average subscale scores ranged from 2.1 (Personal Care Routines) to 6.0 (Interaction and Program Structure)<br>• ITERS-R scores ranged from 4.8 (Ventura) to 6.2 (Santa Clara) |

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| **b. Method: Descriptive, pre-post measurement, no control/comparison** | | | | | |
| Alameda County / Quality Counts / Bernzweig (2011) | Observational quality assessments conducted from 2007–11 | 21 participating FCCHs; 13 available for later follow-up (selective group) | Pre- and post-intervention independent measure of quality and follow-up measure at 2–4 years post-intervention | • ERS score (FDCRS or FCCRS-R) | • Modest improvement in quality after intervention (1.3 average gain)<br>• Modest gain was maintained 2–4 years later |
| Contra Costa County / ELDP / Harder+Company (2010a) | Observational quality assessments conducted from 2008–09 | 27 participating programs in 2008–09 (23 programs with pre-post ERS, five centers and 18 FCCHs) | Pre- and post-intervention independent measure of quality | • ERS score (ECERS-R, FCCERS-R)<br>• NAEYC/NAFCC accreditation status | • Modest improvement in center quality after intervention (0.9 average gain, *N*=5)<br>• Larger improvement in FCCH quality after intervention (1.9 average gain, *N*=18)<br>• Since inception in 2003, 50 of 82 participating providers achieved national accreditation |
| Fresno County / QRIS Pilot / First 5 Fresno (2011) | Observational quality assessments for pilot sample of programs (dates unknown) | Five classrooms in three centers | Pre- and post-intervention independent measure of quality | • ERS score (ECERS-R)<br>• CLASS score | • In four classrooms with an average pre-intervention ECERS-R score of 5.5, CLASS scales increased:<br>– ES by 0.5 (baseline mean=5.9)<br>– CO by 0.3 (baseline mean=5.4)<br>– IS by 2.1 (baseline mean=3.3) |
| Merced County / WRAP and related PD activities / Valcasti et al. (2011) | Administrative data for 2010–11 | Various numbers of participants in each activity (95 WRAP participants; 99 participants in academic advising; 29 teachers received mentoring) | Pre- and post- intervention self-assessed quality | • ERS scores (ECERS-R)<br>• CLASS scores | • Small decrease on average in self-assessed ECERS-R score for those in WRAP<br>• Improvements in three CLASS scales for those receiving mentoring:<br>– ES by 0.7 (baseline mean=4.9)<br>– CO by 0.7 (baseline mean=4.2)<br>– IS by 1.0 (baseline mean=3.5) |
| Merced County / EQuIP / Valcasti et al. (2011) | Administrative data for 2010–11 | 10 FCCH providers | Pre- and post- intervention self-assessed quality | • ERS scores (FCCERS-R) | • Self-assessed ERS scores improved (0.8 average gain) |
| San Diego County / Preschool for All / Harder+Company (2012) | Observational quality assessments of centers and FCCHs from first year of participation to 2010–11 program year | 175 center-based classrooms and FCCHs | Pre- and post-intervention independent measure of quality | • Rating tier | • 62% of classrooms/homes increased their tier level since their first year; 4% decreased a level; 34% remained unchanged |

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| San Francisco County / Preschool for All / First 5 San Francisco (2012) | Observational assessments among two cohorts: Cohort 1: fall 2010–spring 2011; Cohort 2: fall 2011–spring 2012 | PFA classrooms whose lead teachers were participating in Institute for Intentional Teaching; Cohort 1: *N*=9 Cohort 2: *N*=6 | Pre- and post-intervention independent measure of quality | • CLASS scores | • Improvements in three CLASS scales for those in PFA:<br>– ES by 0.3 (baseline mean=5.7)<br>– CO by 0.7 (baseline mean=4.8)<br>– IS by 1.2 (baseline mean=2.2) |
| Santa Barbara County / Quality Counts Network (QCN) and Family Childcare Steps to Quality Network and Program / Felix, Terzieva et al. (2012) | Observational assessments (2010–11); Accreditation status (2006–07 to 2010–11) | 53 participating FCCHs; 27 center classrooms (randomly selected out of 39 participating classrooms) | Pre- and post-intervention independent measure of quality | • ERS scores (ECERS-R, FCCERS-R)<br>• Accreditation status | • FCCHs: Average ERS score increased by 0.4 over 2010–11<br>• Centers: Post-test scores not available<br>• Number of NAEYC-accredited centers rose from 24 in 2006–07 to 32 in 2010–11<br>• Number of accredited FCCHs remained at 5 over the time period (maximum of 7 in two intermediate years) |
| Santa Cruz County / Early Literacy Foundations Initiative / Applied Survey Research and First 5 Santa Cruz County (2012) | Observational assessments conducted by coaches (2011–2012) | 39 classrooms; 17 FCCHs | Pre- and post-intervention independent measure of quality | • Centers: Early Language and Literacy Classroom Observation Pre-K Tool (ELLCO Pre-K)<br>• FCCHs: Child/Home Early Language and Literacy Observation (CHELLO) | Centers:<br>• Percentage of classrooms that have High-Quality Support increased from 33% to 95%.<br><br>FCCHs:<br>• Percentage of FCCHs rated as having High-Quality Support on group/family observations increased from 35% to 94%<br>• Percentage of FCCHs having Excellent Support on literacy environment increased from 35% to 65%. |

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| Yolo County / Child Care Quality Enhancement Project / Davis Consultant Network (2012) | Observational quality assessments conducted upon entry into program and three to 13 months later (FCCHs) or five to 14 months later (centers) (2009–12) | 35 participating FCCHs over three years; 19 participating centers over three years | Pre- and post-intervention measure of quality | • ERS score (ECERS-R, FCCERS-R) | • At the post- measure, FCCHs scored an average of 5 on each ERS subscale except for Parents and Provider and Personal Care<br>• FCCHs gained an average of 1.5 across all subscales from pre- to post-<br>• FCCHs gained the most (average increase of 2.1) in the Activities subscale<br>• At the post- measure, centers scored an average of 5 on each ERS subscale except for Personal Care<br>• Centers gained an average of 0.6 across all subscales<br>• Centers gained the most (average increase of 1.1) in the Activities subscale |

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| **c. Method: Descriptive, single cross-section or pre-post measurement, other reference samples** | | | | | |
| Los Angeles County / LAUP / Love et al. (2009) | Observational quality assessments of LAUP centers collected winter-spring 2007–08<br><br>Comparison data from California Preschool Study (RAND), 11 states from the Multi-State Study (MSS) of Pre-Kindergarten and State-Wide Early Education Programs Study (SWEEP), and Oklahoma universal preschool sample | Stratified random sample of LAUP centers; one randomly selected room in 88 centers | Point in time independent measure of quality compared with several other samples; analysis of correlation between LAUP program ratings and CLASS domains | • ERS scores (ECERS-R)<br>• CLASS scores | • Average CLASS scores of 5.9 for ES, 5.4 for CO, and 2.6 for IS<br>• Average CLASS scores exceed California sample except for IS (2.6 versus 2.7)<br>• Scores for 11 CLASS dimensions consistently exceed those for other studies except for three dimensions that make up IS<br>• LAUP program ratings are positively and significantly correlated with CLASS ES, but not CO or IS |
| San Mateo and San Francisco Counties / Preschool for All / American Institutes for Research (2007) | Observational assessments (2006–07)<br><br>Comparison data for 11 states from MSS/SWEEP | Stratified random sample of PFA classrooms; eight classrooms in San Mateo; 32 classrooms in San Francisco | Point in time independent measure of quality compared with multi-state sample | • ECERS-E literacy subscale scores<br>• CLASS scores | • Average ECERS-E subscale score exceeded 4 in both counties<br>• Average CLASS score exceeded 4 for eight of 11 dimensions for San Mateo rooms and seven of 11 dimensions for San Francisco classrooms<br>• In every dimension of the CLASS, PFA classrooms received more favorable scores compared with the multi-state data |
| San Francisco County / Preschool for All / American Institutes for Research (2010) | Observational assessments (2009–10)<br><br>Comparison data from California Preschool Study (RAND) | 11 PFA classrooms whose lead teachers were participating in Institute for Intentional Teaching | Pre- and post-intervention independent measure of quality; post-intervention scores compared with a representative statewide sample | • CLASS scores<br>• Classroom Assessment of Supports for Emergent Bilingual Acquisition (CASEBA) scores | • PFA classrooms improved on all dimensions of the CLASS from fall to spring with the exception of Instructional Learning Formats<br>• CASEBA scores either decreased very slightly or did not change from pre- to post-test, with the exception of Teacher Knowledge of Child Background, which increased significantly by 0.94 points<br>• PFA classrooms received more favorable post-test ratings compared with the CA statewide data on all CLASS subscales, with the exception of Concept Development |

These studies measure quality using several standard tools or quality indicators. Most common is the use of the family of environment rating scales (ERSs): the Infant-Toddler Environment Rating Scale–Revised (ITERS-R), the Early Childhood Environment Rating Scale–Revised (ECERS-R), and the Family Child Care Environment Rating Scale–Revised (FCCERS-R). In most cases, ratings are conducted by trained reliable independent observers. In a few studies, program self-assessed ERS scores are reported, an approach that is more likely to suffer from observer bias. The Classroom Assessment Scoring System (CLASS) is a tool that is increasingly used to measure the quality of teacher-child interactions using reliable independent observers. The CLASS is typically reported in terms of three domain scores: Emotional Support (ES), Classroom Organization (CO), and Instructional Support (IS). Beyond the ERS and CLASS, one study uses the Early Language and Literacy Classroom Observation Pre-K Tool (ELLCO Pre-K) for centers and the Child/Home Early Language and Literacy Observation (CHELLO) for FCCHs. A few studies report accreditation status as a marker of quality, usually when achieving accreditation is one of the aims of the QI initiative. Finally, a program rating tier is also sometimes the quality metric.

Exhibit 6.4 divides the studies into three panels based on their design: (a) measuring quality at a point in time with no control or comparison group, (b) measuring changes in quality over time with no control or comparison group, and (c) measuring quality at a point in time or changes over time with a reference sample. We discuss each group of studies in turn.

The four studies in panel (a) in exhibit 6.4, all associated with PFA or PoP, document the distribution of quality at a point in time for programs participating in the initiative. These studies address question D2 in exhibit 6.1: What is the distribution of quality for programs in the initiative? It is important to note that none of these studies measures the distribution of quality for programs not in the initiative. Thus, there is no information about the possible selectivity of the programs that are participating in terms of program quality, beyond any selectivity based on which programs were eligible to participate. With that limitation in mind, exhibit 6.4 shows that, according to the ERS scores, the PFA or PoP programs as a whole (Prayaga 2009; Franke, Espinosa, and Hanzlicek 2011) and the programs in San Diego County (Harder+Company 2012) and San Joaquin County (Harder+Company 2010c) exhibit quality in the "good" to "excellent" range, with mean ERS scores above 5 (with a few exceptions). It is worth noting that the lowest scores are consistently for the Personal Care Routines subscale of the ERS.

A total of 10 studies measure program quality at two points in time, typically at the start of the QI initiative and at the end or from fall to spring in the same academic year (see panel (b) of exhibit 6.4). These studies address question V2 in exhibit 6.1: Does program quality increase over time among those participating in the initiative? The samples in these studies range from five classrooms (Fresno County QRIS Pilot) to 175 center-based classrooms and FCCHs. For the most part, these studies show that program quality increases over time, with gains on the seven-point ERS or CLASS scales ranging from about 0.5 to 1.9. Among the CLASS domains, average scores are always lower by at least one scale point for IS compared with ES or CO, but the gains over time are always greater for IS where there is more room to improve. Likewise, FCCHs tend to have larger gains than centers, probably because they start out with lower quality, so there is more scope to raise quality. In the two studies where accreditation status was tracked, there was an increase over time in accredited programs overall, although gains in accredited programs were not always seen among FCCHs. One study, based on self-assessed ERS scores, found a small

decline on average, although the reliability of the self-reported scores at a point in time or over time may be questioned. One study showed that the modest quality gain during the intervention was sustained up to four years past the end of the intervention (Alameda County Quality Counts). So, while quality gains are not guaranteed, improvements in quality over time are usually in evidence.

The three remaining studies in panel (c) of exhibit 6.4 employ the same approach as those studies in either panels (a) or (b), and the patterns of program quality at a point in time and over time mirror those noted above for the studies in panels (a) and (b). But these three studies also include a reference sample against which to compare the distribution of quality, specifically as measured by the CLASS. The comparisons are made most often to the statewide data from the RAND California Preschool Study or to results from the 11 states in the Multi-State Study (MSS) of Pre-Kindergarten and State-Wide Early Education Programs Study (SWEEP). Neither of these reference samples is likely to contain the same mix of providers as those in the initiative, so they do not function as a valid comparison group. Rather, they provide a benchmark for comparison. As a benchmark, these comparisons indicate that the LAUP classrooms measured as of 2008 had quality that exceeded the California average for all but the IS domain. The San Mateo and San Francisco PFA classrooms outscored the MSS/SWEEP sample as of 2007, and the San Francisco sample of PFA classrooms measured in 2010 outscored the California sample on all CLASS subscales but Concept Development.

Although not described as a QRIS validation study, it is worth noting that Love et al. (2009) examine the relationship between the LAUP rating tiers and scores on the three CLASS domains, effectively addressing validation question V1 in exhibit 6.1, whether programs with higher QRIS ratings indeed have higher observed quality. In their sample of classrooms, they report that the LAUP star rating was positively and significantly correlated only with the ES domain; there was no significant relationship with CO or IS. Moreover, only 3 percent of the variation in the ES score was explained by the LAUP rating tier, a finding that resonates with a number of the validation studies conducted in other states reported in the chapter 2 literature review.

## Findings: ECE Workforce Participants and Their Professional Development

The characteristics of the ECE workforce participating in QI initiatives and their professional development outcomes (e.g., courses taken, degrees obtained, skills acquired)—questions D3 and D4, respectively—are another major focus of the studies included in our synthesis. Exhibit 6.5 lists the relevant studies and their findings. As with the other studies in this synthesis, these analyses are descriptive. For example, in examining the characteristics of the ECE workforce participating in a given initiative (D3), there is no corresponding look at those who remain outside of the QI initiative, considering, for example, in the case of the CARES program, the characteristics of those who do and do not participate in CARES. Rather, the focus is exclusively on those who participate. Likewise, for those studies that consider whether participants' outcomes improve (D4)—for example, do they take more courses, obtain additional credentials, or complete degree programs—there is no examination of these same metrics for a comparable group of nonparticipants to see what outcomes would have looked like in the absence of the program.

**Exhibit 6.5. Studies Addressing ECE Workforce Professional Development Outcomes**

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| **a. Method: Descriptive, single cross-section, participant characteristics, no control/comparison** | | | | | |
| Santa Cruz County / Early Literacy Foundations Initiative / Applied Survey Research and First 5 Santa Cruz County (2012) | Early Literacy Foundations Initiative Client and Assessment Data Entry Template, 2007–12 | 222 educators in state and federally subsidized classrooms; 169 educators in FCCHs and private/nonprofit centers | Pre-intervention characteristics of participants from program intake form | • Demographic make-up of participants:<br>– Language<br>– Education level | • Nearly half speak Spanish as their primary language (48%), 27% speak English only, and 22% are bilingual English/Spanish<br>• 34% have an AA, BA, or higher; 17% do not have a high school diploma |
| Santa Clara County / CARES / WestEd E3 Institute (2007) | Program administrative data | 1,302 CARES participants | Pre-intervention characteristics of CARES participants from CARES intake form | • Characteristics of CARES participants:<br>– Age and gender<br>– Ethnicity<br>– Language spoken<br>– Salary | Baseline data for participants showed that:<br>• Most were 40–50 years old, 99% were female<br>• 28% were white, 27% Hispanic/Latino, and 27% Asian<br>• 57% spoke English at work; 46% spoke English at home<br>• Average annual salary varied from $48,353 for a program director to $19,919 for an assistant/aide |
| San Joaquin County / Preschool for All / Harder+Company (2007) | Survey data for participating PFA teachers collected during 2006–07 program year | 23 PFA teachers across 14 centers | One-time cross-section of PFA teachers' qualifications | Survey self-reports of:<br>• Teacher qualifications (experience, permit)<br>• CARES/Child Care Professional Growth Program (CCPGP) participation<br>• Use of "standard" curriculum<br>• Use of DRDP-R and ASQ<br>• Activities to support school readiness | Survey showed that:<br>• 78% had a Site Supervisor permit; 13% had a CD Master Teacher permit<br>• 87% themselves or staff member had participated in CARES or CCPGP<br>• 74% used a "standard" curriculum<br>• All used DRDP-R and ASQ<br>• A variety of activities were used to prepare students for K |

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| California / Power of Preschool / Prayaga (2009) | Administrative data for PoP programs as of July 2008 | 789 PoP lead teachers; 1,008 PoP assistant teachers | One-time cross-section of PoP teachers' qualifications | Percentage of teachers in each category:<br>• Entry: 24 ECE units for the lead and six ECE units for the assistant teacher<br>• Advancing: 60 units of college level work with 24 units in ECE for the lead and 12 ECE units for the assistant teacher<br>• Quality: BA degree that includes at least 24 ECE units for the lead and an AA degree that includes at least 24 ECE units for the assistant teacher | • PoP lead teachers:<br>– 14% entry level<br>– 41% advancing,<br>– 46% quality<br>• PoP assistant teachers:<br>– 13% entry level<br>– 47% advancing,<br>– 39% quality<br>• By county, percentage of PoP teachers "advancing" or "quality" ranged from 84% (Los Angeles) to 100% (Yolo and Ventura) |
| **b. Method: Descriptive, single cross-section, participant outcomes, no control/comparison** | | | | | |
| Contra Costa County / Services for Special Needs Children / Constantine, Gomby, and Mitchell (2008) | Survey data for participants collected from 2006–07 | 258 participating caregivers of children with special needs | Post-intervention survey of participants | • Self-assessed skills of providers<br>• Experiences with program | • Providers report benefiting from emotional support<br>• Providers report learning specific skills and techniques |
| Santa Clara County / CARES / WestEd E3 Institute (2007) | Survey data of CARES participants collected from 2005–06 | 1,302 CARES participants | Post-intervention survey of CARES participants | • Participants' self-reported impact of CARES | • 65% of teachers reported that CARES has been a factor in staying in field<br>• 60% reported that CARES was a factor in staying in current program |
| Alameda, Santa Barbara, Santa Clara, and San Francisco Counties / Learning Together Cohort Program / Whitebook, Kipnis et al. (2011) | Survey data for participants collected from fall 2009 to spring 2010 | 92 program graduates out of 102 total graduates (excludes 17 participants who began the program but left the cohort and seven who had not yet graduated) | Post-intervention survey of program graduates | • Graduation rate<br>• Demographic characteristics of graduates | • 81% of participants graduated (102 out of 126)<br>• Characteristics of graduates:<br>– 96% female<br>– 74% women of color<br>– Average age of 45 years<br>– 31% with primary language other than English, most often Spanish<br>– 79% employed in a child care center |

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| Alameda, Santa Barbara, Santa Clara, and San Francisco Counties / Learning Together Cohort Program / Kipnis, Whitebook et al. (2012) | Survey data for participants collected from fall 2010 to spring 2011 | 85 program graduates out of 105 total graduates | Post-intervention survey of program graduates | • Self-reported job title changes<br>• Pay increases | • 23% reported changes in job position since the cohort program, with three fourths attributing this change to having attained a BA degree<br>• 61% reported pay increases, with 80% attributing these exclusively, or in part, to their BA degree |
| California / CARES / Harder+Company (2008) | Mail survey administered from November 2007 to March 2008 to participants in CARES during program years 2003–04 to 2005–06 | 978 respondents in 34 counties out of 5,000 sampled from a frame of 11,945 participants from 39 counties | Post-intervention survey of CARES participants | • PD and career outcomes of CARES participants:<br>– Education level<br>– Permits held<br>– Tenure in CARES<br>– Retention in field<br>– Perceived benefits | Data for participants showed that:<br>• Percentage with AA and BA somewhat higher than statewide administrative data for cohort<br>• 87% have a permit<br>• 32% participated for four years<br>• 93% were still working in the child care field<br>• There is a high degree of perceived benefit, especially the desire to stay in the field<br>• CARES is perceived to have contributed to career advancement, especially earning permits and moving up the career ladder |
| **c. Method: Descriptive, repeated cross-section, participant outcomes, no control/comparison** | | | | | |
| San Diego County / Preschool for All / Harder+Company (2012) | Survey data for PFA teachers covering 2006–07 to 2010–11<br><br>Administrative data for PFA administrators and teachers | Survey samples vary by year:<br>162 teachers in 2010–11;<br>74 teachers in 2006–07<br>(600 total teachers across five years)<br><br>908 administrators and teachers in PFA since 2006 | Repeated cross-sections of PFA teachers' characteristics and qualifications | Survey data:<br>• Experience (% of teachers who have taught preschool > 5 years)<br>• Tenure (% of teachers who have taught at the same preschool > 5 years)<br>• Teacher salaries<br><br>Administrative data:<br>• Degrees earned since 2006 | • Share of experienced teachers increased slightly (63% in 2006–07 to 68% in 2010–11)<br>• Share with tenure greater than five years remained unchanged at around 50%<br>• Excluding PFA stipends, the majority of teachers (56%) earn between $20K and $30K and about 20% earn less than $20K<br>• 518 degrees earned since 2006 (248 AAs, 229 BAs, 38 MAs, 3 PhDs/EdDs) |

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| Santa Clara County / Power of Preschool / WestEd E3 Institute (2011) | Source unspecified (2007–08 to 2009–10) | 104 teachers in PoP sites | Repeated cross-sections of PoP teachers' qualifications | • Teacher qualifications | • As of 2009–10, half of teachers had a BA or higher with ECE concentration<br>• The percentage of classrooms rated at the highest quality level based on teacher qualifications increased from 22% in 2007–08 to 42% in 2009–10 |
| Santa Barbara County / STAR program / Felix, Terzieva et al. (2012) | Survey data for county ECE teachers and FCCH providers covering 2008–09 to 2010–11 | Staff in 95 programs out of 150 total participated in the 2011 interview (*N* not available for earlier years) | Repeated cross-sections of teachers' qualifications | • Degree attainment | • Percentage of center-based staff with BA degrees showed little change over time (29% in 2008–09; 26% in 2010–11)<br>• Percentage of center-based staff with BA degrees related to ECE/CD showed little change over time (22% in 2008–09; 22% in 2010–11)<br>• Percentage of home-based providers with BA degrees showed little change over time (9% in 2008–09; 9% in 2010–11)<br>• Percentage of home-based providers with BA degrees related to ECE/CD showed little change over time (5% in 2008–09; 6% in 2010–11) |
| California / CARES / Harder+Company (2009) | Program administrative data for CARES participants from 2005–06 to 2007–08 | Data available for up to 15,841 participants out of 17,003 unduplicated participants over three years across 44 counties (excludes data for San Diego) | Repeated cross-sections of CARES participants' characteristics and qualifications | • Characteristics of CARES participants:<br>– Age and gender<br>– Ethnicity<br>– Language spoken<br>– Education level<br>– Salary<br>• PD outcomes of CARES participants:<br>– PD and courses completed<br>– Permit applications and permits held | Data for participants showed that:<br>• A majority were 30–49 years old, 98% were female<br>• 40% were white, 34% Hispanic/Latino, and 14% Asian<br>• 71% spoke English at home and 82% spoke English at work; 34% spoke Spanish at home and 39% spoke Spanish at work<br>• More than 90% have some college experience, 25% have a BA or higher<br>• Median annual salary was $24,000 in centers and $20,000 in FCCHs<br>• More than 30,000 hours of PD and 90,000 coursework units were completed<br>• More than 1,300 applied for a permit each year; 75% held a CD permit by the last year |

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| California / Power of Preschool / Franke, Espinosa, and Hanzlicek (2011) | Administrative data for PoP participants for 2008–2009 and 2010–2011 | Sample size not stated | Repeated cross-sections of PoP teachers' qualifications | • Percentage of teachers with BA or higher in ECE<br>• Percentage of teachers meeting "Quality" level (BA degree that includes at least 24 ECE units for the lead and an AA degree that includes at least 24 ECE units for the assistant teacher) | • Nearly 58% are "Master" Teachers with bachelor's or higher degrees in early childhood education<br>• More than 50% of "Master" Teachers meet the First 5 Quality level requirements (an increase from 45% as of 2008–09) |
| **d. Method: Descriptive, pre-post longitudinal, participant outcomes, no control/comparison** | | | | | |
| Alameda County / Every Director Counts / Parsons and LaFrance (2006) | 6-, 12-, and 18-month survey data for participants collected between January 2004 and June 2005 | 21 participating directors; 6 participating director mentors | Pre- and post-intervention qualitative self-assessment of participants' skills | • Self-assessed skills of directors<br>• Self-assessed mentoring abilities of director mentors | • Directors reported improved leadership and management skills<br>• Mentors reported improved skills |
| Alameda County / Corps AA Degree Program / jdcPartnerships (2010) | Administrative and survey data for participants covering 2006 to 2010 | 989 participants | Pre- to post-intervention measure of degree attainment of participants | • Degree attainment | • 6% of participants obtained an AA; 33% remain active Corps members; 61% dropped out without obtaining a degree<br>• Although FCCHs are the majority providers, only 15% of Corps members were employed in FCCHs |
| Contra Costa County / Professional Development Program / Harder+Company (2008c) | PDP alliance database | 314 providers receiving a financial incentive (out of 1,426 participants served) | Pre- to post-intervention measure of PD activities of participants | • Coursework completed<br>• Child development permit status<br>• Degree attainment | • 230 completed college coursework<br>• 78 obtained a permit<br>• 36 upgraded their permit<br>• 20 completed a college degree |
| Merced County / WRAP and related PD activities / Valcasti et al. (2011) | Administrative data for participants for 2010–11 | 95 WRAP participants; 99 participants in academic advising; 29 teachers received mentoring | Pre- to post-intervention measure of PD activities of participants | • Child development permit status<br>• Professional growth hours completed | • 47% of WRAP participants increased their permit level<br>• Those receiving academic advising completed 1,842 professional growth hours and 715 college units of ECE and general education |

The studies summarized in exhibit 6.5 rely on either administrative data that track program participants' characteristics and outcomes or survey data for these same measures collected from participants. The studies we review in this section focus primarily on professional development outputs—e.g., courses, credentials, degrees—for members of the ECE workforce rather than on their knowledge, skills, and competencies, the ultimate outcomes of interest. As a step in this direction, a few studies asked participants to provide a self-assessment of their skills. However, such subjective ratings are likely to be less accurate than an assessment provided by a trained independent observer using a standardized tool. The studies summarized in exhibit 6.4 that measure classroom quality through the CLASS in particular can provide a measure of teacher skills, although none of the studies link CLASS scores to the classroom teacher in a pre-post design; i.e., to determine whether the CLASS score for a particular teacher improves over time as a result of a QI initiative, particularly those focused on the teacher's professional development. Instead, the classroom is treated as the unit of analysis in those study designs. Other measures of classroom quality, such as the ECERS-R, represent more indirect measures of the performance of a particular classroom staff member, as a number of other factors in the classroom environment (e.g., educational materials, staff-child ratio, group size, curriculum, and so on) will also influence those classroom quality scores.

In exhibit 6.5, we group the available studies by their design into the following four panels, none of which have a comparison or reference group: (a) a single cross-section focused on participant characteristics; (b) a single cross-section focused on participant outcomes; (c) repeated cross-sections focused on participant outcomes; and (d) pre-post longitudinal designs focused on participant outcomes.

Four studies in panel (a) of exhibit 6.5 report on the characteristics of ECE workforce members that participate in a QI initiative, specifically the Early Literacy Foundations Initiative in Santa Cruz County (Applied Survey Research and First 5 Santa Cruz County 2012), the CARES program (WestEd E3 Institute 2007), San Joaquin County's PFA initiative (Harder+Company 2007), and the evaluation of PoP covering nine counties (Prayaga 2009). For the first two initiatives, the studies report on participant characteristics at the start of the program or intervention. For the other two studies, the one-time surveys occur after the program has begun. Because each initiative targets a different population, we would not necessarily expect their characteristics to be similar. In general, these studies show that the members of the ECE workforce who participate in QI initiatives are diverse in terms of their age, ethnicity, language spoken, and educational background. The one study that relies on survey data (PFA in San Joaquin County) rather than administrative data has a very small sample, only 23 PFA teachers in 14 centers. The representativeness of such samples is generally not discussed in the study reports.

Panel (b) of exhibit 6.5 lists five studies that explicitly focus on post-intervention outcomes for participants in three specific PD initiatives, namely First 5 Contra Costa County's program providing services for special needs children (including provider supports) (Constantine, Gomby, and Mitchell 2008); the BA-cohort programs operated in Alameda, Santa Barbara, Santa Clara, and San Francisco counties (Whitebook, Kipnis et al. 2011; Kipnis, Whitebook et al. 2012); and the CARES program specific to Santa Clara County (WestEd E3 Institute 2007) and statewide (Harder+Company 2008). These studies collect survey data from participants, either targeting all

ECE workforce members in the initiative or a random sample. Survey response rates, although not always reported, can be quite low. Notably, the statewide survey of CARES participants several years after the program ended received responses to the mail survey from only 20 percent of the 5,000 individuals who were selected for the survey from among the nearly 12,000 participants. While this still provides a sample of nearly 1,000 survey responses for analysis, it does raise a concern about the representativeness of that sample for the overall population of CARES participants. Together these studies provide results on a range of post-program outcomes such as self-assessed skills and experiences with the program, self-reported perceptions of impact from participation, retention in the field, and specific measures of professional qualifications. Almost none of these are repeated across studies, so there is little basis for comparison across initiatives. However, the results in general show that participants perceive value from the programs and attribute some of their subsequent professional outcomes (e.g., job changes, salary increases, and retention in the field) to the PD activities.

The five studies in panel (c) use survey or administrative data (some sources are not described) to examine repeated cross-sections of teacher qualifications over time as a way of tracking possible impacts of the initiatives, namely the PFA/PoP programs in San Diego and Santa Clara counties, as well as the nine pooled PoP counties; Santa Barbara County's STAR program; and the statewide CARES program. For the most part, these studies report on various measures of teacher professional qualifications such as experience in the field, tenure at a given program, courses completed, permit status, and degree attainment. In the absence of a control or comparison group, it is not possible to conclude that any observed changes over time are attributable to the QI initiative. Nevertheless, it is useful to see if outcomes change over time in the expected direction. In general, these studies document that participants completed coursework, earned degrees, and applied for or obtained Child Development permits. Yet, aggregate data do not always reflect these activities. For example, in Santa Barbara County, according to the survey data collected over three years, there was little change in the share of staff in center- or home-based programs with BA degrees, or BA degrees *and* an early childhood concentration. The response rate (63 percent) is given only for the final year, so it is possible that variation in the population included in each sample is biasing the estimated trends for the county.

Finally, panel (d) in exhibit 6.5 summarizes the results for four studies that use a pre-post design to follow individual participants in specific PD initiatives, namely Every Director Counts (Parsons and LaFrance 2006) and the Corps AA Degree Program (jdcPartnerships 2010) in Alameda County; the Professional Development Program (PDP) in Contra Costa County (Harder+Company 2008c); and the Workforce Recruitment and Advancement (WRAP) program and related PD activities in Merced County (Valcasti et al. 2011). The studies measure several specific PD activities and outcomes such as coursework completed, training hours, degrees attained, permit status, and self-assessed skills using either administrative data or survey data or both. Each of these studies documents that participants engaged in the various PD activities and advanced in their outcomes such as degrees and permit levels. Self-assessed skills improved as well for the directors and director mentors who studied in the Every Director Counts Program. Because there is no randomly assigned control group or otherwise valid comparison group, however, it is not possible to attribute these outcomes to the PD initiative.

## Findings: Child Developmental Outcomes

A dozen studies have examined child developmental outcomes in the context of QRISs, QISs, or QI initiatives (see exhibit 6.6). None of the studies employ the required methods to address validation or impact questions related to child development (i.e., questions V3 or I5 in exhibit 6.1). Rather, a variety of methods are used to answer descriptive questions such as the distribution of child developmental skills at a point in time (D5) or changes in child developmental measures over time (D6).

**Exhibit 6.6. Studies Addressing Child Developmental Outcomes**

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| **a. Method: Descriptive, pre-post measurement with cross-sectional analysis, no control/comparison** | | | | | |
| Santa Cruz County / Early Literacy Foundations Initiative / Applied Survey Research and First 5 Santa Cruz County (2012) | Administrative data on teacher child developmental assessments in English and Spanish in fall 2011, winter 2011–12, and spring 2012 | 97 to 140 English-speaking children in subsidized programs; 248 to 307 primarily Spanish-speaking children in subsidized programs (varies by wave) | Cross-sectional fall, winter, and spring measures of child development | • Individual Growth and Development Indicators (IGDI) scores:<br>– Picture naming<br>– Rhyming<br>– Alliteration | • The share of children meeting targets for later reading success increased on all three subscales from fall to winter to spring |
| San Francisco County / Preschool for All / First 5 San Francisco (2012) | Administrative data on teacher child developmental assessments in fall 2010 and spring 2011 | 1,281 children in PFA preschools | Cross-sectional fall and spring measures of child development | • DRDP-R scores | • There is a large increase from fall to spring in the share of children at the "integrating" developmental level across all DRDP-R subscales |
| San Joaquin County / Preschool for All / Harder+Company (2010b) | Administrative data on teacher child developmental assessments in fall 2008 and spring for 2009 | 1,054 children in PFA preschools | Cross-sectional fall and spring measures of child development | • DRDP-R scores | • There is a large increase from fall to spring in the share of children at the "building" or "integrating" developmental level across all DRDP-R subscales |
| Santa Clara County / Power of Preschool / WestEd E3 Institute (2011) | Administrative data on teacher child developmental assessments (dates not specified) | Not specified | Cross-sectional fall and spring measures of child development | • DRDP-R scores | • There is an increase from fall to spring in developmental levels across all DRDP-R subscales |
| Nine PoP counties / Power of Preschool / Prayaga (2009) | Administrative data on teacher child developmental assessments in fall 2007 and spring 2008 | Approximately 5,400 children in PFA programs (varies by subscale) | Cross-sectional fall and spring measures of child development | • DRDP-R scores | • There is a large increase from fall to spring in the share of children at the "building" or "integrating" developmental level across all DRDP-R subscales |
| Nine PoP counties / Power of Preschool / Franke, Espinosa, and Hanzlicek (2011) | Administrative data on teacher child developmental assessments in fall 2010 and spring 2011 | 10,514 children in PFA programs (out of 25,246 children) | Cross-sectional fall and spring measures of child development | • DRDP-R scores | • There is a large increase from fall to spring in the share of children at the "integrating" developmental level across all DRDP-R subscales |

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| **b. Method: Descriptive, pre-post measurement with longitudinal analysis, no control/comparison** | | | | | |
| San Diego County / Preschool for All / Harder+Company (2012) | Administrative data on teacher child developmental assessments in fall 2010 and spring 2011 | 3,877 children in PFA preschools who attended two thirds of their allotted days<br><br>ELLs (1,364 children) excluded for English subscale | Longitudinal fall to spring measures of child developmental gains | • DRDP-PS scores | • 85% or more of children improved by one or more points on each subscale |
| **c. Method: Descriptive, pre-post measurement with longitudinal analysis, other reference samples** | | | | | |
| Los Angeles County / LAUP / Love et al. (2009) | Independent child developmental assessments in English and Spanish, teacher ratings, and parent ratings in fall 2007 and spring 2008 | 1,657 children (fall) and 1,555 children (spring) in representative set of 97 LAUP centers | Longitudinal fall to spring measures of child developmental absolute gains and gains relative to national reference group; results weighted to maintain representativeness | Multiple instruments covering:<br>• Language development, vocabulary, and literacy development<br>• Mathematics development and reasoning<br>• Socioemotional development and approaches to learning<br>• Physical well-being and motor development | • LAUP children made statistically significant absolute gains in all areas, with largest gains in letter knowledge, early writing skills, social cooperation, and executive function; smaller changes were found for parent reports of behavior and physical health |
| Los Angeles County / LAUP / Moiduddin, Xue, and Atkins-Burnett (2011) | Independent child developmental assessments in English and Spanish in fall 2010 and spring 2011 | 751 children (fall) and 699 children (spring) in 48 LAUP centers and FCCHs | Longitudinal fall to spring measures of child developmental absolute gains and gains relative to national reference group | Multiple instruments covering:<br>• Language development, vocabulary, and literacy development<br>• Mathematics development and reasoning<br>• Fine motor skills<br>• Socioemotional development and approaches to learning | • LAUP children made statistically significant absolute gains in all areas except mathematics skills<br>• Relative to national peers, performance in mathematics declined; performance in other areas equaled or exceeded national sample in fall and spring |

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| Los Angeles County / LAUP / Xue, Atkins-Burnett, and Moiduddin (2012) | Independent child developmental assessments in English and Spanish in fall 2011 and spring 2012 | 660 children (fall) and 597 children (spring) in 39 LAUP centers and FCCHs | Longitudinal fall to spring measures of child developmental absolute gains and gains relative to national reference group | Multiple instruments covering:<br>• Language development, vocabulary, and literacy development<br>• Mathematics development and reasoning<br>• Fine motor skills<br>• Socioemotional development and approaches to learning | • LAUP children made statistically significant absolute gains in all areas<br>• Relative to national peers, LAUP children made statistically significant progress in expressive vocabulary and mathematics (only for sample assessed in Spanish); performance in other areas equaled or exceeded national sample in fall and spring |
| **d. Method: Descriptive, post only measurement with longitudinal analysis, comparison group or other reference samples** | | | | | |
| San Joaquin County / Preschool for All / Harder+Company (2013) | Teacher observational assessments;<br>School records for elementary grades; data cover 2008–12<br><br>Comparison group for preschool and K outcomes:<br>National Head Start FACES sample<br><br>Comparison groups for elementary grade outcomes:<br>Children in same grade that did not attend preschool (*N*=174);<br>all San Joaquin County students in same grade (from CDE) | Original random sample of 485 PFA participants ages 3 to 5 as of spring 2008<br><br>Sample size for teacher observations at preschool and K not given<br><br>Sample sizes for 3rd grade:<br>242 with school records;<br>95 with CELDT scores;<br>119 with grade reports;<br>unstated for CST scores | Post-PFA education outcomes for PFA participants compared with national Head Start cohort, non-PFA participants in same district, and all students in county | • Teacher's Child Report (TCR) (preschool and K teachers observations):<br>– Emergent literacy and cognitive skills<br>– Problem behavior<br>– Approaches to learning<br>• Elementary school performance:<br>– IEP status<br>– ELL status<br>– Grade retention<br>– California English Language Development Test (CELDT) (for ELLs)<br>– Report cards<br>– CST scores | • Teacher ratings of emergent literacy skills increase from preschool to K (44% to 84% scored at top of six-point scale)<br>• Teachers report less problem behavior on all subscales in preschool and K compared with HS sample<br>• As of 3rd grade:<br>– 7% have an IEP, lower than comparison groups<br>– 34% are ELLs, higher than comparison<br>– 7% were retained in grade, lower than comparison<br>– CELDT scores had lower rate at "beginning" level than comparison<br>– Grade reports showed "excellent/ advanced" level for 26% in language arts and 32% in mathematics, higher than comparison<br>– CST proficient or above in ELA was 51% in 2nd grade and 39% in 3rd grade, somewhat above or the same as the comparison<br>– CST proficient or above in mathematics was 64% in 2nd grade and 66% in 3rd grade, somewhat above or the same as the comparison |

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| San Mateo County (Redwood City School District) /<br>Preschool for All /<br>Sanchez (2012) | School records for elementary grades for 2006–07 through 2008–09 school years;<br>Administrative data on CST scores | 876 PFA participants attending RCSD kindergarten;<br>780 PFA participants attending RCSD 1st grade;<br>467 PFA participants attending RCSD 2nd grade | Post-PFA education outcomes for PFA participants compared with group of non-PFA participants in same district, includes regression controls for demographic characteristics | • 1st and 2nd grade proficiency<br>– Listening/speaking<br>– Reading<br>– Writing<br>– Mathematics<br>– Work study skills<br>• 2nd grade CST<br>– Mathematics<br>– ELA | • At 1st grade, PFA students scored higher than non-PFA students on every category of proficiency with the exception of mathematics, in which they scored an average of one point less<br>• Students attending two years of PFA had higher 1st grade proficiency in every domain compared with non-PFA students and one-year PFA students<br>• At 2nd grade, PFA students scored higher than non-PFA students on every category of proficiency<br>• Students attending two years of PFA had higher 2nd grade proficiency in every domain compared with non-PFA students and one-year PFA students<br>• PFA students had higher 2nd grade CST mathematics and ELA proficiency compared with non-PFA students |

Exhibit 6.6 divides the available studies into four groups based on methods, where the differentiating features are:

- Whether the study uses a pre-post design (panels (a) to (c)) or post-only design (panel (d));
- Whether data are examined using repeated cross-sections (panel (a)) or longitudinal analysis to look at developmental changes for each child (panels (b) to (d)); and
- Whether there is no control or comparison group (panels (a) and (b)) or whether there is a comparison group of nonparticipants or a local, state, or national reference sample (panels (c) and (d)).

It is important to note that while there are several studies that examine outcomes for children participating in a QI initiative relative to a comparison or reference group, we classify all of the studies in this group as descriptive rather than causal. That is because none of the studies attempt to ensure that the reference group is similar to the program participants in terms of child and family background characteristics, nor do they employ sufficiently rigorous methods to ensure that selection bias is addressed when participants are compared with nonparticipants.

Many of these studies take advantage of the child developmental assessments conducted by preschool teachers in support of individualized instruction and parent feedback. While such measures are convenient and low-cost to obtain, they may be subject to concern about inter-rater reliability, i.e., two teachers may provide different assessments of the same child depending on how they interpret the rating instrument. In a few cases, to avoid this issue, studies used independent assessors trained to collect reliable observational assessments of child developmental skills in various domains using well-validated tools. Original data collection also sometimes involved asking teachers or parents to rate children in specific developmental domains, although inter-rater bias can be an issue with these measures as well. Several studies with a longitudinal design tracked educational outcomes into the early elementary grades using school records on report cards, standardized tests, and other education outcomes (e.g., grade retention). Some of these measures like grades or teacher ratings are also subject to concerns about inter-rater reliability.

We now highlight findings for studies in each of the panels in exhibit 6.6 grouped by design.

Cross-Sectional Pre-Post Measurement. The first panel in exhibit 6.6 lists six studies that use data from two or three points in time—typically fall and spring of the same academic year—to examine changes in child development. Although the measures over time pertain to the same sample of children, the data are analyzed as repeated cross-sectional samples, reporting, for example, the percentage of children achieving a given developmental milestone at each point in time. The one study for Santa Cruz County (Applied Survey Research and First 5 Santa Cruz County 2012) evaluates the Early Literacy Foundations Initiative, and the teacher-assessed child development measure is centered on literacy skills. The other five studies all focus on a PFA or PoP initiative for an individual county (San Francisco, San Joaquin, and Santa Clara) or for the nine PoP counties combined. Each relies on the Desired Results Developmental Profile–Revised (DRDP-R) as assessed by teachers in the preschool classroom.

Each study finds that the share of children reaching a given milestone for a given developmental domain increases from fall to spring. However, in the absence of a control or comparison group, it is not possible to tell if the developmental gains on average are what would normally be expected or if they exceed the norm, perhaps as a result of participation in the initiative. In addition, the study design employed in these cases does not demonstrate the extent of developmental gains for individual children, and the reliance on teacher reports raises concerns about the quality of the measures for research purposes.

Longitudinal Pre-Post Measurement. The San Diego PFA study (Harder+Company 2012) listed in panel (b) employs the same teacher-reported developmental assessments (in this case, the preschool version of the DRDP, the DRDP-PS) as the studies in panel (a); however, it reports changes in developmental milestones over time for individual children. Notably, the study found that 85 percent or more of participating children improve by at least one point on each DRDP-PS subscale—for example, moving from the "exploring," "developing," or "building" level to the "integrating" level. Again, without an appropriate control or comparison group, it is not possible to say if this degree of advancement is what we would expect to see as children mature over a nine-month period.

Longitudinal Pre-Post Measurement with National Benchmarks. The three related LAUP evaluations (Love et al. 2009; Moiduddin, Xue, and Atkins-Burnett 2011; Xue, Atkins-Burnett, and Moiduddin 2012) listed in panel (c) use national reference groups to gauge whether the developmental gains experienced by LAUP participants are consistent with or exceed typical growth profiles. These three studies also rely on trained assessors to collect multiple instruments covering a range of developmental domains, thereby ensuring more reliable measures that can be compared with data collected using similar standards of reliability for other samples. As with the other studies in panels (a) and (b), the LAUP participants showed developmental gains over time in almost all domains. However, when compared with national peers, there were some domains where the gains did not keep pace with the national benchmark or where the LAUP sample started in the fall at a higher level of development, so that the national group was not a valid benchmark. Such reference groups can be informative, but they do not substitute for an experimental or quasi-experimental matched control or comparison group.

Longitudinal Post-Only Measurement with Comparison Group or Other Benchmarks. The remaining two studies listed in panel (d) take a different approach from the prior studies and examine measures of child development and of educational performance for PFA participants collected at the end of the preschool year and beyond. In the case of the San Joaquin County longitudinal evaluation (Harder+Company 2013), PFA participants have been followed from the end of preschool through second grade. For the San Mateo County study, PFA participants attending a Redwood City School District (RCSD) school in the early elementary grades are tracked through second grade (Sanchez 2012). The outcome measures include teacher assessments (San Joaquin only), as well school records for grade retention, standardized tests, and grades. For the preschool and kindergarten outcomes, the San Joaquin study compares PFA participants with a national sample of Head Start participants (from the FACES study). Outcomes in first and second grade are compared with students in the same district who did not participate in PFA and with all students in the county. The San Mateo RCSD study compares PFA participants with nonparticipants in the same district. Notably, that study uses regression analysis to control for the limited number of demographic characteristics that are available in the

school records to adjust for any basic demographic differences between PFA participants and nonparticipants. Although this approach is unlikely to fully control for all of the factors that may determine participation in PFA, it is a first step toward addressing potential selection bias.

While these two studies bring several methodological strengths, the longer-term follow-up poses a challenge in terms of sample attrition. In the San Joaquin study, out of an original sample of 485 PFA participants, only 242 of them (50 percent) have school records and only 119 (25 percent) have grade reports. The attrition rate is similar for the San Mateo RCSD study, with 876 PFA participants in the kindergarten sample reduced to 467 (53 percent) when tracked to second grade. Nevertheless, these two studies are promising in that they demonstrate that it is feasible to follow participants in preschool programs into their elementary schools so that longer term educational outcomes can be examined.

Keeping these limitations in mind, the findings from these two studies generally show that early elementary education outcomes are comparable to or better than the available comparison or reference group. For example, PFA participants in San Joaquin County as of third grade show lower rates of having an IEP or of being retained in the grade. However, their performance on the California Standardized Test (CST) is at best slightly above the comparison groups. The San Mateo RCSD results are more favorable, showing almost uniformly higher rates of teacher-graded proficiency in first and second grades and higher second grade CST scores for PFA participants compared with demographically similar nonparticipants. So, these results are suggestive that participation in PFA in these two counties leads to improved educational outcomes, although more definitive results would require more rigorous experimental or quasi-experimental methods.

## Findings: Parent Outcomes

Outcomes for parents who may be affected by a QRIS, QIS, or QI initiative—either because their child is enrolled in a participating program or because the parent lives in the community where the initiative is implemented—have generally not been a focus of the available studies to date. Because few of the existing QRISs publicize their ratings (see chapter 3), there has not been as much interest in assessing if parents know about, understand, and use the program ratings (V4); no studies addressed this question. As seen in exhibit 6.7, only three studies, covering LAUP and two PFA counties, consider parent outcomes. In each case, the measures pertain to parent engagement in school-related activities or home-based learning activities; such parent engagement was an explicit target of each initiative. All three studies use a similar method, examining parent engagement at a point in time (panel (a)) or through repeated cross-sections (panel (b)) with no reference to a control or comparison group.

The LAUP evaluation (Love et al. 2009) collected parent survey data in the fall of 2007 and spring of 2008, although results are reported only for the latter. The survey results show that parents participated at higher rates in some preschool-related activities (e.g., meeting with their child's teacher) than in others (e.g., attending an LAUP workshop). In the case of the San Diego study (Harder+Company 2012), parent survey data were also collected near the end of the preschool program year. Parent involvement rates in both school- and home-based activities

were generally high, with the exception of a few of the preschool-based activities (e.g., being on an advisory committee).[20] For both of these studies, however, without baseline estimates, it is not possible to know if parent engagement increased over time. In addition, in the absence of similar data for a valid control or comparison group, it is not possible to say if the level of engagement is higher or lower than would otherwise be expected.

[20] The report also detailed results from the parent survey such as parent satisfaction, communication between parents and agencies, and results of parent education classes.

**Exhibit 6.7. Studies Addressing Parent Outcomes**

| Geographic Coverage / QIS Initiative / Citation | Data Source and Time Period | Sample Size | Research Design | Outcomes | Findings |
|---|---|---|---|---|---|
| **a. Method: Descriptive, single cross-section, no control/comparison** | | | | | |
| Los Angeles County / LAUP / Love et al. (2009) | Parent survey data collected in spring 2008 | 1,346 parents of participating LAUP children | Point in time measure of parent involvement | • Parent involvement in preschool-related activities | • As measured by frequency of participation at several times a year or more, highest involvement in meeting with teacher (50%), participating in at-home activities suggested by LAUP (36%), attending a school or class event (32%), and volunteering in classroom (30%); least involvement in attending LAUP workshops (2%) |
| San Diego County / Preschool for All / Harder+Company (2012) | Parent survey data collected near end of 2010–11 program year | 4,397 parents of participating PFA children | Point in time measure of parent involvement | • Parent involvement in preschool-related activities<br>• Parent involvement in learning activities at home | • Highest involvement in attending P-T conference (83%) and special events (75%); least in attending parenting class (45%) or being on advisory committee (31%)<br>• More than 90% report engagement in various activities (learning letters, words, numbers; told/read story; active games/exercise; sang songs; arts and crafts); fewer played board games/puzzles (82%) |
| **b. Method: Descriptive, repeated cross-section, no control/comparison** | | | | | |
| San Joaquin County / Preschool for All / Harder+Company (2013) | Parent survey data collected annually (2008–12) | Original random sample of 485 PFA participants ages 3 to 5 as of spring 2008<br><br>Parent survey as of preschool (*N*=384), kindergarten (*N*=284), and 1st grade (*N*=197) | Repeated cross-section measures of parent involvement for longitudinal sample of parents | • Parent involvement in school-related activities<br>• Parent involvement in learning activities at home | • Rates of parent involvement in school-related activities in preschool year range from 93% for meeting with child's teacher to 20% for helping around school with maintenance/repairs; similar rank ordering at K and 1st grade<br>• For each school-related activity, increase in percentage reporting engagement from pre-K to K to 1st grade<br>• Rates of parent involvement in home activities in preschool year range from 87% for played with toys/indoor games to 32% for arts and crafts; similar rank ordering at K and 1st grade<br>• For home-based activities, increase in percentage reporting activity from pre-K to K to 1st grade for reading books and involvement in chores; other activities show little change or decline |

The San Joaquin study (Harder+Company 2013) also showed varying rates of parental involvement in a variety of school- and home-based activities, as well as some changes in those involvement rates over time based on repeated cross-sections of a longitudinal sample. The study has the advantage of a sample of children and parents that is tracked over time from preschool to first grade. However, there is considerable attrition over time, so that parent survey responses are available for only 41 percent of the original cohort of children by the first grade follow-up. Given the high rate of attrition, it is difficult to know if the patterns of parent involvement at a point in time or across time are meaningful or instead reflect changes in the composition of the sample at each survey wave. Moreover, in the absence of data for a valid comparison group, it is not possible to know if the patterns through time are consistent with shifts in parent-child activities as children age. For example, the percentage of parents reading books, watching movies or TV, or involved with chores with their child increased over time, but the share telling stories, doing arts and crafts, and singing songs declined—patterns we might expect to see as children's activities shift with age.

## Summary

This synthesis of local evaluation studies demonstrates that 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 cover 16 distinct initiatives in 14 counties, plus the CARES program implemented in most every county. The initiatives include those that would meet this project's definition of a QRIS or QIS, as well as more focused QI initiatives, either those that target PD for the ECE workforce or those focused on program improvement through TA and other supports.

For the five areas of focus identified in the synthesis of local evaluation studies, the following summary applies:

- ECE program participation. There were no studies that explicitly examined the characteristics of providers that participated in the voluntary QRIS, QIS, or QI initiative versus those that did not. One study documented the composition of providers by type in the initiative and demonstrated that while home-based providers represented a large share of the participating programs, they served only a few percent of the children served by the initiative.
- ECE program quality and quality ratings. We summarized results for 17 different analyses of program quality, either at a point in time or changes in quality over time. These descriptive studies tend to show that the programs participating in QI initiatives are probably of higher than average quality compared with California as a whole and other states and that quality improves over time on most of the dimensions of quality that are measured. Programs in the California QI initiatives studied tend to have weaknesses in the same areas found for programs in other studies, e.g., the Personal Care Routines component of the ERS and the IS domain in the CLASS. FCCHs tend to have lower measured quality than centers, which is also consistent with other studies. At the same time, gains over time are usually greater in those areas that are weaker to start. None of

these studies employ methods that allow inferences about the impact of participation in the QI initiative on quality. They contribute to our knowledge about the validity of the QI initiatives in demonstrating that quality can increase over time. However, the one study looking at the relationship between quality ratings and program quality suggests that more work is needed to validate the "R" component of QRISs.

- ECE workforce professional development outcomes. A total of 18 descriptive analyses examined either 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. At the same time, none of the studies are designed to estimate the causal impact of the QI initiatives on the ECE workforce. In general, these studies show that program participants are diverse, although given the lack of comparable information on nonparticipants, it is not possible to say if 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. The increase in professional qualifications among participants, however, does not always translate into advances for the ECE workforce as a whole. One concern with studies in this group that rely on survey data in particular is the low response rates or lack of information on response rates, an issue that may compromise even descriptive efforts to examine the ECE workforce at a point in time or over time. Moreover, none of the studies available to date go beyond the focus on PD activities, degrees obtained, or self-assessments of program impact to directly link classroom staff teachers or home-based providers to independent measures of their skills or competencies, although this should be feasible 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 determine the impact of the intervention.

- Child developmental outcomes. A dozen studies employing several descriptive study designs consistently show, at a basic level, 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 for participating children with nonparticipating children also mostly show favorable child developmental progress relative to the available reference groups, both in the preschool year into the early elementary grades. However, these studies as a group are potentially compromised by a number of methodological issues, including the reliability of teacher-provided assessments, biases introduced by high rates of attrition over time, and the validity of the available comparison groups to account for potential selection bias.

- Parent involvement. The three studies that measured parent involvement in home- or school-based activities, all evaluations of PFA initiatives, showed that parents participate in some activities more than others. None of the studies had a basis for inferring whether or not 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.

While much has been learned from the body of evaluation evidence for local QI initiatives in California reviewed here, there is scope for future research to extend the knowledge base by addressing some of the validation and impact questions listed in exhibit 6.1 that have not been addressed to date. In part, this will require using more rigorous research designs, perhaps experimental but quasi-experimental as well, to incorporate valid control or comparison groups. Making greater use of longitudinal data, including linking data on children from the 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 those areas, greater use can be made of statistical adjustments to account for possible nonresponse bias or attrition bias. In many cases, bringing greater rigor to the research designs will be more costly than some of the less rigorous methods that have been used to date, so there may be advantages to pooling evaluation resources across counties when similar initiatives are under way. Even if separate local evaluations continue, there would be benefits from greater coordination across counties in research methods (e.g., the outcome measures to use), so that there is more opportunity to conduct pooled analyses or later meta-analyses. Finally, in order to more fully benefit from research findings across studies, there would be advantages to adopting standards for documenting research methods and findings, such as consistently reporting sample sizes, nonresponse or attrition rates, and standard errors.

# Chapter 7. Best Practices in ECE Workforce Professional Development and Program Improvement

## Introduction

Quality improvement—the "QI" in QRISs and QISs—is the primary driver behind the systems that are the focus of this study. QRISs and QISs are motivated by evidence accumulated since the first systematic look at quality in ECE settings—the Cost, Quality, and Outcomes Study (Helburn 1995)—that there is considerable variation in quality across ECE settings, both in home-based and center-based programs. Whether quality is defined in terms of program structural features (such as group sizes and staff-child ratios) or in terms of process features (such as the nature of staff-child or child-child interactions), many programs fall short of recognized standards for high-quality care and early learning environments (Fuller and Kagan 2000; Vandell and Wolfe 2000; Whitebook et al. 2004; Karoly et al. 2008). In light of these quality gaps, QI initiatives have been mounted to help advance the knowledge, skills, and competencies of early educators and to promote the delivery of higher quality ECE services.

Given the vital role that QI plays in QRISs and QISs, the goal of this chapter is to identify and describe proven and promising strategies and practices for ECE QI and to catalogue the extent to which such strategies and practices are currently in use as part of local QIS initiatives in California. QI strategies are broadly defined to capture the range of assistance offered to ECE programs and their staff in support of professional development and program improvement, from direct on-site coaching and mentoring to offsite courses and other professional development, to financial supports. Thus, QI is defined to be the more inclusive concept, encompassing both program improvement and professional development. Within these broad QI strategies, we consider particular practices that represent specific ways that a given strategy is implemented (for example, a cohort program is a specific practice for formal ECE education). For the purposes of this chapter, QI encompasses approaches that are focused primarily on workforce professional development or primarily on program improvement, as well as those that effectively target both professional development and program improvement simultaneously.

Our analysis draws on existing literature from evaluation research on ECE QI strategies and practices in California and other states to determine which have the strongest evidence base regarding their effectiveness (the *proven* practices) and which practices have a growing but still limited evidence base (the *promising* practices). We also identify a set of practices that are based on accepted logic models or ECE professional practice norms and have yet to be formally evaluated to assess their effectiveness (the *logic-based* practices). In looking for evidence of effectiveness, we are interested in research that demonstrates that professional development and program improvement practices can promote quality in various ways, such as through higher program ratings; increased licensing compliance; more effective program administration; enhanced provider knowledge, skills, and practice; improved child outcomes; and enhanced parent engagement, among other dimensions of program quality. Our interviews and site visits

with local QRIS and QIS entities form the basis for characterizing the extent to which proven, promising, or logic-based practices are currently in use across the state.

In the next section, we begin by describing the framework we use to review and classify QI strategies and practices and the strength of the associated evidence base. This framework was used to organize our review of the research literature and to catalogue the set of practices in place at the local level. We then summarize the research literature and identify the strength of the evidence base behind the broad-based strategies and their associated specific practices that constitute the primary approaches to QI currently in use. We then summarize the extent to which the set of proven, promising, and logic-based practices are being implemented as part of local California QISs. A final section provides a summary of the key points from the research synthesis and assessment of local QI activities and draws out implications for system building and research.

## Approach to Summarizing Research Evidence Regarding QI Practices and the Use of Those Practices in California

A diverse array of approaches has been developed to promote the professional development of the ECE workforce, program improvement, or both. Many of these initiatives have been evaluated with varying degrees of rigor using both quantitative and qualitative approaches.

There is no agreed upon framework for classifying QI strategies based on their distinguishing characteristics such as the target for improvement (for example, the ECE professional or the ECE program), the nature of the intervention (for example, mentoring, coursework, other activities), or the associated supports (for example, financial incentives, in-kind supports). To organize our analyses, we developed a taxonomy of QI strategies and specific practices that would guide our literature synthesis and our summary of current practice. We also developed an approach for classifying the strength of the research evidence on the effectiveness of each QI practice. We applied the taxonomy in our review of how the QI practices are employed in local California QISs.

### *Taxonomy of QI Practices*

Exhibit 7.1 summarizes our taxonomy, which consists of five broad QI strategies and 10 QI practices. Exhibit 7.1 also indicates whether each QI practice is best characterized as a workforce professional development (PD) approach, a program improvement (PI) approach, or both. These strategies and practices include:

- **Coaching and mentoring** methods are also known as *relationship-based professional development* and may be offered either as the primary approach or in combination with specific training or other professional development. Either practice effectively seeks to achieve program improvement through the improvement of the practice of ECE professionals (that is, through professional development). A limited amount of coaching may focus on program improvement alone (for example, improving a program's physical environment).

- **Professional development through formal education** seeks to promote the professional development of the ECE workforce—both administrators and classroom staff— through credit-bearing courses, typically with the aim of attaining a postsecondary degree (associate's or bachelor's degree). We differentiate between three specific practices: coursework alone; degree-based cohort programs or other professional learning communities that provide a more supportive environment for those seeking to obtain a degree; and other non-financial supports for students in degree programs, such as courses that meet on evenings or weekends to accommodate the work schedule of ECE workforce members. For these three practices, the primary aim is workforce professional development, although program improvement is expected to be a collateral benefit.

**Exhibit 7.1. Taxonomy of QI Strategies and Specific Practices**

| QI Strategy | Specific QI Practice | Classification |
|---|---|---|
| Coaching and mentoring | Coaching / mentoring alone | PD and PI |
| | Training or other PD followed by coaching / mentoring | PD and PI |
| PD through formal education | Credit-bearing ECE courses | PD |
| | Degree-based cohort programs or other professional learning communities | PD |
| | Other non-financial supports for students in degree programs | PD |
| PD through other offerings | Non-credit-bearing courses, seminars, and workshops | PD |
| Peer support | Peer support networks | PD and PI |
| | Reciprocal peer coaching | PD and PI |
| Financial incentives | Financial incentives for PD (e.g., scholarships, stipends, wage supplements) | PD |
| | Financial incentives for program improvement (e.g., conditional cash transfers, in-kind transfers, tiered reimbursement) | PI |

- **Professional development through other offerings**—such as noncredit-bearing courses, seminars, and workshops—also supports ECE professional development. In this case, the training mechanisms are typically less formal and are not as intensive as credit-based offerings and degree-based initiatives.
- **Peer support** is another model for promoting both professional development and program improvement, in which either larger peer support networks are established or reciprocal peer-coaching dyads are formed.
- **Financial incentives** represent a final strategy that consists of: (a) incentives in the form of scholarships, stipends, or wage supplements to encourage ECE workforce members to engage in professional development activities (for example, complete credit-bearing courses) or achieve professional development goals (for example, a bachelor's degree); or (b) incentives to support program improvement, typically through conditional cash or in-kind transfers (that is, monetary or in-kind rewards tied to a particular outcome like a higher rating) or tiered reimbursement.

It is important to note that although exhibit 7.1 treats the 10 practices as distinct approaches, they are often combined as part of any given QRIS or QIS. Indeed, one challenge with the available research to date is that most evaluations assess a bundle of QI practices, which means that it is not possible to disentangle the contribution of each component of the QI package that is implemented and evaluated.

## *Levels of Evidence*

For each of the QI practices identified in exhibit 7.1, we looked to the research literature for evidence to support the effectiveness of the practice in terms of advancing program quality. Because quality is a multi-dimensional concept, we considered evidence regarding the relationship between QI practices and such quality indicators as:

- program ratings in QRISs or specific aspects of care quality that are most linked with improved developmental or school readiness outcomes for children;
- compliance with licensing regulations and/or accreditation status;
- provider attainment of degrees or credentials;
- provider knowledge, skills, and competencies, either in terms of program administration or classroom performance;
- other aspects of teacher or caregiver performance (for example, advancement according to an individual professional growth plan, tenure in a given program, retention in the ECE field);
- child developmental assessments; and
- parent involvement or parent engagement.

In order to characterize the strength of the evidence base for each QI practice, we adopted a three-tier classification system:

- A ***proven*** practice is one that has been empirically assessed in at least one rigorous impact evaluation in an ECE setting (that is, an experimental design or strong quasi-experimental design) and has been found to improve at least one of the quality indicators listed above.
- A ***promising*** practice is one 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.
- 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 the fact that it has not yet been empirically tested. Studies such as formative evaluations may also exist in support of the theory of change.

It is important to note that according to this classification system, a proven practice is one for which there is proof of the principle that the QI practice can be effective in at least some settings when implemented according to the approach that was tested. It does not necessarily mean that the approach will be effective in all settings, with all types of providers or programs, or when the practice is implemented without fidelity to the tested model. In addition, those practices classified as promising or logic-based may also be effective, but there is insufficient evidence at this time to reach that conclusion or to know under what conditions the practice is likely to be effective. Even for such practices, however, we look to the research to determine if process

evaluations or other expert opinions suggest the likely conditions that would support the practice's effectiveness.

## *Implementation of QI Practices in Local Systems*

We applied the taxonomy and definitions presented above to examine and characterize the implementation of QI practices in California counties. We used the information that we gathered from telephone interviews and from interviews and focus groups carried out in our visits to 19 counties to describe the QI practices that are being implemented in the 32 QRISs or established QISs we examined for this chapter. In this chapter, the word "county" is often used in describing practices that in some instances are part of QRISs or QISs. We use the broader term "county" rather than "system" or "QRIS/QIS" because, in many cases, it was unclear whether a QI practice was associated only with the quality improvement system, was included in the system but was also occurring outside the system, or had nothing to do with the system. This lack of specificity reflects our process: interviewees from many different agencies were asked to discuss county-wide QI initiatives, and these initiatives bore different relationships to the system for quality improvement in the county. In the discussion below, we note when it is clear that a particular activity is part of the county's quality improvement system. In some cases, the broader "county" term is appropriate; for example, college courses are not limited to QRIS or QIS participants, so we describe them as county initiatives.

Our discussion of California counties aligns with the taxonomy of QI strategies and practices outlined in exhibit 7.1. For each strategy (or in some cases for specific practices), to the extent that the information we collected allows, we discuss the following topics:

- Prevalence: How many counties report implementing the practice?
- Targets: Is the practice focused on program improvement or professional development, and are particular groups (for example, FCC providers or staff seeking AA degrees) involved?
- Focus and content: What material is provided as part of the QI activity (for example, general education coursework, new practice around supporting literacy)? This category may also include goals such as attaining an AA degree or improved literacy skills among children in the coached teacher's classroom;
- Delivery: How is the QI activity provided (for example, formal education through a cohort, one-time training on screen time recommendations for preschool-aged children)?
- Alignment with other efforts: To what extent have efforts been made to coordinate with providers of similar services (for example, ensuring that coursework and course sequences in an AA curriculum are consistent with the California Child Development Permit matrix, or agreements across community colleges that completion of a course in one college would meet standards in another)?
- Challenges: What difficulties have our interviewees encountered in successfully implementing a given practice (for example, funds for coaching are limited; FCC providers may be unable to enroll in online courses because high-speed Internet access is not available in their remote locations)?

- Local evaluation and quality improvement: What efforts, if any, have been made to assess the effectiveness of the practice locally, and how has assessment information been used to improve the practice?

We rely in our narrative on some counties more than others, largely because in some of the larger, better-resourced counties, one or more individuals were responsible for certain functions, such as coaching. As a result, we were able to interview individuals who devoted significant time to coaching and therefore could explore these activities in greater depth. The examples we note in this chapter, which represent all the counties we visited, were selected to highlight innovative, promising, and proven practices and to showcase important variation within strategies. These examples also identify the ways in which counties have adapted these strategies to meet the unique needs of their communities.

# Evidence of Effective QI Practices

In this section, we review the available research evidence in support of the 10 QI practices identified in exhibit 7.1. A preview of the findings from this review is provided in exhibit 7.2, where we rate the current evidence base for each practice in terms of whether it is proven, promising, or logic-based. Again, it is important to stress that the ratings applied to each practice are based on the amount and rigor of findings from available research to date. These ratings should not be taken to mean that only those practices rated as proven are effective and therefore worth implementing. Practices rated as promising or logic-based may be equally effective, more effective, or less effective than the proven practices, but we simply do not have evidence from sufficiently rigorous evaluations to make that determination.

**Exhibit 7.2. Strength of the Current Evidence Base for QI Strategies and Specific Practices**

| Strategy | Specific Practice | Evidence |
|---|---|---|
| Coaching and mentoring | Coaching / mentoring alone | Proven |
| | Training or other PD followed by coaching / mentoring | Proven |
| PD through formal education | Credit-bearing ECE courses | Promising |
| | Degree-based cohort programs or other professional learning communities | Logic-based |
| | Other nonfinancial supports for students in degree programs | Logic-based |
| PD through other offerings | Noncredit-bearing courses, seminars, and workshops | Promising |
| Peer support | Peer support networks | Promising |
| | Reciprocal peer coaching | Logic-based |
| Financial incentives | Financial incentives for PD (e.g., scholarships, stipends, wage supplements) | Promising |
| | Financial incentives for program improvement (e.g., conditional cash transfers, in-kind transfers, tiered reimbursement) | Logic-based |

## *Coaching and Mentoring*

A growing evidence base focuses on coaching or mentoring as an approach to professional development, making it one of the more actively researched QI strategies. The coaching model provides individualized professional development supports on site, where the early educator works, rather than in a course, workshop, or setting where the she learns with other participants.

In the context of QRISs, coaching models are typically structured around the elements included in ratings, and the focus is often on the aspects of a program's rating that most need improvement or that require only minor improvement in order for the program to attain a higher tier rating. As noted in exhibit 7.1, we differentiate between coaching or mentoring as an isolated strategy and coaching or mentoring combined with training or other professional development, although we discuss the literature related to the two specific practices together. Exhibit 7.2 indicates that we classify each approach in the "proven" category, indicating that there is evidence that these approaches to QI can be effective.

A recent review of 44 studies on coaching by Isner et al. (2011) found 36 studies utilizing either experimental designs (15 studies), quasi-experimental designs (15 studies), or pre-post designs (six studies). Most (but not all) of these studies are fairly narrowly focused (for example, on language and literacy practices). However, more than a third of the reviewed studies (16 out of 44) reported a broad focus on the improvement of overall quality. The majority of these studies focused on practices and observed quality; nearly half (21 out of 44) emphasized early educator outcomes such as attitudes, knowledge, and satisfaction. Nearly half (21 out of 44) included child developmental and behavioral outcomes.

Together, the body of research reviewed by Isner et al. (2011) provides consistent evidence of positive effects of coaching—in both home and center settings, delivered alone or in combination with other professional development—on observed quality, practices with children, and child language and literacy outcomes. Although this evidence base is strengthened by the examples of coaching models that have been demonstrated to be effective compared to a "no coaching" alternative, Isner et al. (2011) concluded that the research had not advanced sufficiently to identify the specific features of the coaching models that made them effective. In other words, most coaching models that have been evaluated have been assessed as a "bundle" or combination of practices, which makes it impossible to say definitively which features of the coaching model are responsible for the favorable outcomes. For this reason, when determining best practice regarding coaching, there are still questions about such issues as the importance of "dosage" (for example, how many hours of coaching should be provided), the characteristics of the teachers and settings (for example, whether teachers should have attained a particular degree to benefit from the coaching), and the training and background of the coach (for example, should coaches themselves be selected from among those with particular education, training, or experience).

The impact of coaching may also depend on the outcomes being considered, and particularly on whether the coaching is narrowly focused and aligned with measured outcomes. For example, Isner et al. (2011) found little evidence that coaching changes early educators' knowledge, attitudes, or beliefs. However, they found evidence that coaching is related to improvements in observed practices with children, which is arguably far more important, particularly when the coaching aligns with the outcome measures. When coaching focused on language and literacy, for example, there was evidence that the coaching had a positive effect on children's language and literacy outcomes.

The coaching models that have been demonstrated to be effective vary in focus and purpose, the early educators served, the ECE setting, and the specific model used. To illustrate this variation, we highlight three specific models that have a proven track record based on rigorous research:

- My Teaching Partner (MTP) is a coaching model evaluated in center-settings and based on the CLASS tool. The model combines video demonstrations of high-quality teacher-child interactions with a standardized consultation protocol, where coaches provide regular feedback through on-site or video-based observations regarding performance in the domains assessed by the CLASS (emotional support, classroom organization, and instructional support). MTP has been evaluated in a randomized controlled trial (RCT) in which teachers had an equal chance of receiving the video plus regular feedback intervention or being assigned to a web-based video-access-only control group. The MTP group showed improved interactions with students based on independent ratings compared with the control group (Pianta, Mashburn et al. 2008).
- Partnerships for Inclusion (PFI) is an assessment-based, individualized, on-site consultation model that was evaluated in both centers and family child care homes. In a randomized trial, PFI was found to improve the quality of center classrooms during the intervention, and these quality improvements continued after the intervention was over. FCC providers also improved on many dimensions of quality compared to the control group (Bryant et al. 2009).
- In the Right from Birth Immersion Training for Excellence (RITE) program evaluation, FCC providers were randomly assigned to receive Right from Birth training in either a one-time workshop (three sessions, each of which lasted three hours) or a coaching format (one month of daily coaching). Both the workshop and the coaching groups showed improvements in program quality after the training or coaching was delivered, but the gains in the coaching group were of a much higher magnitude—two to three times those of the workshop group (Ramey and Ramey 2008).

Some of the evidence in support of coaching comes from California models. Every Director Counts (EDC) provided long-term mentoring to child care program directors in Alameda County to develop program management and leadership skills. While this program has not been rigorously evaluated, in a formative evaluation directors reported that their participation in EDC had improved their leadership and management skills, with 81 percent reporting that the program had a “great impact” on them as directors (Parsons and LaFrance 2006).

In addition, there is a small but growing body of literature specifically related to the effectiveness of coaching combined with coursework (a subcategory of the coaching practices included in the Isner et al. review); this combined strategy appears to have a greater impact than coaching alone in some settings. This is highlighted by the examples below:

- A rigorously designed experimental evaluation found that online coursework combined with mentoring and detailed, instructionally linked feedback yielded greater improvements in teaching behavior and children's school readiness compared to coaching alone, progress monitoring alone, or coursework alone (Landry et al. 2009).
- Another well-designed experimental study evaluated a model consisting of a three-unit college course followed by 15 weekly, one-on-one, on-site visits, each of which lasted one to one and a half hours. The study found that the college course and coaching combination significantly improved teaching practices, while those that received the college course showed no significant improvement in practice (Neuman and Cunningham 2009).

- Finally, in a random assignment study of FCC providers, providers were offered either a 15-week, three-unit course in language and literacy; the course, plus weekly coaching related to the course; or no intervention. Results showed that only the group with the three-unit course along with the coaching exhibited significant improvements in instructional practices (Koh and Newman 2009).

Drawing on the existing evidence base regarding these studies and others, Isner et al. (2011) identify a number of features included in the effective coaching models they reviewed:

- Coaches in the studies reviewed tended to have higher levels of education and more experience than the teachers and caregivers in the ECE workforce who were the recipients of coaching. The most effective coaches were viewed as those with experience as a teacher, content-specific knowledge, and experience working with adult learners.
- The variety of activities employed in the coaching models was tailored to match the goals of the coaching, for example, those set out in a Quality Improvement Plan, and were generally designed to build a strong relationship between the coach and the early educator through a combination of direct observation, reflection, and modeling of effective practice.
- Coaching was usually combined with other professional development activities, such as classroom training or workshops.
- Written contact logs and regular meetings were used to provide supervision and to track the progress of coaching.

Based on these observations, Isner et al. (2011) draw a number of conclusions about best practice. They note that coaching models should support practices that have been shown to directly promote children's developmental outcomes. Coaches should be supervised and should be provided a coaching manual that includes information on the purpose of the coaching, expectations, expected knowledge and skills, dosage, duration and intensity of coaching, and required data collection. Ideally, coaching efforts should be monitored for fidelity of implementation, and they should be linked (if possible) with education and training initiatives that are part of the QRIS. Incentives should be offered to encourage the use of coaching. Finally, consistent data should be collected across intervention efforts. Such data will form an evidence base about which practices are most effective in supporting quality improvement.

Boller et al. (2010), in their evaluation of Washington State's Seeds for Success coaching model, describe a number of lessons learned about how to conduct effective coaching. It is important to recognize that teachers and family child care providers initially may have concerns about having someone in their classroom or home commenting on their practice. For this reason, it is important to develop strong working relationships built on respect for the provider's motivation and knowledge. Over time and repeated sessions, teachers and family child care providers increasingly welcomed coaches' suggestions. Providers said they particularly liked the nonjudgmental stance that coaches took. They appreciated the fact that coaches did not just come into their classrooms or homes and tell them what to do. Rather, the coaches observed the circumstances of each provider and talked through possible ideas for improving practice with them.

In a related and more general review of professional development models, Zaslow et al. (2010) summarized effective professional development as having the following features:

- It has specific, articulated objectives and the training is matched in specificity.
- It combines training with individualized modeling and feedback to provide an explicit link between knowledge and practice.
- It occurs collectively, with teachers and staff from the same classroom or school participating together.
- The intensity and duration of the professional development are consistent with the objectives and content.
- Child assessments are used to guide professional practice.
- Activities are aligned with the organizational context and state early learning standards.

## *Professional Development Through Formal Education*

As seen in exhibit 7.1, practices in support of professional development through formal education are defined in this section as credit-bearing courses for ECE teachers, caregivers, and administrators, as well as nonfinancial assistance and supportive services to help early educators access courses and degree programs. (Financial incentives and supports are discussed later.) One specific type of nonfinancial assistance consists of degree-based cohort programs and other professional learning communities formed for students in degree programs. We group other nonfinancial supports (for example, tutors, academic advisors, flexible scheduling) into a residual category. Credit-bearing ECE courses are classified as a promising practice; the cohort programs and residual nonfinancial supports are both classified as logic-based practices (exhibit 7.2).

### Credit-bearing ECE Courses

Decades of observational studies and experimental or quasi-experimental evaluations of specific ECE program models (for example, Perry Preschool program, Chicago Child-Parent Centers programs, and specific state preschool programs) have supported the conclusion that formal ECE training improves the quality of care delivered in ECE settings and promotes stronger child developmental outcomes (Karoly 2012). However, credit-bearing coursework and degree programs vary widely in their structure and implementation, so it is not surprising to find mixed results in assessments of the effects of these courses and the receipt of ECE degrees. Indeed, although increased educational attainment has long been assumed to promote higher quality in ECE settings, this link has not always been observed in empirical studies. In fact, large-scale analyses in recent years provided decidedly mixed evidence regarding the link between degree attainment and classroom quality or child outcomes (Karoly 2012). As noted in Zaslow et al. (2010):

> Coordinated secondary analyses carried out with the data from seven major studies of early care and education provide little indication of stronger observed classroom quality or larger gain scores on children's academic achievement when early educators had completed a higher education degree, according to the highest education level among those with an early

> childhood major, or according to whether those with a bachelor's degree had an early childhood major (p. 85).

The absence of one or more experimental evaluations to measure the causal impact of ECE degree attainment on program quality complicates our understanding of the relationship between ECE coursework, degrees, and program quality. In light of the mixed findings across observational studies, there is considerable discussion in the literature as to the possible explanations for the lack of a strong association between education levels and ECE program quality or child developmental outcomes (see the discussion in Karoly 2012). These explanations include the inconsistent quality of ECE degree programs, the mediating role of the work environment (for example, professional development supports, compensation structures) in supporting or hindering well educated teachers from putting their knowledge and skills into practice, and the migration of the most effective ECE teachers with bachelor's degrees into the early elementary grades where compensation is higher.

There is some experimental evidence regarding the impact of specific ECE coursework (or training programs that provide a comparable amount of classroom exposure), although the findings are mixed. As one example, teachers enrolled in the Teacher Education and Compensation Helps (TEACH) scholarship program were randomly assigned to receive three units of coursework or no coursework. The study authors found no effect of three units of ECE coursework on teacher practices or knowledge (Neuman and Cunningham 2009). A null finding was also demonstrated in a study that offered FCC providers a 15-week, three-unit course in language and literacy. A control group received no training, and a second intervention group received the course plus additional weekly coaching (discussed above). Results showed no significant improvement for the coursework group in instructional practices or teacher knowledge (Koh and Newman 2009). More favorable results are associated with the Literacy Environment Enrichment Program (LEEP)—an intensive training program similar to an in-service training. LEEP training was credit-bearing, delivering four units of ECE coursework in centers. LEEP was delivered in two three-day sessions that included lectures, videotapes of classroom activity and work samples that participants analyzed, and offered opportunities for participants to break into smaller groups to discuss concepts and relate them to classroom practices. Results of an RCT using a waitlist group for comparison showed moderate to large positive effects on all measures of classroom support for language and early literacy with the exception of writing, for which only a small effect was found (Dickinson and Caswell 2007).

These mixed results demonstrate that the impact of individual credit-bearing courses on teacher practices, classroom quality, and child outcomes may vary. The impact of ECE coursework and the attainment of an ECE degree may depend upon the quality of the course or degree program itself (for example, the quality of the instructors, the existence of opportunities to put theories into practice through practicums, and so on), the characteristics that the adult learner brings to the course or degree programs, and the features of the ECE work environment where the ECE professional is eventually able to put their learning into practice (Karoly 2012).

**Degree-based Cohort Programs**

Much has been written about the challenges associated with providing the early childhood workforce with the relevant and accessible educational opportunities it needs to develop the

skills and knowledge required to provide high-quality care. Long hours and limited pay make it difficult for teachers and family child care providers to undertake and complete coursework, certificates, and degrees. Cohort programs provide a set of supportive services to small groups of similarly situated students in early childhood degree programs (typically bachelor's programs) who enroll in the program and advance through their coursework together as a cohort. Such programs are often targeted toward underrepresented groups in the ECE workforce or nontraditional students who might otherwise be less likely to complete a degree program.

Cohort programs have only recently been the subject of evaluation research. In California, the Learning Together cohort program offered students financial assistance and flexibility in scheduling courses and field placements. It also offered tutoring and advising on how to fulfill degree requirements (Whitebook et al. 2008). In a formative evaluation of the Learning Together model (see additional discussion in chapter 6), Whitebook et al. (2011), and Kipnis et al. (2012) found that the cohort graduation rate was 81 percent. Moreover, 61 percent of participants reported pay increases, with 80 percent attributing these results exclusively, or in part, to having received their bachelor's degree. Twenty-three percent of participants reported changes in their job positions since the cohort program, with three fourths attributing this change to having attained their college degree. Although these findings are encouraging, until more rigorous evaluation methods are applied, we can only view this practice as logic-based.

**Other Nonfinancial Supports for Students in Degree Programs**

Practices in this category include nonfinancial supports for students in degree programs, such as providing academic advisors or counselors or offering courses during evening and weekend hours to accommodate the work schedules of the ECE workforce. To our knowledge, these types of supports have not been evaluated in order to assess their unique effectiveness in promoting the professional development of the ECE workforce or their ultimate impact on the quality of ECE programs. Therefore we consider them a logic-based practice. In California, the Learning Together cohort program included a range of such nonfinancial supports for students beyond the cohort approach. In particular, the program offered students flexibility in scheduling courses and field placements, subject-specific tutoring, and advising on how to fulfill degree requirements (Whitebook et al. 2008). As noted above, in a formative evaluation of the Learning Together cohort program, there was some descriptive evidence that cohort members benefited from participation in terms of their professional advancement, but it is not possible to separately identify the effect of the bundle of services combined in the cohort program.

## *Professional Development Through Other Offerings*

Practices that are put in place as part of this strategy include noncredit-bearing workshops, seminars, and trainings to improve early educator knowledge and skills, either as stand-alone offerings or in a series. This is a large and varied category of professional development supports. For example, in a review of California's ECE workforce professional development system, Karoly (2012) provides a snapshot of over 200 informal ECE training opportunities available in just 26 of California's 58 counties, none of which have been formally evaluated. However, limited available evidence suggests that some noncredit-bearing trainings may produce benefits, so we classify this practice as promising (exhibit 7.2).

Karoly (2012) notes that much of the research on professional development through informal trainings is descriptive and little is known about how the effects of training vary with the setting, pedagogical approach, intensity, training quality, and training content. Similarly, Bowman, Donovan, and Burns (2000) observe that while some research suggests that well-designed and implemented in-service education programs may lead to better results than pre-service degrees, the enormous variability in the content, approach, duration, and impact of in-service programs makes it difficult to know which characteristics matter. In noting the characteristics that have been identified as prerequisites for effective in-service education programs—individualized delivery, an ongoing program of study rather than one-shot offerings, expert on-site support, mechanisms for applying the knowledge learned, and immediate feedback—Bowman, Donovan, and Burns (2000) effectively define a set of features that are more closely aligned with the coaching strategy discussed earlier than with the more informal offerings considered here.

It is possible to find specific examples of effective training programs offered outside of degree programs and without ongoing coaching, but only a small share of such offerings undergo formal evaluation. For instance, a two-day, in-service education program that focused on promoting the use of two emergent literacy strategies by early childhood educators and increasing children's responses to these strategies showed that caregivers who received the in-service training improved literacy strategies compared to the control group. Children were also observed to respond to teachers' strategies with a higher frequency of appropriate responses (Girolametto et al. 2007).

More often, the evidence base suggests that, when compared with training combined with additional supports (such as coaching), training is less effective when provided alone. In fact, training evaluations often offer training only to the control group and compare outcomes to training plus support interventions. For example, in the Right from Birth program evaluation mentioned earlier, FCC providers were randomly assigned to receive Right from Birth training in either a multi-session workshop (nine hours total) or through intensive coaching (20 days). As noted earlier, the gains in the coaching group were two to three times higher than those of the workshop group (Ramey & Ramey 2008). In a center-based example, infant caregivers were assigned to a workshop-type training, intensive one-on-one mentoring, or a control group. The workshop group showed no positive changes in global classroom quality from pre- to post-observation (Fiene 2002). Finally, as noted earlier, a randomized trial assessed the impact of online training alone compared to training combined with mentoring and/or instructionally linked feedback for center-based care providers. This trial found that training alone yielded significantly lower changes in teaching behavior (although there was no "no intervention" control group, so we do not know if the online training produced "no change" or just "less change") (Landry et al. 2009).

These findings are not surprising in light of the results from similar studies conducted for K–12 teacher trainings. In a review of the K–12 literature on in-service teacher trainings, nine rigorous evaluations of training programs (workshops or summer institutes) were identified, out of more than 1,300 that were reviewed (Yoon et al. 2007). A review of those programs found no significant effects on student achievement for professional development efforts that involved between 5 and 14 hours total, whereas trainings with more than 14 hours showed a positive and significant effect on student achievement. Indeed, research in K–12 education is also converging on the combination approach discussed earlier—where trainings are combined with ongoing

supports through coaching and other means—because one-shot training programs are often found to be ineffective (Kretlow et al. 2009).

## *Peer Support*

Peer support consists of formalized arrangements in which early educators discuss shared experiences and exchange ideas, information, and strategies for their own professional development or for program improvement more generally. As shown in exhibit 7.1, we differentiate between two types of peer support: peer support networks and reciprocal peer coaching. We classify the first approach as promising and the second as logic-based (see exhibit 7.2).

### Peer Support Networks

Networks or other organizations that offer support and training have become increasingly popular as a mechanism to support the quality of FCC arrangements, where traditionally there have not been strong networks of professional support. Networks include both provider-led association networks and independently staffed networks (Bromer et al. 2009). In the K–12 setting, such networks are also growing in popularity, but as noted by Avila de Lima (2010), "networks have become popular mainly because of faith and fads, rather than solid evidence on their benefits or rigorous analyses of their characteristics, substance and form" (Avila de Lima 2010, 2).

A literature review regarding the impact of peer support networks in FCC settings by Bromer et al. (2009) concluded that affiliation with a support network—either provider-led or staffed— is associated with higher quality FCC arrangements. However, such findings may reflect the fact that higher quality programs select into such networks. To address this limitation, Bromer et al. (2009) examined a group of FCC providers in peer support networks in Chicago and compared them with a set of matched Chicago providers that were not in such networks. While this matched comparison group design does not fully control for all factors that may affect selection into such networks, their findings that providers in peer support networks had higher program quality lends support to this approach as a promising practice.

### Reciprocal Peer Coaching

Reciprocal peer coaching (RPC)—a practice more common in K–12 settings—"consists of a pair or small group of teachers who observe and give feedback to one another to jointly improve skills and discuss ways to be more effective when working with children" (Donegan et al. 2000, 10). More specifically, the following three elements have been cited as integral to RPC (Zwart et al. 2008):

- Regular discussion of their efforts to support student learning.
- Experimentation with instructional methods.
- Observations of each other in their classrooms.

Well-designed evaluations in the K–12 context have shown RPC to be effective at improving teacher practices (Donegan et al. 2000; Zwart et al. 2008). In ECE settings, RPC has a more

limited research base. However, several formative evaluations show that this strategy also has promise in ECE environments:

- A study of three Head Start teachers, all serving children with special needs in inclusive classrooms, combined RPC with more traditional expert coaching (described above), pairing teachers with an early childhood special education expert teacher, but also giving explicit time for reciprocal feedback on child interactions. Results of this evaluation (which lacked a comparison group) indicated that all Head Start teachers increased their rate of responsive statements (the targeted behavior) (Tschanz and Vail 2000).
- An RPC model aimed to enhance preschool teachers' development and refinement of classroom activities. Of the four participating teachers (again, with no comparison group), three made activity changes that corresponded to changes in children's participation in the activities. All four teachers noted that collaboration provided important benefits, but they were concerned with time limitations and paperwork requirements (Kohler et al. 1995).

## *Financial Incentives*

QRIS logic models uniformly incorporate financial incentives as part of the system, and they do so for two reasons. First, as accountability systems, QRISs must reward performance in order to achieve ambitious quality improvement goals (for example, Stecher et al. 2010). Second, quality improvements—whether through professional development or program improvement—are expensive. In systems where the fees that parents can afford to pay do not cover the cost of care, it is not reasonable to expect providers, even if well intentioned, to be able to substantially improve program quality without added financial reimbursement. This is particularly the case for the most expensive improvements, such as more educated staff and improved child-staff ratios.

In recognition that financial incentives can take two forms, exhibit 7.1 differentiates between financial incentives specific to professional development and those pertaining to program improvement. In both cases, as discussed next, the research is quite limited, although the evidence base is somewhat more rigorous for incentives relating to professional development. Based on the literature discussed below, we classify these approaches as promising and logic-based, respectively (see exhibit 7.2).

### Financial Incentives for Professional Development

There are a number of models for providing financial incentives directly to early educators for participating in professional development activities or for achieving particular milestones such as degree attainment. Cash grants, scholarships, or salary stipends may be provided to those taking courses or working toward a degree or credential. Wage supplements may be offered when a degree or credential is maintained. Although many states have implemented such programs, there are no examples of rigorous evaluations (Karoly 2012), but some less rigorous evidence exists and therefore we can classify this practice in the promising category.

One of the longest standing and most widely adopted scholarship programs, the TEACH program, offers scholarships to ECE teachers to obtain their CDA credential, AA, or BA degree. The Early Childhood Associate Degree Scholarship Program, which is part of TEACH, provided

grants to teachers in child care settings to enroll in community college associate degree programs. An evaluation that matched participating teachers with nonparticipating teachers found that, despite statistically similar baseline levels of quality, participating teachers had made significant gains on ERS scores from pre to post-test and were also more likely to engage in developmentally appropriate practice (Cassidy et al. 1995).

Other formative research shows that such financial incentives increase enrollment in coursework, raise the number of early educators with degrees, and support greater retention in the field (Karoly 2012). Evaluations of California's statewide CARES program (discussed in more detail in chapter 6) provide some evidence consistent with these findings, although the evaluation of CARES has been descriptive. At the same time, the available research does not indicate whether such impacts vary with the size of the financial incentive, which means that the optimal reward structure cannot be determined.

**Financial Incentives for Program Improvement**

Mitchell, Kerr, and Armenta (2008) collected data on financial incentives for program improvement in 17 QRISs in 2008 from publicly available information. Their tabulations display a wide variety of incentives in use, such as capital grants, accreditation achievement awards, accreditation maintenance awards, recognition awards for achieving a specified status, tax credits, and tiered reimbursement. More generally, practices in this category include cash grants for materials paid to providers or materials provided in kind, usually to enhance the quality of the ECE environment or to support instructional practices. In some cases, the financial incentives are tied to specific accomplishments (for example, achieving a given quality tier or accreditation). We also classify tiered reimbursement as a type of financial incentive for program improvement, although in some ECE systems the tiered reimbursement structure is also designed to compensate for the low rates of reimbursement for publicly subsidized providers.

To our knowledge, no studies have examined the performance of QRISs with and without financial incentives for program improvement or with varying levels of incentives using a randomized controlled trial, which would represent a clear test of their value in an appropriate study design. Instead, financial incentives offered for program improvement have only been evaluated in the context of experimental evaluations of a larger bundle of QI initiatives; such studies cannot identify the unique contribution of the incentives.

This is the case with the evaluation of the Washington state Seeds for Success model (Boller et al. 2010; discussed earlier in chapter 2). That evaluation was designed to determine whether the coaching model plus financial incentives (in the form of quality improvement grants) affected the quality of services provided by participating center-based and FCC providers, compared with the level of quality provided by providers that did not receive the package of support. Programs received quality improvement grants based on their quality rating, with higher rated programs receiving more funding. The grants, which ranged from $1,200 for Tier 1 family child care providers to $12,600 for Tier 5 centers, were designed to help providers improve quality by making improvements to their child care center or FCC home learning environments, as well as by purchasing items to help them improve their instructional or management practice. The study found that those programs that received both coaching and financial incentives improved their quality.

There has been some effort to describe variation in the financial incentives offered within different QRISs or QISs and to determine if there are correlations between the size of the incentives and participation in the system or other outcomes. Mitchell (2012) examined the relationship between the generosity of incentives and participation rates in states with voluntary QRISs. She found that in two states with relatively modest financial participation incentives, provider participation rates were modest: fewer than 10 percent in both states. In contrast, in two states with higher levels of financial incentives, participation was considerably higher: 24 percent in one state and 60 percent in another. This far-from-rigorous analysis of a handful of states does not consider the many other factors that may affect QRIS participation, including, for example, exhortations from the governor to participate (Zellman and Perlman 2008) and non-monetary incentives, such as technical assistance and coaching (which providers rated as the most important benefit of QRIS participation in Elicker et al.'s 2011 study). Nor does this association provide much guidance concerning the optimal size of the financial incentives and how best to allocate financial incentives across the wide range of options that Mitchell, Kerr and Armenta (2008) detail.

Although some financial incentives in QRISs and QISs are potentially available to all providers in the system, tiered reimbursement is a type of financial incentive available to providers that are compensated through public subsidies, either as grantees or contractors or through voucher payments. Since tiered reimbursement structures reward programs for achieving higher quality standards (that is, higher ratings or other indicators such as accreditation), they can be viewed as a type of financial incentive. In some settings, the added payment per child associated with higher reimbursement tiers is also designed to address significant shortfall between an adequate level of funding and the standard reimbursement rate. Within the California context, despite significant geographic variations in the cost of service delivery, the standard reimbursement rate for State Preschool and other Title 5 contractors is fixed across the state (except in the two highest cost counties). In addition, the reimbursement rates have not kept pace with ECE market rates (Karoly 2009). Thus, one focus of the First 5 Power of Preschool (PoP) tiered reimbursements was to help close the gap between the state reimbursement rate and the local cost of delivering quality services. Among the nine PoP counties, as of 2008, achieving the highest quality tier qualified a center-based program for a reimbursement that ranged from $4,610 per child in San Diego County to $6,470 in Santa Clara County (Lam and Muenchow, 2009). The variation in the reimbursement rates reflected, in part, geographic differences in the cost of providing services, although other factors could explain some of the cross-county variation in reimbursement structures. The descriptive nature of Lam and Muenchow study, however, meant that it could not examine how differences in the tiered reimbursement structure affected program participation and other QRIS outcomes.

# Range of QI Practices Employed in California

We now focus on how the evidence-based and logic-based QI strategies discussed above are employed in local California QRISs and QISs. We note at the outset that across the 32 systems we examined for this chapter, we found QI efforts that were addressing a wide variety of topics. These QI efforts were often part of QRISs and QISs, but this was not always the case. All counties focus some quality improvement efforts on:

- Working with children with special needs

- Partnering with families to support children's development.

Nearly all target some quality improvement efforts towards the following

- Curriculum
- Instructional practice
- Feedback or coaching to improve scores on ERS or CLASS
- Dual language learners
- Child assessment and developmental screening
- Cultural and linguistic diversity

Most also provide support for improvements in the following:

- Business practices, program management, fiscal management
- Assistance on becoming licensed

At the same time, less than half provide support for:

- Financing of child care facilities
- Accreditation

Topics that were most frequently mentioned in our interviews often mirror innovations in practice or assessment. For example, many counties are providing trainings and coaching around new assessment tools that are being introduced as part of QRISs and QISs. As a result, some other topics, such as parent engagement, while consensually accorded great importance, were less often discussed. Another factor that may contribute to the lesser emphasis on parent engagement is the lack of standards for parent engagement in the RTT-ELC QI and PD Pathways.

Those topics that are less frequently pursued often reflect decisions that have been made about system boundaries. For example, only one third of systems provide support for accreditation, which reflects a decision in many counties that accreditation is too costly and difficult to achieve and support. In several counties, we were told that their QIS represented a good substitute for accreditation. Similarly, licensing is not addressed in many counties because a license is required before a program enters the system or is eligible for QI support.

We now turn to a discussion of each of the individual strategies. We begin with coaching and mentoring, because it is the QI strategy that we characterize as proven based on rigorous assessments that find consistent evidence of positive effects. We then review the other four strategies listed in exhibit 7.1: professional development through formal education, professional development through other offerings, peer support, and financial incentives. Within each strategy, we discuss specific practices and highlight examples of practices that have been shown to be effective, that hold promise for achieving the activity's goals, or that showcase a unique approach to improving quality.

## *Coaching and Mentoring*

### Prevalence

Coaching and mentoring is the most prevalent QI strategy among the counties we examined. All counties reported that they provide some form of coaching or mentoring to individuals, classrooms, or programs. In general, coaching is provided to participants in quality improvement systems, staff retention programs, college ECE programs, or other county programs, such as accreditation programs.

### Targets

Who receives coaching is often determined by the nature of the coaching activity or by the funding source. For example, the Fresno Accreditation Institute (FAI) in Fresno County provides coaching through the R&R agency to programs that are going through the accreditation process. During coaching visits that occur at least monthly, coaches help programs develop action plans designed to facilitate their ability to meet particular accreditation standards. At the community college level, early educators enrolled in community college courses may receive coaching designed to help them implement the practices that they are learning in class in their child care setting; coaching may also adopt a more personal focus (for example, supporting students' efforts to continue their progress towards an ECE degree). In the latter case, mentors may come from the CA Early Childhood Mentor Program (since most of the counties participate in that program) or may serve as CARES/CARES Plus advisors to ECE students (since most counties participate in CARES Plus). A number of community colleges also provide mentors for students working at their Child Development Centers or lab schools.

A number of QI activities are focused on program leaders such as center directors. In some cases, counties have decided that focusing on directors is the most efficient and effective way to use QI resources and have adopted a "train the trainer" approach. Others note that given high staff turnover, directors are likely to be the most stable QI recipients. Still others argue that in order for teachers to implement new practices in their classrooms, directors must be supportive of innovation and change; QI that helps directors to be comfortable with innovative practices will help early educators to adopt them. In addition, coaching directed at improved business and staff management practices can help to increase the viability of centers and decrease staff turnover.

Finally, a number of efforts target FCC providers, who face unique challenges in seeking and achieving enhanced skills. For example, the Gateways Project, part of LAUP, offers FCC providers coaching around quality of care. In Merced County, FCC providers are assessed with the FCCERS and offered coaching for quality improvement. Similarly, in Santa Barbara County, the local R&R agency provides support for the development of a program quality improvement plan based on a program quality assessment.

### Focus and Content

The essence of coaching is its flexibility. Coaches can and are expected to respond to the needs and preferences of those they are coaching by focusing on particular topics, providing particular

materials, or engaging in practices that have been shown to be effective in improving understanding and behavior.

Classroom coaches may use a variety of approaches when working with early educators. These include:

- Modeling particular instructional practices
- Modeling interactions with parents
- Developing quality improvement plans
- Reviewing and interpreting assessment scores
- Analyzing video of the recipient's practice or of other providers
- Providing trainings to small groups
- Bringing resources to recipients

In California, we saw evidence of a number of these practices. For example, the Santa Barbara County STAR program provides coaching through the use of the MTP mentorship model, which rigorous research has shown to improve the quality of teacher interactions, as discussed above. Staff members in this county and other counties that are using MTP report that the mentoring and videotape teaching approach is quite helpful, but that the time it takes to implement makes it difficult for many early educators to participate. In Fresno County, coaches mimic MTP by taking a video camera to a classroom and using the video during a follow-up discussion of reflective practice.

In LAUP, coaches work with teachers, classrooms, and programs with the goal of helping programs to move up in their ratings through the development of Quality Improvement Plans (QIPs) based on assessment scores—a tool found by Isner et al. (2011) to be a feature of good coaching. They also offer a variety of nonfinancial resources to support the work. In San Diego County, TA providers build relationships, aiming to provide strength-based, assessment-based, and goal-oriented assistance. They focus on helping the recipient meet existing program regulations or standards and improve performance consistent with Quality Preschool Initiative (QPI) standards.

In a number of places, we heard about coaches modeling effective practices. For example, Technical Assistance Specialists (TAS) in Ventura County may work with sites on improving family literacy and bridging the home-school connection. One technique they use is to attend parent meetings and model activities designed to engage parents in their children's development.

One practice that is nearly universal among the systems we examined is the development of recipient-specific quality improvement or action plans, which are required in the RTT-ELC QI and PD Pathways as part of Pathways 2 through 5. These plans, when developed together by the coach and the recipient, increase recipient buy-in, clarify the goals and expectations of the coaching activities, and focus on aspects of practice that are most in need of improvement. This approach is facilitated in systems that use assessment results. For example, Santa Clara County interviewees reported that each classroom participating in Power of Preschool (PoP)/Child Signature Program (CSP) has a quality enhancement plan (QEP). These plans are developed

using a combination of early childhood assessment tools and strategies. Program coaches review and provide updates on QEPs through an online system throughout the year. In Merced County, FCC providers are offered specialized trainings through programs such as the Program for Infant/Toddler Care (PITC). This program consists of four modules, one of which is the development of an action plan for QI.

Coaching may also need to include areas and issues that extend beyond the assessments that are part of QRISs and may be included in QISs as well. A number of counties indicated that in addition to assessment data, they relied on both formal and informal needs assessments to determine whether there were areas of shared QI need. For example, through these needs assessments, a number of counties discovered that the provider community needed support for working with special needs children and with English language learners. Training in business practices and technology were also frequently requested. In some cases, these needs are addressed by providing formal training opportunities as discussed below, but coaches also have to be prepared to follow up and provide continuing support around these topics.

**Delivery**

Several entities may provide coaching or mentoring to ECE teachers and students within a county. Coaches may be employed by or associated with the following organizations: the agency administering the quality improvement system or CSP 2 (often the county office of education or the local First 5 agency); Resource and Referral agencies; community colleges; county staff retention programs (including AB 212 and CARES Plus); and outside contractors. For example, San Francisco County has 23 coaches provided by Preschool for All (PFA), San Francisco Quality Connections, the school district, and a Coaching Collaborative supported by First 5. In Santa Clara County, the needs of each PoP/CSP program are matched with the expertise of coaches and other QI support staff to foster multi-year, long-term relationships.

The frequency of coaching sessions varies across counties and programs and is usually dictated by specific program requirements or provider need. For example, Orange County's T-25 program provides more hours of intensive coaching to the neediest participants. In Fresno County, the First 5 Preschool for All Pathways to Quality 2012–2013 program provides training and on-site coaching on Improving Social Emotional Domains (through CSEFEL training); coaching may range from 20 hours per year per classroom to as much as four hours per week, but most sites receive 60 hours of coaching per year. In San Diego County, QPI technical assistance providers offer coaching and mentoring almost weekly at the various programs. Each classroom receives at least 15 hours of on-site coaching per year.

Coaching that focuses on improving a program's rating may sometimes devote more time to a program that is close to meeting requirements for the next rating tier. In QISs that include program assessments, it is typical for coaching to be provided prior to an initial assessment so that programs can achieve a good score. Coaching then occurs after the assessment; this activity generally involves reviewing assessment results and developing a QIP. Coach caseloads vary across counties. For example, in LAUP the caseload is 20 lead teachers per coach, while in San Diego County the ratio is one coach for every 26 lead teachers. San Diego County technical assistance staff thinks this ratio is too high, and CSP is encouraging a ratio of 1:22.

In LAUP, coaches are expected to make visits approximately monthly, and to allocate approximately three and a half hours to each visit, although that time may be divided among several visits based on program need. Some coaches meet with teachers more frequently, sometimes on a weekly basis for a fixed amount of time. Coaches may observe a classroom for an entire session or stop in for a quick visit.

Coaching takes time, and early educators do not have a lot of it. Coaching during the working day, which occurs in every county, can address this problem to some degree. In Santa Cruz County, a "full-release coaching model" brings coaching to teachers' own environment. This replaced a model that involved teachers meeting coaches outside of their classrooms. In a few counties, coaches have adopted techniques to enable them to coach while teachers work. For example, LAUP coaches use what they call a "walk and talk" strategy, which involves just that: coaches reflect on practice in real time or discuss alternative approaches as teachers interact with children. They may also step in and model an approach in the classroom. For example, the coach and the teacher may recognize that the block area has become the redoubt of boys, where they often throw blocks; the coach may model a way to entice girls to come to the block area by providing more language-related activities there.

Although the majority of counties referred to their coaches as generalists, several counties have specialist coaches available to assist providers in specific areas. These specialist coaches may work with teachers on interactions with parents, better business practices, health and wellness, special needs, or meeting the requirements for entry into a QRIS. In LAUP, for example, the Starting Points 4 Preschool Program provides new LAUP providers with a temporary Starting Points Coach and a Fiscal Coach.[21] The Starting Points coaches work with new providers for 10 months with the goal of enabling programs to enter the system with a 3-star status.

The Fiscal Coach works with the program to develop a budget that considers expenses, programmatic obligations, worker compensation, and other issues with budgetary implications. Providers that need help (some providers that are a part of big agency may not need fiscal support) are visited at least once a year; some receive more visits based on need. All LAUP providers have to provide financial reports quarterly and coaches review those reports and make sure money is being used for approved purposes. The Fiscal Coach conducts seminars and provides ongoing support around best business practices. Quarterly trainings are provided that focus on ways for providers to improve their business skills (for example, accounting software, how to fundraise).

LAUP's Program Support department also includes parent engagement coaches, health and wellness coaches, and program support specialists. A generalist coach may request that a specialist coach work with the generalist coach or directly with the provider.

Many counties emphasized the importance of training coaches, and some provide ongoing supervision. Several interviewees noted that it is particularly important for coaches to receive training on the different assessment tools (even if they are not doing the assessments) so that they

[21] New providers in the RTT-ELC system will not get these coaches: RTT-ELC coaching will look more like the traditional monthly operations coaching discussed above.

can help teachers interpret their scores. In San Francisco County, for example, all coaches who participate in the Coaching Collaborative are required to develop competencies in CLASS, ERS, Dual Language learning, CSEFEL, the Program Administrator Scale, cultural competency, instructional coaching skills, and knowledge of curricular approaches. New LAUP coaches attend a six-week training, must read three relevant books, learn the database (for inputting observation/ evaluation data), and shadow coaches in the field. Each summer, coaches come in and reflect on the year, meet with supervisors and peers, get organized, and become familiar with their caseloads. In San Diego County, all TA coaches have been trained to be an observer for program quality assessments, and this training, combined with the time they spend in each classroom, puts them in a position to understand why the provider received a particular score and to interpret the score for the provider.

**Alignment with Other Efforts**

A few local initiatives combine coaching with other training in a structured way so that the coaching builds on those efforts. For example, Sacramento County actively combines coaching with professional development. Early Learning Specialists meet with their assigned providers on a weekly basis throughout the year to support professional development (for example, reflect with providers about recent workshops, discuss coursework). The county has recently piloted a new coaching model for nutrition that includes online assessment tools as part of quality criteria. Coaches may recommend specific professional development activities to teachers that hold promise for addressing particular skill sets that a teacher needs. When possible, teachers are encouraged to complete the professional development activity between coaching sessions so that, in the next coaching session, the coach and the participant can reflect on the experience and what was learned; the coach may also help the teacher implement the new practice in the classroom. LA STEP offers a geographically based cohort program for FCC providers and those who volunteer participate in a professional development training curriculum together. The professional development curriculum spans ten months, and providers meet once a month for two to two and a half hours of training (topics include learning environment, outdoor environment, inclusion of special needs, and developmental screening tools). Materials are provided free at trainings. Coaching occurs throughout the training process; coaches are invited to the trainings so that they know what the providers are learning and can integrate the material into their coaching.

**Challenges**

Interviewees identified a range of challenges in using coaching to improve quality. Some common challenges identified by counties include:

- Coaching capacity. There may not be enough coaches/mentors to meet provider needs and adequately serve all providers.
- Time for teachers to meet with coaches. As noted above, some coaching interventions such as MTP show promise but are particularly time intensive.
- Insufficient participation incentives. This is a particular problem for MTP, which requires participants to videotape their practice and review it with a coach. Some counties (for example, Alameda) provide stipends to teachers who participate in MTP. However, a

number of interviewees across counties reported that the small participation incentives typically offered are insufficient given the amount of time and effort required.

- Adequate funding for mentors/coaches in the QRIS system and in colleges.
- The variety of agencies involved in coaching. Coaching is provided by many agencies in some counties, some of which are not associated with the QRIS. This proliferation and the fact that different agencies have different agendas and goals make it difficult to ensure consistency and accountability. A QRIS administrator may not have authority over coach qualifications or control coach training.
- Difficulties in reaching rural providers.
- The higher cost of FCC coaching. FCC providers are often spread out geographically, requiring nontrivial amounts of travel time. In contrast, a coach can work with several classrooms in a center without additional travel. In addition, a number of interviewees noted that FCC providers often work with just a few children, which means that the per-child cost of a coach's time is higher in FCC.

**Local Evaluation and Quality Improvement**

Most counties did not discuss any efforts they may be making to assess overall coaching performance or the efficacy of coaching as a strategy. In LAUP, coaches are expected to record their observations and any data from a coaching visit in a data reporting log within five days. Supervisors work with coaches to look at provider goals, examine data reporting logs, and review all the data entered that quarter. With the coach, they look for gaps and trends and they use this information as part of a supervision plan for the coach. Supervisors may also shadow coaches or provide or recommend trainings. Interviewees believe that coaching is working well in their counties, and they often provide anecdotal evidence of success. This widespread support led Ventura County to invest in on-site coaching because planners learned from other counties that it seemed to be particularly effective in improving quality.

## *Professional Development Through Formal Education*

There is widespread support for efforts to increase the capacity of the ECE workforce for several reasons. First, higher education is portable and can contribute to career pathways as well as higher salaries. Second, the demands placed on ECE educators are increasing. They are expected, for example, to administer the DRDP and use assessment results to improve practice. Formal education is considered an important aspect of this capacity. In addition, QRISs create incentives to increase the formal education levels of program staff by including formal education attainment in their rating tiers. This section focuses on county efforts to support professional development through formal education to the existing ECE workforce. As Karoly (2012) notes, this reflects the fact that most programs and the bulk of the federal, state, and local funding for professional development are directed to those already in the ECE workforce and targeted to those formal providers in licensed center- and home-based settings.

Formal education imposes many more demands on the existing ECE workforce than coaching does. Unlike most coaching, formal education requires early educators to devote significant leisure time and pay tuition to pursue coursework and higher degrees. Unlike coaching, where

coaches work closely with programs and providers to deliver personalized support in the areas where it is needed most, formal education is only occasionally able to meet enrollees at their level: some of the coursework required for obtaining degrees is intimidating to early educators; others do not see the relevance of certain courses (such as mathematics) to their daily work. Because of work commitments and the decreasing availability of required courses due to community college funding reductions, pursuing a degree is often a multi-year effort (for example, some AA degrees may take as long as four years to obtain). Finally, while obtaining degrees will be helpful in increasing a program's rating, many early educators do not see a strong connection between obtaining degrees and improved personal finances, at least as long as they continue to work in early learning settings. To ensure such a personal payoff to higher education, there would need to be policy changes that would help support the cost of higher salaries for degreed teachers working in early learning settings, those obtaining higher degrees may not be rewarded by either higher salaries or enhanced benefits. While those with degrees generally do earn more than their non-degreed counterparts in most center-based programs, the salary increment is frequently small and may not begin to compensate for the time and cost involved in obtaining the degree. FCC providers cannot assume there will be any financial benefit to degree attainment.

As a consequence of these demands and barriers, the intrinsic motivation that largely can be counted on to engage early educators in coaching cannot be so easily depended on to motivate formal education pursuits. Time, money, and a lack of financial payoff make it difficult for early educators to enroll in, and particularly to continue in, programs to obtain degrees. In response, counties and QISs have attempted to provide a range of other supports. In a financially constrained time and in a chronically financially constrained sector, only limited financial incentives are available. More often, QISs offer non-financial supports for education completion, often in the form of cohort programs and mentoring, as discussed below.

**Prevalence**

Community colleges, state colleges and universities, and a number of private colleges and universities provide postsecondary education and training in support of professional development to early educators. Community colleges generally offer courses that meet general education requirements; more specialized ECE courses may be offered at all levels. In 2009–10, California community colleges awarded about 1,800 ECE associate degrees; a number of community college students may meet the unit and course requirements to transfer to a CSU but do not receive the AA or AS degree (Karoly 2012).

Every county provides at least some formal education to support degree attainment. For more advanced degrees (for example, a bachelor's degree), early educators in some rural counties may attend programs in neighboring counties. Despite declines in community college funding, some counties are actually experiencing growth in ECE degree offerings. In Sonoma County for example, CARES Plus helped to drive efforts to establish an Early Childhood Studies major at Sonoma State University, in which local early educators are enrolling. Since 2001, the number of ECE BA programs in Santa Barbara County has grown from zero to three, with two additional programs in development, along with a BA scholarship program.

Many additional courses are offered at community colleges and other venues to address community needs such as working with special needs children or dual language learners. Some colleges are starting to develop or offer courses on assessments tools, including ERS. For example, San Francisco City College offers courses specific to ERS assessments and other specific rating scales.

**Targets**

Given the limited education requirements for entry into the field and the increasing pressure to obtain higher degrees, counties have adopted a number of policies to promote entry into and completion of degree programs. Most of these efforts focus on those who lack a postsecondary degree, although supports are also offered to those with AAs who are pursuing BAs, and some programs also support MA degree attainment. A popular approach to encouraging enrollment and completion is cohort programs, which are believed to lower the barriers to entry and completion. More than three quarters of the local QI initiatives we examined indicated that at least some of the formal education efforts in the area were organized as cohort programs. In these programs, cohort members enroll in the same classes and workshops; they also may be in the same QI program. For example, there may be a cohort for CARES Plus participants. Often there are cohorts exclusively for FCC providers; this model is viewed as especially effective for them because they often confront more barriers to entry into formal education programs.

Students in cohort programs note that they feel more comfortable in the cohort model—they see the same faces in their classes. Members of the group are also able to motivate each other, which may be crucial for program retention.

In Alameda County, for example, the community colleges offer cohorts for early educators wanting to pursue AA degrees, who need to complete their general education requirements (especially mathematics), and for ELL providers. First 5 Alameda County has also funded cohorts at the BA and MA levels. In Contra Costa County, cohort groups operate at each of three community colleges for both mathematics and English classes for ELL students. There are bilingual coaches through the R&R agency, but this coaching is not institutionalized and is not formal. Additionally, AB 212 has partnered with Brandman University and community colleges in the county to develop courses around the shared professional development needs of cohort students, and to recruit cohorts of AB 212 staff who could take those courses. In some counties (San Francisco, for example), cohort programs offer evening and weekend classes and online instruction. There is also evidence of recent efforts to target and expand opportunities for infant/toddler and FCC providers. Nearly all of the 32 counties we examined (29) reported being involved with PITC; some PITC courses may be credit-bearing.

While most interviewees argued that cohorts represent an important tool for supporting early educators, they are not always successful. In Santa Cruz County, for example, Cabrillo College has had difficulty forming strong cohorts because work and family demands make it difficult for students to schedule classes together. In Yolo County, one of three cohorts lost significant numbers of members, which interviewees attributed to insufficient financial support.

**Focus and Content**

Community colleges are a major provider of formal education to the ECE workforce. They offer degree and certificate programs, which may or may not be linked to other quality improvement systems. County agencies see collaboration with community colleges as essential to providing comprehensive professional development. In addition, community college faculty often serve as mentors to ECE students who enroll in classes and who participate in county quality improvement systems.

Community colleges offer the mathematics and English courses required to complete the general education requirements that must be met before students can specialize in ECE or transfer to a four-year institution. These requirements represent a major barrier to pursuing degrees; they may be particularly challenging for those who are not native English speakers. In Merced County, interviewees reported that teachers participating in PoP/CSP have an abundance of ECE credits but do not have the general education and transferrable units necessary to move to the BA level. Some colleges have been successful in arranging for some ECE classes to meet GE requirements. For example, Cabrillo College in Santa Cruz County was able to have a child development course offered as a GE course.

In response to these issues, most counties have developed supports to encourage the ECE workforce to complete general education requirements and attain degrees. More than three quarters of the counties provide online and distance learning, odd-hours classes, and cohort programs. More than two thirds offer classes for those for whom English is not their first language. In contrast, only about a third provide college counselors or advisors. As was noted by several counties, the provision of counseling is a particularly costly support as it is time intensive. Indeed, San Francisco County noted that they dropped their counseling program due to budget cuts. A number of community colleges offer supplemental instruction and basic skills tutoring to help early educators succeed in general education courses and attain degrees. A comprehensive effort in Los Angeles, implemented by the Early Care and Education Workforce Initiative Project, includes seven community college-based programs. The project has developed and implemented innovative programs to recruit, advance, and support future professionals of ECE. Project activities include ECE-specific advisement; dual enrollment classes at the high school and bachelor's level; supplemental instruction and basic skills tutoring; and financial support for tuition, books, school materials, child care, and transportation.

About half of the site visit counties spoke about the counseling and advising that they have put in place at the colleges. Counselors are usually faculty members, and they advise students on the classes in which they should enroll, discuss their progress, hold mock interviews to prepare students for jobs, prepare for transferring, complete permit applications, and generally help them navigate the college system. Counselors may also help coordinate support for students—financial aid, staff retention stipend programs, and so on—and tutors are often available to help early educators navigate the general education classes. There have been efforts made to provide bilingual tutors, but these efforts tend to be informal and limited by resource constraints.

Some colleges provide computer labs and technology support. This is an area of particular need for older providers and especially for FCC providers. Indeed, lacking these skills limits the ability of the workforce to earn credits online, which is, in many respects, a good option given

the limited time for education and the geographical constraints in rural counties. Resource centers and lending libraries on some campuses provide textbooks and videos of best practices. Career coaching is also provided in some counties. For example, Project Vistas, a partnership funded by First 5 LA, works with East LA Community College to provide tutoring services and ECE classes in Spanish at a satellite office. Interviewees reported that the demand for these classes is fueled by the education requirements included in LA STEP ratings. Community colleges in Alameda County employ professional development coordinators who counsel and support students. They help students access tutoring in other languages, loan them textbooks, work one-on-one with students to develop professional development plans, ensure that students start taking general education credits early, help students apply for permits as soon as they are eligible (after six units), and coordinate with counseling, financial aid, and other resources on campus to make sure students' needs are addressed. In San Diego County, an 11-unit bilingual program is offered through Southwestern College, which focuses on and provides support to family child care providers. The courses are presented in Spanish but bilingual resources are provided; the classes are based on the assessment tools, understanding program environments, and other topics related to First 5/SDCOE requirements and professional development plans.

Some campuses operate child development centers or lab schools, which provide students with practical field experience as part of their coursework; these opportunities are often seen as more effective than coursework alone. For example, Cabrillo College in Santa Cruz County, which is one of five PITC demonstration sites, runs a NAEYC-accredited children's center that functions as a lab school for student teachers and interns. The interns are part of an advanced practicum and are paid and treated like staff; the two-semester practicum is paired with the core course that the student is taking. However, these field experience classes typically are offered on a limited basis.

Some colleges host conferences on campus to give providers an opportunity to become more comfortable and more familiar with the campus, although these efforts are generally targeted at FCC providers that have more barriers to entry. Orientation events give prospective students information on degree requirements and program characteristics. For example, each of the two San Mateo County Community College District campuses with an ECE department hosts two sessions each year to introduce students to the field of early childhood education and its many career paths. They also promote their degree-oriented programs, which include financial aid and help with Child Development Permits.

**Delivery**

Counties have made many efforts to provide formal education opportunities in a variety of ways that are designed to meet the needs of working early educators. Courses are provided in the evenings and on weekends, and many counties have experimented with online courses. (Orange County, for example, offers some hybrid courses that include both in-person meetings and online content). CPIN regionals, PITC, and DRDP also provide online training options. Online courses have received mixed reviews; while some students appreciate the flexibility they offer, many others are uncomfortable with the technology or have limited online access. A number of community colleges provide support to students around the use of computers and online coursework—Sacramento County Office of Education, for example, provides a computer lab and Internet hot spots to facilitate students' ability to engage in online courses—but some instructors

have balked at the need to become technology instructors and have argued that they spend too much time helping students use the technology and not enough on substance. Still others, and particularly those who believe cohort models offer value, prefer face-to-face interactions. Contra Costa County, for example, does not provide online and distance learning because stakeholders believe that face-to-face courses are more effective. In El Dorado County, however, Folsom Lake College (FLC) offers two courses online (Child Development, and Child, Family, and Community), both of which are always full. Some courses have also been videotaped and streamed to South Lake Tahoe (a more isolated community in El Dorado County about an hour's drive from FLC). Saturday courses are also offered by Folsom Lake College and well over 90 percent of the ECE courses are offered at night. Some short-term classes are also offered.

Some adjunct faculty are willing to offer satellite courses at centers or other sites, but the prevalence of these courses seems to be decreasing over time due to budget cuts. For example, Orange County and East LA College used to bring courses to ECE centers, but this practice has been eliminated due to budget cuts, as have business classes for FCC providers. Weekend courses in Merced County have ceased, and Fresno County is offering fewer online courses.

**Alignment with Other Efforts**

Given the difficulties associated with pursuing higher education, a number of counties and state-level stakeholders have sought ways to make educational attainment easier and more efficient for early educators. One approach is to pursue alignment across institutions and courses. The California Community College ECE Curriculum Alignment Project and the Baccalaureate Pathways to Early Care and Education have been implemented in the last few years to increase alignment and efficiency through an evidence-based, lower-division core (eight course) curriculum to be adopted across the CCC campuses and corresponding articulation agreements with the CSUs in support of upper division work (Karoly 2012). Alignment might also involve ensuring that coursework and course sequences are consistent with the California Child Development Permit (CDP) matrix. Alignment also may include agreement across institutions at the same level that completion of a course in one institution would meet standards in another. At present, there are no consistent standards across existing programs that prepare ECE teachers (Karoly 2012).

A number of counties have implemented alignment activities. For example, LAUP has developed a consortium in Los Angeles County that brings together all major ECE stakeholders in the county to work on improving professional development across the county. Participants include the R&R agency, community college and university representatives, the County Office of Education, the County Office of Child Care, and other stakeholders. A facilitator works with community college representatives and Cal State, as well as private universities and colleges, to align the ECE education system, not only from community college to university but also across the community college system. Goals include the development of agreements about the content of specific course and curricula and improved coordination and consistency across the county. An additional longer term goal is to develop a BA in ECE with a teaching credential attached. They also hope to look at EdD and PhD degrees in ECE leadership.

Helping students transfer easily between formal education programs was a priority articulated by many community college representatives. These efforts have brought many county agencies

together and have fed in to larger workforce development initiatives. An example of such an effort is Santa Barbara County's Curriculum Alignment Project, which is creating a bridge for students to transfer from community colleges to BA programs by aligning core child development coursework with state four-year universities. As part of these efforts, a lot of curriculum development is taking place. Colleges are involved in the ECE degree alignment with CD permit matrix. Another project aiming to facilitate transfers is San Francisco County's Metro Early Childhood Academy, which will assist ECE teachers working with state-subsidized programs to complete lower-division coursework at San Francisco City College in order to transfer to San Francisco State to achieve BA degrees in Child and Adolescent Development.

Other alignment efforts are also underway. First 5 Alameda is working to align incentives and support for professional development across a variety of programs, including CARES Plus, AB212, and Low Income Investment Fund grant opportunities.

**Challenges**

As the above section makes clear, formal education and the attainment of degrees presents a range of challenges to the ECE workforce. These challenges, as articulated by our interviewees, are presented in more detail below:

- **Cost to early educators:** Pursuing a degree requires a substantial commitment over a significant period of time. As a consequence, time itself is a huge cost. Even if all tuition and textbook costs are covered, the time commitment is enormous and difficult to sustain because most of the current ECE workforce has work commitments. Only rarely do PD incentives cover the full cost of program completion, and it is hard for early educators to pay for their education on the low salaries they earn, particularly as stipend amounts have been decreased in recent years due to budget shortfalls. As several interviewees noted, many in the workforce cannot realistically expect that the salary increases that may come with degree completion will begin to compensate for the time and effort involved. This is particularly the case for FCC providers, who also face many other barriers, as discussed below.
- **College funding decreases:** PD offerings at colleges are very sensitive to budget cuts—decreased funding limits course offerings and supports for students, including online courses, off-campus meetings, and bilingual courses. Individual supports for students (for example, counselors, advisors) are particularly expensive and have suffered cutbacks in recent years. If critical courses are offered less often, or if there are fewer remote or alternative locations in which they are offered, the time required to complete degrees may increase.
- **Motivating early educators to enroll in degree-based courses and commit to degree completion:** As compared to K–12, child care is a sector characterized by very few pre-service training/entry requirements. However, as the evidence base provides some support for the importance of formal education among early educators, and as QRISs include formal education in ratings systems, there is increased pressure to educate the workforce. The child care sector relies heavily on intrinsic motivation, of which there is a great deal—many of our interviewees talked about how much early educators care about being as effective as possible. This reliance on intrinsic motivation may be sufficient

when program improvement and PD activities are integrated into the regular workday (for example, on-site coaching) or when there is time in the workday for PD (for example, in military child care centers, where staff rotate so that they can complete training modules tied to salary increases during two-hour daily nap times (Zellman and Johansen 1998). Intrinsic motivation also may be sufficient if PD efforts are short-lived (for example, LAUP offers three one-day trainings plus reflection over a three-month period). However, PD that requires a multiple-year commitment (for example, attaining an AA degree) may require more extrinsic motivation, of which little is available. Supports for education are widespread but they are relatively small, whether one considers tuition support, counseling, or cohort programs. Most importantly, staff cannot be assured that attaining a degree will result in a sizeable salary increase.

- **Language barriers:** Language issues are often identified as one of the reasons for a significant underrepresentation of FCC providers in degree programs. Providing courses in bilingual settings is costly, and although dual-language support exists, it is almost always provided in Spanish which means that other language speakers (for example, Mandarin, Cantonese, Farsi) may lack the English skills to connect with available courses and trainings. Santa Clara County's De Anza College has attempted to address this problem by scaffolding classes in other languages.
- **County geography/rural communities**: It is difficult for students in rural areas to attend in-person classes, due to distance and transportation issues, and because rural counties may lack a network of community colleges and other higher education options, students cannot draw on the resources and experts universities provide. Some rural counties have attempted to address these issues through technology: El Dorado County has videotaped and streamed some community college courses to South Lake Tahoe (a more isolated community), and Kings County provides courses leading to a BA degree at night and online (the online option makes the courses more accessible to providers in rural areas).
- **Technology and high-speed Internet access:** Many have looked to technology to solve the problems associated with providing PD options to the ECE workforce, but a lack of familiarity or proficiency with technology, and a lack of high-speed Internet access in some counties, are challenges that are difficult to overcome. Often, specialized assistance is required to help new users work their way through courses, and ECE professors may lack these skills or may object to being forced to forgo substantive lessons while students learn how to use the technology. In addition, providing online classes is not always a natural transition for ECE professors. They may need training in order to adapt in-person classes for online learning, depending on the model being used. Another barrier to the utilization of online classes is the lack of high-speed Internet access in some rural counties. A few libraries have stepped in to provide this service, but some of the advantages of this delivery method are lost when students need to visit their local library to access online courses. In El Dorado County, for example, it can take providers 40 minutes to get to a library where they can access the Internet. Nevertheless, counties are using some technology. CLASS trainings require video access; El Dorado County is developing a digital library of training videos in order to make these resources more readily available.

- **Unique barriers for FCC providers:** When language, technology, and geographic issues were discussed, they were most often discussed in the context of barriers for FCC providers. Sometimes these providers were referred to as "more traditional," which meant having limited experience and proficiency with technology and limited access to high-speed Internet. These providers may be more intimidated about attending higher education classes because of their sometimes limited educational backgrounds, their age, the amount of time that has passed since they were last in school, and English language proficiency.
- **General education requirements:** There is widespread trepidation about meeting general education requirements. Courses in mathematics, science, and English are particularly daunting, but students must have these credits to transfer from community colleges to four-year institutions. Providers may not see any immediate value in general education coursework and therefore may be reluctant to enroll in these courses. Contra Costa County has recognized this problem and provides larger stipends for such course enrollments.
- **Lack of culturally relevant coursework:** Several counties noted the importance of culturally relevant and sensitive courses. However, because so many courses are required for the CD permit, there are few opportunities to create culturally specific courses. Nonetheless, in some counties (for example, Nevada), efforts are made to expose students to a diverse range of topics and providers as part of the required courses.
- **Retention of leaders in the field:** While most attention focused on educating providers at the lower end of the education continuum, there was also discussion about the issues that are arising as well-educated leaders are aging out of the field. A number of interviewees noted that leadership development through formal education deserves some attention.

**Local Evaluation and Quality Improvement**

Interviewees in several counties reported that, based on their observations and experiences, community college cohorts and/or learning communities have had a substantial impact. Both anecdotal reports from participants and county data suggest that these approaches are effective—for example, one particularly effective cohort focused on helping providers complete the mathematics courses that were required as part of their general education coursework. However, such efforts have not been rigorously evaluated.

## *Professional Development Through Trainings and Other Offerings*

In addition to formal postsecondary ECE education programs, there are many informal ECE training opportunities available at the local level. These opportunities are quite varied on every dimension, including intensity, training quality, and training content. As noted above, we characterize this as a promising practice because limited evidence suggests that some noncredit-bearing trainings may produce benefits.

Informal training opportunities are offered by a number of different providers, including QI program administrators (for example, QRIS, CSP-2), county offices of education, Resource and

Referral agencies, Local Planning Councils, community colleges, county staff retention programs (AB 212, CARES Plus, or unique county program), outside contractors (for example, WestEd), and county First 5 commissions. These less intensive training programs (which consist of a few hours or days of training) are generally not coordinated across localities, and there are no standards for program content or the competencies of trainers.

**Prevalence**

Brief or one-time trainings occur in all counties and QISs we examined. All reported that they provide workshops and other training; nearly all (80 percent) reported that such training and support is part of a broader QI initiative in the county.

**Targets**

Trainings are directed to people throughout the ECE system: some trainings are targeted to directors, most are provided for those who work directly with children, and some are open to all providers in the county. If capacity is limited, participants in QI programs are given priority. For example, Merced County collaborates with neighboring counties to offer trainings relevant to the workforce, but CARES Plus participants receive priority. Some trainings require providers to pay to participate, but this is relatively rare and a QI program will often allow its participants to attend for free. For example, participants in the Early Stars pilot in Fresno County are given priority and may attend trainings without cost, and Imperial County offers free weekend workshops for permit holders. Some trainings are recommended by coaches as a means of learning more about a topic encountered during the coach's time in the classroom (e.g., CLASS); trainings on the assessments that are included in QRISs are a frequent training topic (as discussed below).

**Focus and Content**

Trainings are presented on a wide range of topics, many of which are selected to meet local needs. For example, trainings on assessment tools—including CLASS, ERS, ASQ, and DRDP—are often offered because these tools are increasingly used in QISs. In San Francisco County, trainings on DRDP were considered essential because DRDP must be used in PoP/CSP. Teachstone's "Looking at CLASSrooms" program is increasingly popular; in training sessions participants reflect upon what they are learning, identify teaching strategies and connections to their work, attempt to integrate these strategies into their classroom, and report back on what they have done.

Other popular topics include child development, health and safety, special education, and curriculum and Instructional Support. These latter topics may include training and coaching on Creative Curriculum, language and critical thinking skills, PITC, and other topics. Some counties also offer technology training, as noted above.

Director-focused TA may provide program directors and FCC providers with information about how to start up a family child care home and may provide center directors with information about good business practices, staff management approaches, or ideas about interacting with parents.

Often, in larger and better-resourced counties, the list of topics is large. In Ventura County, the list is so long that that the County Office of Education posts a training calendar to keep early educators informed about all offerings. Santa Clara County offers a wide variety of noncredit-based professional development opportunities, such as trainings related to the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), Inclusion Collaborative, Teachstone (CLASS), and Program for Infant Toddler Caregivers (PITC), all of which have been supported by FIRST 5 Santa Clara County through CARES Plus and PoP/CSP.

The *Foundations* and *Frameworks* documents are a common training topic that is offered by nearly all of the counties we examined. These trainings have been very well attended in some counties, with interviewees reporting that early educators often come back more than once. PITC Institutes are also offered in many of the counties we examined; and trainings developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), which focus on promoting the social emotional development and school readiness of young children birth to age five, are available in half of the counties we examined. There are few trainings relating to licensing, however, because licensing is usually a prerequisite for participation in a QIS. Similarly, there are few trainings relating to accreditation because many counties have decided to focus on QI through their own system, although a few counties (for example, Fresno and Santa Barbara) are accreditation-focused and offer trainings and other supports to programs seeking it.

What constitutes training—and thus meets the requirements included in some initiatives (for example, RTT-ELC, which requires 21 hours of training yearly)—has become a subject of debate in some counties. In El Dorado County, for example, early educators had been accumulating PD hours for their participation in a children's expo. Under RTT-ELC, however, this activity does not qualify for PD credits; some interviewees were concerned that early educators would no longer participate at high rates because they needed to spend time in credit-earning activities. Similarly, some peer-based activities do not qualify for PD credit, even though early educators come together to examine and improve their practice. As an example, LAUP (which sponsors peer meetings) argued that without a leader (which is a hallmark of peer networks), peer-based activities do not qualify for PD credit. A lack of clear standards about the nature and delivery of noncredit-bearing PD makes it difficult to make these determinations.

**Delivery**

PD trainings are offered in a wide variety of formats. These include:

- One-time workshops focused on a single topic (for example, a CLASS training through Teachstone). This is the most common delivery mechanism in many counties.
- A series of workshops focused on a single topic (for example, Fresno County offers a multi-module series on working with children with special needs). PITC training series are also offered in this way.
- A series of workshops, each focused on a different topic. LA STEP, for example, has developed a series of training modules for a cohort of FCC providers. Participants meet once a month, for approximately ten months, for between two and two and a half hours of training; topics include learning environment, outdoor environment, inclusion of special needs children, and developmental screening tools.

- An intensive institute. For example, LAUP's annual Teacher Institute is a series of three one-day trainings that are scheduled so that the trainings are a month apart. The trainings focus on language, literacy, and results from CLASS observations, particularly the instructional support domain. The schedule for the trainings is designed to give early educators time to try out new practices between training sessions and to talk about their implementation experiences in the next training. Monthly Learning Community Meetings are also scheduled after institute trainings to encourage peer discussion of training topics.
- Portfolios. Providers are asked to develop portfolios that form the basis for coaching and other support and targeted support for compiling portfolios is provided. Participants in the Fresno Accreditation Institute are provided training around documentation practices. FCC providers are expected to develop an accreditation binder, while centers are expected to develop a program portfolio and a portfolio for each classroom.
- Webinars or Internet-based TA. These activities are far more flexible because, in most cases, early educators can access them at their own convenience. Many early educators appreciate this modality because it enables them to rewatch certain segments and skip others, and to receive training even if they live in a remote location. This approach also addresses one of the challenges inherent in delivering training to the ECE workforce: managing the enormous variation in education levels and experience.

Counties use a number of approaches to determine which topics to cover in trainings and how best to deliver them, including the following:

- Input from coaches and others who are conducting classroom observations and assessments, such as R&R agency providers.
- A county-wide needs assessment. In Orange County, for example, CARES Plus does a needs assessments of all participants. The County Department of Education collaborates and shares this information, which drives the PD and QI sessions that are offered. Based on such assessments, some counties are starting to provide technology support.
- Early educator surveys and focus groups. Some counties develop a director survey that lists all potential TA offerings and ask which ones they most need.
- Content of provider meetings (including FCC provider meetings) attended by training professionals.
- Topics suggested in state-wide trainings or that come to the attention of local stakeholders because they are being implemented in other counties.
- The introduction of specific tools (such as the ERS, CLASS, ASQ, and DRDP).
- Program-specific requirements in PoP/CSP, Head Start, and other programs.
- QRISs and the standards and requirements that are associated with these systems. For example, Fresno County has provided CLASS training because CLASS is a requirement to move past Tier 2. A specific standard will often be the focus of training.
- County-wide initiatives or goals set by county leadership.

Training topics may also be driven by local or other research into best practices or evidence-based strategies. Orange County, for example, looks for research-based PD and tries to entice researchers to train their trainers and leaders. Counties often look to programs developed in universities or turn to widely used trainings, such as CSEFEL. In San Francisco County, for example, First 5 San Francisco was looking for evidence-based strategies to help children with challenging behavior. The school district had had four years of experience using CSEFEL, and First 5 San Francisco wanted to mirror that in community-based programs. The San Joaquin Consortium Action Plan notes that the county is trying to implement evidence-based practices, such as training on the DRDP as a child observation tool, and training on the *Foundations* and *Frameworks*. It has also adopted other nationally recognized training such as CSEFEL. In Fresno County, First 5 has been very focused on investing in evidence-based programs that promise to promote system-wide change.

In LAUP, planners intend to use coaching data when considering PD offerings in order to identify areas where many early educators need support. In the future, they will use these data to inform trainings and perhaps even the design of incentives. LAUP also chooses TA based on findings from the Universal Preschool Outcomes Study. They have used the data on child outcomes—what the children are learning—to help determine which trainings to offer and what type of technical assistance the coaches need to provide.

Counties may also be driven by a desire to ensure that the PD portfolio addresses key demographic groups in the community and key provider needs. Some trainings begin as pilots and, having been evaluated, may be offered to larger audiences. Finally, we heard that some training opportunities are opportunistic: funds are available to conduct the training and trainers decide the topic is worthy enough to implement one.

**Alignment with Other Efforts**

Trainings based on surveys and the views of those who work with classroom teachers are likely to align well with the expressed needs of the ECE workforce. Similarly, trainings that present new assessments or techniques that are part of QISs are a natural fit. A larger issue may be the degree to which PD activities align with each other: it is not difficult to attend a number of trainings that do not build on each other and that do not build early educator skills in a logical way. A number of interviewees noted that short trainings that do not build on each other or address an individual's learning needs are less likely to improve her practice and consequently are expending training resources inefficiently. Several suggested that each early educator create a personal professional development/skills improvement plan (perhaps with a coach, center director, or academic advisor), and this is encouraged in RTT-ELC (see appendix D). This plan would identify academic pathways, as well as PD opportunities, that would support skills development and use PD time in the most effective and efficient way possible. Because RTT-ELC mandates a substantial amount of PD each year, it would be highly advantageous if that PD helped early educators to build skills that are most closely associated with improved child functioning and that a particular early educator may be finding the most difficult to acquire or use. The counselors who are available at some community colleges (discussed above) would be well placed to help early educators develop these plans, as would coaches who work closely with early educators on an ongoing basis and who have a good sense of their strengths and weaknesses. Center directors might also be trained to help staff develop these plans. Workforce

registries could also contribute to the development of a logical sequence of PD activities by identifying opportunities and documenting completed training as well as the attainment of academic milestones.

**Challenges**

The provision of PD through trainings and other offerings presents a range of challenges. Some of the key challenges are discussed below.

- **Timing and scheduling:** Scheduling trainings is difficult because FCC and center-based providers have different time constraints and needs (for example, some FCC providers offer 24-hour care).
- **Opportunity costs:** The cost of attending these trainings can be prohibitive if one considers the need for substitute teachers, materials, and fees. Although participants often do not have to pay, these costs must be met by someone.
- **Diverse needs:** Early educators have a range of academic backgrounds and practical experience and it can be difficult to design a PD program that meets the needs of everyone. Some early educators are likely to be overwhelmed by the amount of information covered in a training, while others may find it boring and repetitive. Some FCC providers report that many trainings targeted to center-based teachers are just not relevant. Clearly, one-size-fits-all training is not a viable model.
- **Avoiding repetition:** With 21 hours of PD required annually through the RTT-ELC initiative, it will be a challenge to offer a range of trainings that avoid repetition. Building on earlier trainings is often difficult if trainings are not part of a sequence, particularly because planners cannot assume that all participants attended an earlier session.
- **Language barriers:** Providers' home languages may constrain training delivery. Training materials are not always available in languages other than English, and speakers of languages other than English and Spanish are generally not served at all. The cohort model has helped to alleviate some of these challenges because providers who speak the same language can work together and support one another.
- **Impact of trainings:** One-time workshops are widely regarded as ineffective in terms of improving quality. However, early educators may find them useful, especially if they learn a specific new tool.
- **Technology:** There is a lack of high-speed Internet access in many rural counties. This affects access to webinars or other online TA. A few counties explicitly noted that facilitating the CLASS trainings, which require access to videos online, can be difficult.
- **FCC provider needs:** Trainings are not always tailored to the unique information and scheduling needs of FCC providers, which may make them less motivated to attend.
- **Not enough support for directors:** Much of the training and coaching that systems offer is targeted to early educators who work directly with children, but interviewees noted that directors also need financial and management training. Directors may represent a sensible training target for other reasons. Given the high turnover in the field, it may be sensible to focus on training directors because they are less likely to leave. In addition, directors who

understand new approaches can guide their staff (perhaps in "train the trainer" models) or at the very least can create a supportive climate for innovation. Given that FCC providers also close at fairly high rates, providing trainings that focus on helping providers to succeed financially may be beneficial.

**Local Evaluation and Quality Improvement**

As noted above, the evidence on one-time trainings is not encouraging. Without follow-up support, early educators may not be able to integrate the strategies or practices to which they were exposed in trainings into improved classroom practice. Some counties have taken heed of this issue and have attempted to develop trainings that incorporate some ongoing support. LAUP, for example, created a Teacher Institute that provides three full-day trainings that are scheduled a month apart. The month between each training gives participants the opportunity to apply and practice the strategies they learn. Over four years and approximately 800 teachers, data suggest that this approach has a positive impact on student performance (for example, CLASS ISL subscale scores went up and rapid letter naming increased).

There are exceptions, of course, and it is useful to consider and understand them. For example, trainings that expose people to new tools are generally viewed as successful because the outcome measure is increased knowledge of the tool. Trainings that offer specific behavioral changes may also be more successful. In Fresno County, for example, feedback on CSEFEL trainings has been very positive; teachers and directors have highlighted specific improvements in teacher/child interactions as a result of the multi-session trainings. Participants noted that they could see a change in their peers from the first to third class. In El Dorado County, a training that introduced participants to the American Academy of Pediatrics recommendations about screen time for young children made it much easier for early educators to talk to parents about this issue. Other participants noted that trainings on new assessment tools made it much easier for them to talk to parents about them.

## *Peer Support*

Peer support may serve both QI and PD needs. Peer support networks can help early educators to feel more professional by bringing them together for trainings and ongoing support; reciprocal peer coaching provides early educators with ongoing support in their efforts to improve their practice. Cohort programs may bring together early educators to support each other in their efforts to obtain degrees when continuing to take classes may be extremely challenging. As noted above, we consider peer support approaches to be a promising practice because there is some limited evidence that providers that participate in peer support networks generally engage in higher quality practice. Few details about these efforts were provided by interviewees, however, and it is unclear whether this lack of information reflects a far bigger focus on other approaches, suggests these efforts are largely informal, or is the result of other factors.

**Prevalence: Peer Support Networks**

Efforts to create peer support networks are a common response to a lack of resources for more formal, better funded efforts. Regardless of funding, however, building networks of support may be important in helping early educators, and particularly FCC providers, to see themselves as

professionals. Several counties are trying to build peer support networks for FCC providers, though at this point they are largely informal. A lot of these efforts try to help providers to see each other as colleagues instead of competitors, and to see themselves as professionals. Successful networks might also have additional benefits, such as resource sharing among providers. In Kings County, a Professional Development Book Club brings providers together to network and discuss relevant materials. This year, the group is focusing on children's literature and how these materials can be used to promote activities that are aligned with California's *Foundations* and *Frameworks*. Several counties have facilitated the development of peer support networks by forming cohorts who attend trainings together throughout the year. A county may also host a network meeting to provide an opportunity for providers to meet each other. Finally, providers may meet in "learning communities" outside of structured trainings.

In several counties, efforts are being made to identify experienced and effective FCC providers to serve as models and supports for their peers. In Merced County, for example, there is an FCC mentor program in which providers that are experienced in QI activities work with other FCC providers. LA STEP is also currently recruiting licensed FCC providers to server as peer mentors in their communities in their new STEP Peer Advisor and Leader (PAL) Program. To become a peer mentor, providers must have received program quality ratings of three or higher prior to 2012. PALs will serve as mentors to providers that are new to STEP and lead TA workshops.

Other counties are facilitating more informal networks. In Santa Barbara County, for example, early educators who are enrolled in the AFP program receive one or two trainings per year and cohort support in "Learning Communities," which meet monthly. The Santa Barbara County Childcare Planning Council, with foundation support, sponsors a Leadership Luncheon Series for Directors. This series of working lunches is a forum for networking and collaborative learning across centers. Three times a year, LAUP holds provider network business meetings (that are opened by the CEO of LAUP), during which programmatic and contractual topics are reviewed. The model is designed to build relationships among providers and support change through those relationships. Some efforts to promote ongoing networks have experienced challenges. Early educators who receive neither financial support nor PD training hours for participation have indicated that they prefer to spend their limited time in efforts that provide at least one of these benefits.

**Prevalence: Reciprocal Peer Coaching**

We have few examples of structured peer coaching models. Peer mentor programs seem to be most often used with FCC providers as a way of reducing their professional isolation. Some center-based staff reported that they regularly conduct informal assessments (for example, ERS) of each other, which was noted earlier as an integral component of this practice. Nevada County described a more structured peer support effort. After conducting self-assessments, providers are paired with similar providers to conduct assessments, during which each provider visits their partner's center and administers the appropriate ERS. This peer pairing was considered the second element of a multi-step formal technical assistance process. While the exact structure of these peer assessments was not described, interviewees told us that they fostered helpful discussions between providers.

## *Financial Incentives*

All counties offer some financial incentives for quality improvement activities. Financial incentives may support program improvement or professional development efforts or both, and we discuss each of these categories in turn below. In all cases, the research on effectiveness is quite limited, although the evidence base is somewhat more rigorous for incentives relating to professional development.

**Prevalence: Financial Incentives for Professional Development**

To encourage the pursuit of education and training, counties provide staff scholarships and tuition assistance to encourage enrollment and degree completion, and they may also offer wage enhancements, retention bonuses, and stipends based on the degree level to reward successful completion. This support is consistent with evidence from less rigorous studies that suggests that financial incentives increase enrollment in coursework, raise the number of early educators with degrees, and support greater retention in the field (Karoly 2012). Thus, we characterize PD incentives as a promising practice.

Early educators who work in a center or operate an FCC home that is participating in a QRIS or other QI program can often attend trainings for free. The same trainings may be open to ECE providers who are not participants, though on a fee-paying basis. Center directors often decry the lack of resources to provide TA for their staff, so the provision of free trainings is very attractive to program leaders. Under RTT-ELC, staff must participate in 21 hours of PD each year, so the value of these free PD opportunities is substantial.

These incentives are designed to encourage staff to participate in coaching, enroll in formal education courses and programs, and participate in trainings and other PD initiatives, such as networking. Financial incentives are least often provided for coaching. A number of county stakeholders argued that many (if not most) early educators are motivated to deliver the highest quality care possible. Consequently, for many early educators, the opportunity to receive coaching represents a significant incentive for QIS participation. As one Orange County interviewee commented, “People seem hungry for training.”

Nonetheless, working with a coach takes time. Some QI efforts recognize this and provide incentives to coaching participants, particularly when the coaching process involves off-duty time, as is the case for MTP. In San Diego County, for example, the Agency-Level Program Development Plan—in addition to providing small amounts of paid time to lead teachers and instructional assistants to be spent on staff development—provides a minimum of 16 hours of paid time for lead teachers to participate in one-on-one coaching and to work on their own professional development plans.

Some interviewees considered the small incentives that may be provided for participation in PD activities to be insufficient given the amount of time involved. An exception is coaching, as it mostly occurs during working hours; this makes it more attractive as participants do not need to invest leisure time to receive it.

In contrast to much of the coaching offered to early educators, the pursuit of formal education is time-consuming and often expensive. Most interviewees believe that, in most cases, intrinsic motivation is rarely sufficient to get early educators to enroll in courses, and particularly to remain in degree programs that may take multiple years to complete. As a consequence, an array of financial incentives is offered to support the pursuit of formal education in the counties we examined for this chapter. Financial incentives of some sort are provided in every system, often through AB212, CARES Plus, or other programs. Most counties make stipends, wage enhancements, or retention bonuses available to staff who pursue or achieve formal education milestones. Staff scholarships and tuition assistance are also common: over half of counties (63 percent) offer some form of these. Far fewer counties (just over one in four) offer reimbursement for the pursuit or achievement of a teacher permit.

A number of counties provide stipends that vary in the level of support they provide and in the criteria required to obtain them. In Santa Clara County, for example, stipends are provided to participants through CARES Plus and the Community College Roundtable, which includes all higher education partners and key community partners. The Roundtable sets stipends based on the amount of time and effort involved. Participants are required to create a PD plan and set goals; the college advisors sign off on the plan, and the participants receive a stipend based on completion of their goals. County interviewees reported that stipends are effective in incentivizing college enrollments, and that offering higher stipends for classes that early educators were avoiding raised enrollments in those classes. The CARES Plus requirements help focus students on completing a degree.

In most instances where any financial support is offered, it is limited. Incentives may be offered only upon the completion of courses, which means that early educators must cover the costs of enrollment themselves. Santa Barbara County's STAR program provides stipends for professional development, and interviewees agreed that this support has been instrumental in keeping students in the ECE field despite very low wages, because education is recognized as a path to career advancement and salary increases. Even with this financial support from the STAR program, however, the cost of these degrees is still a major obstacle for many early educators because leave time is not compensated.

In Santa Barbara County, the limited financial support was considered in light of intrinsic motivation. Stipends and scholarships available for tuition support and CLASS trainings were considered to be helpful in engaging early educators, even though they were insufficient to cover all the costs. Interviewees there felt that they and their staff were invested in child care quality, so providing even a little bit of support made participation in the additional training worth it.

As funding has declined, some counties have reconsidered how to use limited incentive funds. In Contra Costa County, for example, incentives have increasingly been targeted to supporting the attainment of AA degrees. This refocusing reflected the county's earlier experience supporting higher degrees: it originally funded a bachelor's degree program but later discontinued this funding because people often pursued teaching in K–12 after completing bachelor's degrees.

All of the systems that we examined participate in AB 212 and more than half participate in CARES Plus. Both programs provide incentives that are tied to completing ECE units or degrees. Some counties have crafted their own staff retention/workforce development programs that blend

AB 212 and CARES Plus, including Santa Barbara County's STAR Program, Los Angeles County's ASPIRE programs, and Fresno County's PIECES program. Providers participating in QRIS programs are often given priority for these financial incentives. San Francisco County participates in C-WAGES, which provides funds to centers based on enrollment and ECERS-R score. Funds may be used to support teacher wages or tuition, and participation in the Workforce Registry is required for participation. About one third of counties reported making the state-funded CD Teacher & Supervisor Grants available.

Examples of key PD incentives are described in more detail below:

- **Wage enhancements:** In Monterey County, the hourly wage is linked to both longevity and possession of a child development permit. In San Francisco County, First 5 San Francisco used to provide a substantial wage compensation initiative for Preschool for All providers who obtained BA degrees. In March 2007, First 5 San Francisco allocated $1 million for a compensation initiative to attract and retain highly qualified teachers—$5,000 annually to teachers, assistant teachers, and site supervisors with BA degrees and 24 units of ECE. By 2011, $1.5 million was allocated, and teachers with BA degrees and 24 units of ECE received $3,000 per year (the per teacher payment decreased as the amount allocated was divided among more teachers with BAs). The program was separate from the CARES Plus program. Recently these funds were folded into C-WAGES, which is jointly funded by First 5 and other agencies, and which gives centers a certain amount of money based on their enrollment and ECERS score to be used for benefits for their teachers or a compensation plan to help pay for teacher tuition. In order to get C-WAGES, a provider has to agree to be in the Workforce Registry, which is spearheaded by the Human Services Agency with a grant from the Packard Foundation.
- **Retention bonuses and stipends:** Fresno County's existing staff retention program, PIECES, though not directly related to the QRIS, is viewed as a successful quality improvement effort. ERS and CLASS assessments are included and some workshops also are held. Participating providers receive a stipend for completing the required trainings and course credits, and additional stipends are offered for earning course credits. In San Diego County, tiered stipend payments are provided to lead teachers and instructional staff, site supervisors, area managers, and family child care operators based on their participation in mandatory training activities, ERS and CLASS reviews, and their level of education. Stipends range from $200 to $1,100 for lead teachers' education level, and from $200 to $500 for lead teachers' ERS scores. Similar ranges apply to site supervisors and instructional assistants. In addition, a minimum of 16 hours of paid time is provided for lead teachers to participate in one-on-one coaching and to work on their professional development plans.

Given their shorter duration, incentives for attendance at trainings is more limited. Nevertheless, a number of counties and systems recognize that trainings do take time. Common incentives to entice participation in trainings include the following:

- **Materials distributed at trainings:** Provision of materials associated with particular program improvement efforts is common. For example, a training on a new curriculum typically includes the distribution of curriculum materials to participants. Orange County's T-25 program provides ECERS and classroom materials, including

manipulatives and socio-emotional kits that supplement coaching for providers in the QIS network.

- **Small financial incentives for attending trainings/PD:** Teachers may receive small monetary awards for attending a workshop or completing a training series. In Nevada County, providers receive a $60 stipend if they attend four out of the six Safe Schools trainings. Through the California Child Development Consortium, the county provides $125 per semester to students currently working in licensed programs who are taking classes leading to a degree.
- **Other small incentives distributed at trainings:** These may include coupons for materials or raffles.

Evaluations of these types of financial incentives in California and other states find evidence of increased enrollment in higher education coursework and degrees earned, higher compensation, and greater retention in the field to varying degrees. However, research has not identified the relationship between the size of financial incentives and participation rates or other outcomes (Karoly 2012), and the counties we examined did not have data on the effectiveness of the incentives they were offering.

**Prevalence: Financial Incentives for Program Improvement**

These incentives, which include conditional cash transfers, in-kind transfers, and tiered reimbursement, are designed to encourage FCC providers and center directors and staff to participate in program improvement activities. These activities may include participation in trainings, engagement in networking activities, and enrollment in QRIS programs. These types of incentives have not been subjected to rigorous evaluation; typically they are included in a large bundle of QI initiatives, which means that their unique contribution cannot be assessed. As a result, we characterize the provision of these incentives as a logic-based practice.

Counties rely on a number of tools to incentivize participation in program improvement efforts, and most counties offer several. Key program improvement incentives are described below:

- **Start-up grants:** These may be given to programs upon entry into a QI effort; a few counties provide such grants to encourage licensing. The purpose of these grants is to bring providers up to a level where they meet minimum program standards. Often, such grants are accompanied by an initial assessment that helps to focus the provider on areas for improvement. Both Contra Costa County and LAUP use this model. In Contra Costa County, CLASS assessments are conducted and support is then provided to improve practice, after which a second assessment occurs. In LAUP, a second assessment is conducted after a period during which coaching and start-up funds are directed to specified improvements with the goal of reaching level 3. Mono County offers small grants to FCC providers that want to become a licensed program.
- **Tiered reimbursement:** Tiered reimbursement links a program's rating to the amount of public funding that a program receives on a per-child basis, as discussed above. As such, tiered reimbursement is potentially the most lucrative of program participation incentives because it usually represents an ongoing source of funds. A number of counties report that they provide tiered reimbursement. Tiered reimbursement may also be used to

distribute resources on a one-time basis. In Orange County, for example, program improvement assistance is offered on a tiered model: 20 centers receive Environment Rating Scale assessments, up to five coaching sessions, and up to $200 in quality improvement materials. The five centers with the greatest need receive Environment Rating Scale assessments, ten coaching sessions, and up to $400 in materials. In Nevada County, one-time awards are paid based on the number of stars and the type of program: 3-star FCC providers receive $150 and 3-star centers earn $225; 4-star FCC providers and centers receive $300 and $450 respectively; and 5-star FCC providers and centers are eligible for $500 and $750 awards.

- **Quality improvement grants/mini-grants:** These funds generally must be used to address a specific area in need of improvement that has been identified during an assessment and included in a quality improvement plan. Some program improvement initiatives require providers to get approval from coaches before using grant money to make purchases. Providers often use these grants to buy equipment or materials to improve their physical environment and thus raise their ERS scores. In LA STEP, providers are eligible for a $5,000 quality improvement grant that they can use to address an area in their quality improvement plan. Renewal incentives are also available for FCC providers to encourage continued participation in the QRIS (they are eligible to receive a $1,000 grant for a new QI plan). In Contra Costa County in 2012, 20 centers received funding to use the CLASS tool as a basis for team building and quality improvement. The centers that applied could receive up to $1,300 for their center, a Teachstone/CLASS account one-year subscription, and support around ways to share materials with staff. In El Dorado County, FCC providers receive $1,000 and centers receive $1,500 Site Improvement Grants to implement their Site Improvement Plan (SIP). These funds may support quality improvement activities including environment, classroom, and curriculum. Once the SIP is written and signed, sites receive an extra grant to put towards professional development, materials, and so on. In Marin County, each participating classroom in the ECE Quality Improvement Project is eligible to receive a grant of approximately $4,000 to $5,000 that must be used to support identified areas of need that are mutually agreed upon by participating program staff and County Office of Education ECE QI staff and coaches.
- **Quality improvement awards:** These financial incentives are tied to the attainment of specific quality improvement goals or thresholds. These funds serve as rewards for providers that improve their quality by a specific amount or reach a specified goal. In El Dorado County, for example, providers that received a score of 3 or higher are eligible to receive an Achievement Award of $1,000 (centers) or $500 (FCC providers).
- **Instructional materials or grants for materials:** These incentives often may be offered in the form of a Lakeshore or other education supplier gift card and may have less stringent requirements than a QI grant. There is a general consensus that financial incentives are more effective tools for improving program quality when they must be used to address a targeted area of need, although there is no research that has addressed this question.
- **Funds to cover substitute teachers or release time for staff to attend trainings:** These costs are not trivial and must be covered by programs. Support for substitute teachers in

particular can be helpful in encouraging participation because it enables staff to pursue off-site PD activities during the workday. In some cases, finding qualified substitute teachers can be very difficult.

- **Providing free workshops, coaches, or other TA:** Just as early educators may be able to attend PD trainings for free, program leaders participating in QRISs or other QI programs often may attend trainings focused on program improvement for free.
- **Accreditation fees waived:** Programs designed to encourage program accreditation typically cover much of the out-of-pocket costs associated with engaging in the accreditation process. Participants in Santa Barbara County and Fresno County programs designed to support accreditation have their accreditation fees waived.

## Summary

Guided by our taxonomy of program improvement and professional development strategies and practices, this chapter has reviewed many of the efforts that are taking place within California counties to improve programs, increase early educators' education and skills, and improve ECE practice. Our assessment has demonstrated that there is a substantial amount of QI work going on in the counties and systems we examined, as stakeholders recognize that the "I" in QRIS is crucial if these systems are to achieve their goals. County staff and other stakeholders are approaching the design and implementation of these efforts in a thoughtful and strategic way, in many cases drawing on evidence-based strategies and practices. Stakeholders are working hard to understand and address community needs through the development and provision of QI that is likely to meet those needs and be as effective as possible. In developing QI approaches and menus of services, county stakeholders have had to consider how to conduct their RTT-ELC work while protecting their ongoing efforts, align activities supported by an array of different funders, overcome a range of barriers to delivering professional development to early educators, and how to do all this with limited and shrinking budgets.

In terms of specific strategies, coaching and mentoring are considered one of the best choices for improving practice and building early educator skills, and they are being implemented in some form in every county we examined. The high prevalence of this practice is supported by evidence that shows coaching to be associated with quality improvement, although the specific details of a coaching program may influence its effectiveness. Though we have some understanding of best practices in coaching (for example, coaches with higher levels of education or experience, coaching combined with other PD activities), additional rigorous and research-based evidence is needed to better understand what specific components produce the greatest benefits.

It is easy to see why coaching appears to be an effective program improvement strategy. With coaching, early educators are afforded one-on-one attention at their own level and typically are able to experience change right away. A good coaching experience empowers early educators by identifying their strengths and then uses these strengths to support improvements. A coaching plan, developed jointly by a participant and her coach, increases the participant's ownership of the process and makes him or her feel respected; a plan designed around a classroom assessment can target changes most likely to improve practice and subsequent assessment results. Models that involve a coach conducting an assessment then handing the results to the director, or working with the director but not the teacher, are viewed as far less effective.

In comparison with other program improvement efforts, coaching poses few challenges to early educators. Indeed, we heard that many consider it a valuable support to their work. Provided without cost to participants on-site and during the workday in most cases, early educators are not obligated to devote leisure time or personal funds to it. However, coaching is costly to systems because of its one-to-one delivery.

Despite its promise, available research is unable to identify the specific coaching elements (for example, dosage, frequency, topics) that are critical to ensuring its effectiveness. In part, this is due to the very nature of coaching: it is designed to be tailored to participant needs and provided at a level that addresses those needs. However, with some standardization of coaching activities and more documentation of the coaching process, it would be possible to conduct studies of the effectiveness of particular approaches, or at least clarify the relationship between factors such as time on site and coaching outcomes. This is important because a lot of system resources are devoted to coaching.

Support for formal education for the ECE workforce is also widespread in the counties we examined. Most believe that some ECE coursework is an important quality improvement asset, a belief supported by research that concludes that formal ECE training can improve the quality of care delivered in ECE settings (Karoly 2012). A focus on formal education and degree attainment has increased because QRISs incentivize formal education. Although counties offer a range of financial incentives to encourage enrollment in and completion of formal education courses and degrees—including tuition subsidies, free textbooks, and wage enhancements—the challenges associated with obtaining higher education are many. Unlike coaching, most formal coursework undertaken by the existing ECE workforce must be done during leisure time. Finding that time, getting to the places where courses are offered, and understanding and succeeding in these courses is often difficult. Counties provide many supports to encourage early educators, including coursework in home languages, cohort programs, academic advising, evening and weekend schedules, and online delivery. These efforts have been found to increase enrollments and degree attainment, although there is no evidence concerning the levels of support required to ensure success.

Counties also offer a wide range of short-term trainings, even though such trainings are generally considered to be far less effective than ongoing, intensive, one-on-one coaching—a view supported by the research literature. Nevertheless, short trainings may have value when the training focuses on the introduction of new material or information such as a new assessment tool to be implemented in classrooms. Similarly, a focused training on screen time can provide early educators with the specific information they need to talk more confidently to parents about their at-home practices around the use of television, computers, and other devices with their young children. As PD requirements increase (under RTT-ELC) in an environment where supports for PD are declining, efforts need to be made to maximize the value of trainings.

Efforts are being made in some counties to extend trainings into family child care homes and ECE classrooms through peer support networks or peer coaching, despite only limited research evidence about their benefits. Peer networks reportedly help early educators feel more professional and engage in higher quality practices; reciprocal peer coaching provides early educators with ongoing support in their efforts to improve their practice. Additionally, peer cohorts may bring together early educators who can support efforts to attain higher degrees.

Given this, it would be worthwhile to consider how it might be possible to include ongoing PD efforts such as peer networks in required PD hours.

A number of interviewees noted that short trainings do not help people attain degrees or permits, which QRISs highlight as a way to improve program ratings. A number of interviewees also noted that an important improvement to the training system would be to include training experiences in a broader PD framework that moves people towards obtaining degrees. One way to do this might be to develop workforce registries, which could enable all PD experiences to be recorded, ideally as part of each early educator's individual PD plan. Two counties, Los Angeles and San Francisco, are currently working together to develop a workforce registry.

All counties offer some financial incentives for quality improvement activities. The pursuit of formal education in particular for the existing workforce is time consuming and often expensive. As a consequence, an array of financial incentives is offered to support the pursuit of formal education in the counties. Counties provide staff scholarships and tuition assistance to support enrollment and degree completion, and they may also offer wage enhancements, retention bonuses, and stipends based on the degree level to reward successful completion. In most instances, financial support is limited and may be deferred until milestones are achieved. Nevertheless, interviewees agreed that this support has been instrumental in keeping students in the ECE field despite low wages; some research evidence supports this view. Moreover, early educators who work in a center or operate an FCC home that is participating in a QRIS or other QI program can often attend trainings for free. But some interviewees considered the small incentives typically provided for participation in many PD activities insufficient given the amount of time involved. No research is available to date about the unique contribution of financial incentives for program improvement, as studies that employ such incentives also include other elements. Nor is there available evidence addressing the relationship between the size of incentives and specified outcomes. Nonetheless, such incentives make logical sense, and counties use them to encourage program improvements.

In order to achieve quality improvements on limited and decreasing budgets, it is important to think about ways to deliver program improvement and professional development more efficiently. Given the lack of national or local data on the cost and effectiveness of many program improvement or professional development practices, we are unable to advise programs about the most effective use of an additional program improvement or professional development dollar. Nevertheless, our interviews pointed to several approaches that may support efficient implementation. In chapter 9, we discuss these approaches, as well as others that we believe will help the field learn about what aspects of QI strategies and practices are most effective at improving practice and supporting children's development.

# Chapter 8: Dissemination of Quality Information to Parents

## Introduction

Providing parents with information about quality to inform their early care and education choices is one important goal of quality rating and improvement systems (QRIS). This form of family engagement is driven by a QRIS logic model that views parents as the key consumers of program ratings and 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 (Zellman et al. 2008). However, this logic does not always apply in practice for many reasons. One key reason is that child care is not a perfect market and care is limited in many communities, particularly if infant care or care during nontraditional hours is required (Zellman et al. 2008). Nonetheless, the model does argue that, at a minimum, parents need to be informed about standards and ratings if they are to use them when making early care and education choices.

Informing parents about quality is a component of a larger goal: to support family engagement in their children's learning, whether at home or in an early care and education program. While in other chapters we discuss the role of this broader concept of family engagement as a quality standard/indicator in a QRIS or as a program improvement topic, in this chapter we focus on the provision of information to parents, whose ratings-based choices represent an important incentive for improving program quality in QRISs.

Relatively little research has evaluated the impact of program ratings on parents' early care and education choices. From the national literature review conducted for this study (and reported in chapter 2), we found only two evaluation studies that explored whether parents know about and understand the ratings provided through a QRIS—an evaluation of Indiana's Paths to QUALITY and a study of Minnesota Parent Aware. Across the two studies, parent knowledge increased over time. However, at best, no more than 40 percent of parents using a rated provider had knowledge of the QRIS, and only 20 percent of parents in the general public knew about the system (Elicker et al. 2011; Tout et al. 2010b). Moreover, in the Indiana study, the provider was the primary source of information about the rating system (Elicker et al. 2011), suggesting that the dissemination of information through a centralized QRIS source was not occurring or was not effective. However, there is virtually no information about which practices are most successful in informing parents.

When asked, parents readily assert that they would consider program ratings in future early care and education choices. For example, Elicker et al. (2011) found that two thirds of the parents in their study of Indiana's QRIS reported that a higher rating was important or very important to them in making child care choices. In this same study, more than half of the parents also reported that they would be willing to consider paying more for higher rated child care. However, we found no evaluation studies that addressed whether the implementation of a QRIS actually changes the choices parents make about the care settings they use.

In addition to the national literature review, we also reviewed reports on local evaluations of QRISs in California as part of the research synthesis (discussed in chapter 6) in order to assess the extent to which quality ratings are shared with and used by parents to inform their early care and education choices. However, because few of the existing QRISs in California publicize their ratings (as described in chapter 3), there has not been much focus on assessing if parents know about, understand, and use program ratings. In fact, none of the local evaluation studies reviewed in chapter 6 addressed this question.

Focusing specifically on county-based quality improvement efforts in California, three research questions initially guided the work summarized in this chapter:

1. In what ways can parents learn about and access a local QRIS or QIS, and which of these are the most effective?
2. What are parents' perceptions about the information and support they receive from the local entity (for example, the QRIS administrator, Resource and Referral agency) for identifying program quality?
3. To the extent that data are available, do parents who receive information about quality ratings use it when selecting early care and education providers? Do parents choose higher quality settings than they would have in the absence of the QRIS? How do their choices change over time?

Because the active dissemination of quality ratings to parents is not occurring in most pre-existing county-level systems in California, and because parents are relatively unaware of the QRISs in their counties, we take an exploratory approach to addressing these questions. Specifically, this chapter focuses on:

- Describing the factors that go into parents' early care and education choices, including their own definitions of quality
- Describing parents' familiarity with the pre-existing QIS or QRIS and their use of quality (and other) information for making early care and education decisions
- Describing strategies for supporting parents' use of quality information through the RTT-ELC system

We begin with a description of the data sources and our approach to data analysis for this chapter. Next, we discuss parents' understanding of quality, including their own definitions of what constitutes quality and a description of the key characteristics of early care and education providers that parents consider when making these decisions. We then consider child care choices in the context of the pre-existing system, describing parents' awareness of the pre-existing QIS/QRIS and quality information generated from the system, and their use of this information compared to other sources of information when selecting an early care and education provider. Finally, we discuss child care choices in the context of the new RTT-funded systems, and we discuss the status of counties' plans for disseminating ratings, as well as parents' views on what information should be shared and how it should be shared. In addition, we discuss how ratings might change parents' child care choices, and we describe concerns raised by

stakeholders about the release of ratings information to parents. We conclude with a discussion of opportunities for the new RTT-ELC QRISs, as well as challenges and policy implications.

## Approach

This chapter is informed by interviews and focus groups with a range of respondents in each of the 19 county systems that participated in site visits for the study. Parent focus groups and interviews with Resource and Referral (R&R) agencies are the primary sources of information for this chapter. Notes from these interviews and focus groups were reviewed and coded for themes or common responses to questions using qualitative data analysis software. These common responses are presented in this chapter as examples of what parents and/or R&R agency representatives say about their experiences with quality information. It should be noted that, in most cases, QRIS administrators or other stakeholders in the county selected parents to participate in the parent focus groups. It is likely that selection was based on engagement, availability, or willingness to participate, rather than any systematic sampling approach. As a result, responses cannot be generalized to the typical parent; rather, comments from parents should be viewed as examples of parent perspectives. R&R agencies have contact with a wider slice of the population, however, and their responses may reflect this broader perspective. To supplement parent and R&R agency views, additional perspectives are also incorporated from interviews with county stakeholders and providers in the 19 county systems (representing 18 counties), as well as our phone interviews with the remaining 40 counties and statewide interview respondents.

## Findings: Parents' Understanding of Early Care and Education Quality

In this section, we explore parents' own definitions of quality child care and the characteristics they typically look for when selecting an early care and education provider for their family.

### *Parents' Definitions of Early Care and Education Quality*

During our visits to the 19 county systems, we talked with both parents and R&R agency representatives about parents' views on what constitutes quality early care and education. R&R agencies, whose role is to provide information and guidance to parents about how to select an appropriate early care and education arrangement for their needs, have contact with a wide range of parents. Through their communications with parents seeking care, R&R agencies have developed an understanding of what parents are looking for and what their understanding of quality is. About half of the R&R agency representatives we interviewed reported that parents do not understand what quality early care and education is—at least not in the same way that the research community defines it. "Very few parents really look for quality or know what that means," stated one interview respondent. Another explained, "Quality to a parent means you're going to take care of my child like I take care of my child. But parents don't have defined criteria for that. They just want to make sure that their child is receiving love, protection, and care in a safe environment. They want to make sure their child is learning so they can be ready for kindergarten." In addition, parents may misunderstand quality criteria. For example, R&R agency representatives in a few counties noted that parents confuse being licensed with being

high quality, as one interview respondent explained: "Parents are for the most part trusting that if a center is licensed, it will pass certain standards, which is a misconception."

All the R&R agencies interviewed reported that few parents were familiar with program quality features such as teacher education qualifications, scores on program quality assessment tools such as the ECERS or CLASS, and staff-child ratios. "There is a disconnect between what parents view as quality and what experts in the field view as quality," explained one R&R agency representative. Another noted, "Parents usually don't have the terminology to inquire about quality as it is determined by ratings and other dimensions measured by assessment tools." However, respondents from a few systems did mention that knowledge of quality indicators varied by parent socio-economic status and that more educated and higher income families were more likely to have some familiarity with program quality indicators. In general, though, most parents do not ask about these quality elements. "It's not part of many families' world, because they are desperate for care," explained one respondent.

When asked about what they thought a quality program consisted of, however, many parents in focus groups did have ideas about what quality care might look like. Parents from nearly all of the focus groups said that a quality program should have **caring, attentive staff** who provide a nurturing environment and ensure that children feel comfortable and secure and have their needs met. Parents reported that it was important that "teachers care about children." One parent explained, "You want them to be the parent when you're not there."

Another aspect of quality frequently cited by parents in focus groups was the importance of **learning opportunities** for children in early care and education settings. A few parents expressed this as "age appropriate" learning activities, and many referenced activities specifically designed to ensure that children would be ready for kindergarten. For example, one parent provided this perspective: "At first, I thought preschool was all about play, but after experiencing how important it is to be prepared for the next grade levels to come, I would define quality child care as a place where children are learning developmentally appropriate skills." Ensuring that children's learning is on track—identifying those needing referrals for special needs and getting them the help they need—was also highlighted by parents in focus groups. One parent credited a child care center with the fact that her child, who was struggling initially and received a referral for additional services, is now attending school and doing fine.

**Effective staff-family partnerships** were also an aspect of quality that parents in more than half of the focus groups cited. Positive and supportive relationships between parents and teachers were viewed as an important aspect of quality early care and education arrangements. Examples of open communication included having parent-teacher conferences, periodic check-ins during the day via text message, or discussions at the end of the day about the child's progress. One parent described the way her child's teacher spoke to her about her son's progress: "the provider pulled me aside and talked to me about him. And the way she did it was like mother to mother, not teacher to mother… The fact that they relate to you and want to see your kid succeed… It shows that it is quality care, that they're not just out there for a paycheck."

Some parents also noted the importance of a welcoming, respectful attitude on the part of staff toward parents, reflecting **cultural and linguistic competence**. "Everyone talks to you,"

described one parent, when thinking about what positive staff-family relationships look like. "You don't feel any discrimination." In a parent focus group attended by very low-income, predominantly Spanish-speaking immigrants, several parents noted that they appreciated having information about the early care and education setting available in Spanish as well as English, and having some staff in the program who speak their language. For these parents, access to comprehensive services for the whole family, such as assistance in finding a job or a place to live, was an important indicator of quality. In listening to these families discuss what they considered a quality early care and education program, it was clear that finding a program that was a good match with their particular needs was both a high priority and a challenge.

Having **good teachers** was highlighted as an important quality indicator by parents in about half of focus groups as well. Parents referenced both teacher qualifications and teachers' participation in ongoing training and staff development, but did not provide additional specifics on what teacher quality might look like. Parents in a few programs also cited **teacher-child ratios** as important, describing high ratios as "quality care versus a money-making machine." For example, parents wanted to make sure there were enough staff available to provide individual attention to their child.

Finally, parents in some of the focus groups reported that **safety**—both that children felt safe and that the environment was safe—was a critical quality indicator. "Safety is number one," explained one parent from an urban area. "I look for the gate—has to be closed. I look for the neighborhood—how close to graffiti on the wall is it?" Some parents referred to negative experiences, including one parent who took her child out of a family child care home when she arrived early and found the children unattended while the provider took a shower. Another parent said she chose a family child care home versus a school-based arrangement because she observed children hitting other children in the larger group setting.

Although parents did not cite all of the quality elements that frequently factor into a quality rating system, they were able to point to a number of characteristics that are important aspects of quality early care and education programs, albeit from a slightly different perspective. With these parent definitions of quality in mind, we turn next to factors that, according to parents and R&R agency staff, influence parents' child care choices.

## *Key Characteristics of Early Care and Education that Parents Consider*

For parents, selecting an early care and education provider for their children is a complex decision. Information gathered from parents themselves through focus groups, as well as through interviews with Resource and Referral agencies, suggests that there are two levels of factors that parents consider when making this difficult decision. First, there is a set of constraining factors that parents may first apply to their choices for early care and education. Parents reported considering the **location** of the provider as a primary constraining factor. Having a provider that was close to work or home or convenient to bus routes was highlighted as key for parents in nearly all focus groups. The **cost** of early care and education services was another key limiting factor reported by parents in many of the focus group discussions. Parents reported choosing care "based on what we could afford." One parent noted the primary nature of "affordability… because sometimes you have to choose between child care and a place to stay." Parents used cost

to narrow their choices; for example, they limited the pool of providers to those that accept subsidized child care vouchers or to programs like Head Start, which are publicly funded. Parents from some counties also cited **hours of operation** as a limiting factor, as program schedules need to align with parents' schedules in order to meet their child care needs.

R&R agencies echoed parents' perspectives about the factors that constrain their child care decisions. However, cost was the most frequently cited parent consideration reported by R&R agency representatives, some of whom also reported frequently fielding questions about eligibility for free or subsidized care. Location was highlighted by many R&R agency representatives as well. As one R&R agency manager explained, "Some people don't have real choices in selecting child care because of location or cost." While parents and R&R agencies both noted cost, location, and hours of operation as constraining factors, **availability of slots** was cited as a fourth factor in R&R agency interviews, though parents did not mention this explicitly.

While these factors limit parents' child care choices—and, for some parents, there may be no real choice once these factors are taken into consideration—many parents in focus groups and the R&R agency representatives reported that consideration is also given to quality. For example, one parent explained that although location was important, it was not enough to determine her decision: "If I were to arrive there, and it wasn't good quality, it wouldn't work. I'd drive for quality."

Consistent with the definitions of quality they provided, many parents reported looking for providers that offered **learning opportunities** and supports for school readiness skills, as well as **qualified teachers** with high levels of education. Parents reported looking for a **caring and "inviting environment"** because "when you leave the kid there for several hours, you want peace of mind that he's going to be taken care of well." As one parent explained, "Is this somebody that really cares about the kids and parents or just providing the service?" Other important factors parents reported considering were appropriate **teacher-child ratios**, **safe and clean facilities**, and **no licensing violations**.

Many of the R&R agency representatives interviewed also noted that although there are factors that constrain parent decisions, parents are also concerned with quality. As one R&R agency respondent reported, "The thing in common is that they are all looking for what's best for their child." Another explained, "They are looking for quality programs that fit within their schedule or price point." When asked about the particular dimensions of quality that parents inquire about, many R&R agency respondents said that parents want a caring and nurturing environment—"the assurance that there is caring care." Some R&R agency representatives identified cultural and linguistic competence as an important factor that parents consider when choosing child care, particularly among non-native English speakers, because parents want to be able to communicate comfortably with the provider. R&R agency representatives also echoed the interest parents expressed in providers that support school readiness, that offer appropriate teacher-child ratios, and that are safe and clean.

# Findings: Early Care and Education Choices in the Context of the Pre-existing System

Given parent perspectives on what characterizes a high-quality program, we turn next to an examination of the information about quality that is available to parents and the sources of information on which parents appear to rely.

## *County Efforts to Educate Parents About Quality*

Efforts were underway in virtually all counties to share general information about what constitutes quality with parents or otherwise support parents' decisions about early care and education. This is true among both the counties with pre-existing systems and those without formal systems. For example, in phone interviews with counties that have quality improvement efforts but no formal system, most described a range of strategies for reaching out to parents—including providing information through Web sites, brochures, and parent meetings—and about half reported sharing information through posters or radio announcements.

Most counties reported relying on Resource and Referral agencies to provide consumer education to parents. When asked about their strategies for providing information to parents, nearly all R&R agencies interviewed reported having **conversations directly with parents**, either in person (through walk-ins) or by phone. A common approach reported by R&R agencies was to talk with parents about their needs, provide basic information on quality and what to look for when judging quality, and then provide an actual list of referrals. Counselors from the R&R agencies also encouraged families to visit providers and discussed questions families should ask of providers. One site, for example, reported conducting mock interviews with parents to practice questions they should ask of providers. Many R&R agency representatives also reported providing **materials such as worksheets or checklists** that parents could use to help guide their decisions.

Some R&R agencies also indicated an increased use of **online tools** to reach parents. In addition to offering online referrals, R&R agency representatives mentioned having a blog, using social networking sites such as Facebook, and monitoring Craigslist to find parents seeking information about early care and education. The use of online tools seemed to vary by counties, however. While one site continued to see high call volumes despite more online referrals, another noticed web referrals increasing while calls had decreased.

In addition to individualized support for parents seeking child care information, some R&R agencies also described hosting **parent meetings** and speaking in the community (for example, speaking at CalWORKS, welfare to work groups, and so on) to provide parent education around making child care decisions.

When asked about the most effective approach to working with parents, some R&R agencies reported that personal contact with parents, either in person or by phone, was most effective. "We feel really strongly that while we provide a lot of information online, we need to have the conversation with the parent," explained one R&R agency representative. A few respondents

also reported that no single approach worked well for all parents, and that using a variety of approaches was necessary to reach all audiences.

### *Provider-specific Quality Information Available to Parents*

As described in chapter 3, R&R agencies and QRIS administrators do not make information about quality ratings or indicators assigned to individual providers publicly available (with very few exceptions). In most cases, public dissemination of ratings simply has not been a goal of the system. Only LA STEP makes ratings available to parents by listing them on their Web site (in PDF format) and assembling a quality rating guide. Ratings are not available through the R&R agency, however. Although the now discontinued High 5 for Quality initiative in El Dorado County did not make ratings information available to all parents through the internet, the county did disclose ratings to parents and other providers who requested the information. In addition, providers in El Dorado who received a rating of three or higher were given a banner (which did not list their specific rating) to advertise their participation in the system.

In Nevada County, each provider participating in the QRIS decides whether their own rating will be shared publicly. Providers that choose to do so may post their rating in their centers or family child care homes, but the QRIS administrators do not share the information themselves. Providers are given parent information flyers listing their star rating, and this can be distributed to parents or included in a binder available at the R&R agency. The R&R agency makes this binder available to parents but does not endorse the information contained in the provider brochures. The R&R agency in San Joaquin County also noted that they maintain a database that includes information on teacher and director education levels, but only for providers that offered this information.

In Santa Barbara, specific ratings are not shared, but providers are given certificates that indicate that their program is accredited. In addition, the R&R agency reported making a list of providers available to parents that could be sorted according to three levels of quality: licensed, participating in quality improvement programs, and accredited. San Francisco and Contra Costa also noted that providers receive certificates that signify their participation in the QRIS—an indicator of commitment to quality improvement rather that a quality level itself.

Most R&R agencies reported providing information on program accreditation (although some only provided it when asked), but only a few reported providing information on a program's licensing record, though many others did mention referring families to the local licensing office. In general, quality ratings were not made available by R&R agencies either.

### *Parents' Use of Quality Information and Other Information to Guide Early Care and Education Choices*

Given the limited dissemination of quality ratings, many parents were unfamiliar with the quality indicators met by the program their children were attending. In counties where ratings were available, some parents were familiar with the ratings and others were not. More generally, though, parents were unfamiliar with the QRIS in place in their county. Some parents were completely unaware of the system in which their provider participated, while others had heard

about the QRIS but were not very familiar with what participation in the system meant. As such, it is not surprising that most parents in focus groups did not report using **rating information** or other quality indicators generated through the QRIS to inform their child care choices. Parents in only one focus group reported relying on information materials provided by the QRIS to inform their decision.

Instead, parents in nearly all focus groups reported relying on their impressions of quality from their own **direct experiences with the provider** through phone interviews and visits to the facility. As one parent reported, "I have to see what is going on. People can rate whatever, but I'm visual… I can't just get information from someone else." Parents described asking their "big list of questions" and observing the environment and interactions. Parents reported evaluating the cleanliness of the facility and the toys and observing other children in the facility to see if they were happy and engaged. Parents also reported making a note of how the staff treated the children and parents.

**Referrals and recommendations** from other parents, neighbors, or friends were also a critical source of quality information for parents in nearly all focus groups cited. Most of these recommendations came from individuals who sent their children to the program, and who the parents already knew and trusted. "I picked my pickiest friend for whom cost was no issue, and asked where she would go," described one parent. "She gave me the rundown [and] gave me a bio about my provider." A few parents also mentioned contacting parents listed as references by the provider or talking with parents about their experiences while visiting the program.

Parents from many focus groups reported using **online tools** to gather information to guide their decisions. This included conducting general "Google searches," visiting a facility's Web site, and looking for other parent reviews or discussions about providers on the "mommy blogs." One R&R agency representative, explaining that parents often do not know what questions to ask in order to evaluate quality, noted that parents rely on online reviews, frequently asking, "Is there a Yelp or somewhere where I can see that it's good quality?"

## Findings: Early Care and Education Choices in the Context of the New RTT-funded Systems

Although most systems do not currently disseminate ratings information to the public, it is anticipated that counties implementing RTT-ELC QRISs will have a more intentional consumer education goal, and it is likely that the Resource and Referral agencies will play a role in the dissemination of ratings. All of the R&R agencies that were asked about this during interviews indicated that they were involved, on some level, in the planning of the new Race to the Top QRIS in their county. The California Child Care Resource and Referral Network conducted a survey of its members in December 2012 about their involvement in the RTT-ELC QRIS and learned that most of the R&R agencies located in the 16 RTT-ELC counties were involved in the planning, although their involvement was often more peripheral and their role often centered on provider support work, rather than consumer education work. This may be due to the status of planning efforts at that time; the parent education component of the systems had received relatively little attention at that early date.

### *How Should Ratings Information Be Shared?*

Many counties are still in the early stages of thinking about how ratings will be shared. While some counties are working on plans to develop databases or web applications where parents could access information about provider ratings, others are unsure about how the information will be disseminated. When asked about their role in sharing ratings with parents, about a third of the R&R agencies interviewed indicated having plans to disseminate ratings information, though a few noted they were still determining how this would be done. Generally, these R&R agencies felt that they represented a "centralized place for parents to come" and a "natural" choice for working with parents, given their current relationships with families. Others were unsure whether they would have a role in sharing ratings or how this might work. Only one described a plan to share ratings online. Several others noted that if they do become responsible for sharing ratings, additional parent education—especially one-on-one conversations with parents about the ratings—will be critical. "We really want to talk to them when it comes down to it," explained one R&R agency staff member. "We need to educate parents. They can't find this from clicking on the website." R&R agency staff in several counties and the statewide network also mentioned the importance of training R&R agency counselors on the RTT-ELC elements, such as ERS and CLASS assessments, so that they can explain them to parents.

While the discussion about the best approach for sharing ratings information with parents continues among stakeholders in the RTT-ELC QRIS, parents we spoke with in focus groups suggested a number of strategies that would work for them. Parents in most focus groups suggested making the **information available online**. Many parents indicated a familiarity with Web sites for consumer reviews—such as Yelp, Angie's List, and GreatSchools.org—and thought that making a similar tool available for child care providers would be helpful to them. Parents in a few focus groups also highlighted social networking sites (such as Facebook) as a good location for providing quality information. One parent expressed his dismay at the lack of readily accessible information for parents about child care quality and suggested that a smartphone application might be a good strategy:

> It shocked me that my wife was looking for child care providers on Craigslist! I wasn't super involved, but there's not a quality, reliable place you can go to and say, I want to find someone in [my town]. You have to use like the Penny Saver! Really? This was our first child. I was really shocked that she was doing that and then just finding a name and number. Then you have to go around and visit them. Isn't there an app for that?

A second common suggestion from parents about how ratings information could be shared was through a range of **print materials**, such as flyers, newsletters, brochures, and advertisements in free parent magazines. Parents recommended making these materials available where parents would be most likely to see them—for example, the pediatrician's office; schools; local community agencies, such as the library, the YMCA, and churches; and booths at community events or fairs—or using direct mailings. In addition, parents in some focus groups suggested that **television or radio announcements** would be effective as well.

Parents in about a quarter of the focus groups we conducted thought the **R&R agencies** would be a good place to access ratings information. Another quarter thought the **providers** themselves

would be a good location for the information; for example, the provider's rating could be posted at the center so that parents would see it when they visited.

**What Information Should Be Shared with Parents?**

In addition to establishing a plan for *how* information should be shared, counties are also considering *what* information should accompany the ratings to make them more accessible to parents. Most R&R agencies interviewed stressed the need to expand consumer education to ensure that families can effectively interpret and use the ratings. R&R agency respondents noted that sharing the ratings will mean that the "conversation with parents will get more complicated." "This system will only be effective if parents know what the ratings mean," noted one respondent, and clear explanations will be critical. "It's important to educate a parent about what a score does and doesn't mean… no matter what… staff need to be the interpreters. There needs to be a disclaimer that always says call us and do not just base your decision on the score."

Parents in focus groups agreed that **clear explanations of the ratings** would be important to ensure that parents are not confused by and do not misuse the ratings. Parents in one focus group emphasized the need to explain or eliminate jargon to make the information more accessible to parents. They also thought that the ratings should not be limited to a number and that a narrative explanation would be more informative for parents.

Parents in some parent focus groups suggested providing **subratings** in addition to an overall rating. One parent likened this to how restaurant reviews work: "Like Zagat's that breaks it down within categories—like food, service, etc. So if certain things are important to you, you look at only those areas. Or if you're money driven, you can look at the schools that are more affordable." Suggestions for subratings included health ratings, safety ratings, ratings for teacher qualifications (for example, education levels, credentials), and curriculum.

Perhaps the most common suggestion, expressed in a number of parent focus groups, was to add **provider reviews submitted by parents** who had direct experiences with the early care and education services to the objective ratings. In one focus group, a parent suggested "a professional rating and then a user rating to balance the two out… I think I want more than just one opinion. I like to do my own research. I don't just trust that it's five stars. We all have biases… Having two different groups do the ratings, I feel like I can make a more informed decision." Others described providing an online forum or site for parents to provide their own reviews. In the age of online reviews, where the consumer has many opinions to consider, many parents seemed to feel that relying on one perspective was insufficient.

At the same time, a few parents emphasized that having **reliable and updated information** is also important if ratings are to be useful for decision making. "I don't want to see too many places [rated with] the top score. Everyone could use some improvement. A rating would get you in the door, but the other things would keep you there." Parents seem to agree that they want information they can trust, though opinions may differ as to what information is most trustworthy.

In addition to evaluative information about providers, parents in a few focus groups expressed an interest in basic factual information about the center or family child care home. A few parents

noted that smaller providers frequently do not have Web sites, so locating information about their services requires a phone call or visit. If **profiles of each provider** could be made available in a central location, it would provide a "one-stop shopping" experience for parents. The profiles could include the rating, the list of services available, provider policies, hours, languages spoken, and other details. To this list one parent added, "Then here's a picture of the kids doing art or gymnastics, if [providers] don't have the resources to do [this marketing] themselves."

### *How Will Ratings Influence Parents' Early Care and Education Choices?*

When asked about the level of influence ratings information would have on their early care and education choices, only a few parents in focus groups indicated that they would let the rating drive their decision. For example, one parent explained that she was disappointed with the quality of the program she had selected and that she would have made a different choice had ratings information been available to her. "If I had the information," explained one parent, "I think I would have been able to make a more informed choice." Another parent noted the importance of the rating and indicated that a more qualitative narrative component accompanying the rating would not moderate the rating's influence on her—"A three is a three," she explained—and that she would not bother with a facility that had a rating of a three or lower.

Parents in about half of the focus groups had the opposite response, indicating that ratings information would likely not influence their decision. Most of these parents reported that there were other factors— such as recommendations from family or friends or their own impressions of the program—that would supersede the rating. A few parents discounted the usefulness of the rating because it likely would not measure the elements that they felt were most important: "We look for different things; we have different expectations." Another parent explained that although the ratings would be good for identifying providers' educational credentials, she felt that ratings could not capture the interpersonal aspect of child care. "Some people may be qualified but just not have the heart for [child care work]," but this would not be reflected in the rating unless there was an actual rating for nurturance. Parents in a few focus groups reported that they did not have the luxury of choice when it came to child care options due to the limiting factors of cost and availability. One parent explained, "We just have to go where there are slots available. We need to go to work."

Most parents, however, had a more moderated response, reporting that a rating would have an influence on their decision, though other factors would still play an important role in their selection process. Most notably, parents indicated that they needed to see the program for themselves in order to make a decision that they felt good about. Several noted that cost would limit their choices as well and that it would be useful "to see quality information next to fees."

Parent focus group responses were consistent with R&R agency reports from the larger pool of parents they speak with each day. R&R agencies agreed that the additional rating information could be helpful but would likely not be the sole factor considered by most parents. The Executive Director of the California Child Care Resource and Referral Network also emphasized the challenge of early care and education costs, especially as reimbursements are tied to rating systems. Parents who receive subsidies tied to the regional market rate and who must pay a co-

pay may not be able to access the higher rated care. For these parents, "it doesn't matter if it is a five-point site because they can't afford the co-pay."

### *Concerns About How Ratings Will Be Used*

Throughout our conversations with QRIS administrators, R&R agency representatives, providers, parents, and others during our visits to the focal systems, we heard a number of concerns about the public release of ratings information, as required by the RTT-ELC grants.

First, a variety of respondents, including parents, noted that ratings, without sufficient context or explanation, have the potential to be **confusing for parents**. Various stakeholders asserted that parents need to understand what the ratings do and do not mean and to be educated to use the information to inform—but not necessarily determine—their selection of an early care and education program. Respondents in several counties suggested that parents should develop their own priorities and determine their own thresholds for quality. They expressed a concern that parents might go on the Internet and "base their decisions for child care solely on ratings" without considering whether a provider is a good match for their family. Another potential point of confusion for parents is that not all providers will be participating in the rating system. One county respondent suggested that parents need to understand that participation in the system signals some level of quality, and that a provider with a 1-star rating might be of higher quality than a non-rated provider because the program has made a commitment to work toward quality.

Most counties emphasized the importance of providing sufficient parent education to support parents' responsible use of the ratings information. This level of consumer education requires a larger investment of time on the part of R&R agency staff, as their typical referrals will become more complicated and time consuming. It is also important to educate providers about the ratings and give them the language they need to explain the ratings to parents. In addition, one county suggested a grassroots campaign to inform families about ratings might also be needed in order to reach parents who are not already looking for quality.

A second concern raised by respondents in many counties related to **equity issues** that arise when a rating system does not impact all families equally. Echoing the concern about differential access raised by the California Child Care Resource and Referral Network Executive Director, respondents noted that highly rated programs may not be available to all families. One R&R agency representative interviewed said, "The one thing I worry about is that the parents will look in their area and will not have a 3-, 4-, or 5-star to choose from. If you only have 1s to choose from… you don't feel confident when you go off to work." Location, schedules, and availability could all influence parents' access to high-quality programs. Cost may also be a factor, and county stakeholders expressed a concern that "parents might conflate higher rated programs with more expensive programs," and that parents with limited resources might not even consider the higher rated programs. One county stakeholder noted that families with moderate to high incomes already ask about quality indicators but that "low income families don't think they can afford quality, so don't ask about quality." However, if earning a higher rating means that a provider must charge higher fees in order to pay for the trainings needed to support the high rating, these higher rated programs may be less accessible to families with fewer resources.

In addition, the R&R agency in one county expressed the concern that publicizing ratings could result in bombarding the high-quality programs with too many parents and potentially **shutting down providers that** fill an important need in the community, such as providing services in families' home language. This point was reiterated by one statewide interview respondent who noted that publicizing ratings could have a negative effect on home-based, immigrant providers because they have less education, but that some of these providers are actually providing a needed service and reflect a reasonable level of quality.

Finally, FCC providers in one county voiced concern about how publicly available information about their services would affect the **security** of their homes and the children in their care. Typically, R&R agencies have a policy of not listing the addresses of family child care homes, and it is unclear exactly what kind of information, and how much information, about family child care homes the RTT-ELC QRISs will provide.

## Summary

Establishing a system through which quality information is made available and accessible to parents while maintaining access to care options that meet the widely varying needs of families is a complex challenge. Parents want the best care for their children. Although their understanding of what quality care entails may not match the definition of quality outlined by experts in the field precisely, there are a number of factors that overlap. Parents want caring, attentive, and qualified staff who 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 to parents could help guide parents' choices, and many parents expressed interest in such information. However, adding quality ratings does not eliminate the complexity of the decision-making process entirely. There are constraints—such as the location, cost, hours of operation, and availability of care—that limit parents' choices. Parents in focus groups also placed a high value on other factors that could not be captured in ratings (for example, language or cultural preferences, or intangibles such as the feeling they get from an in-person visit to the provider's site). However, none of these issues mean that ratings cannot be helpful to parents. Eventually, if large numbers of programs are rated, parents will be able to consider and compare these other factors among programs at the same rating level (for example, they could choose a provider from among the 3-star programs that best addresses their cultural or linguistic needs). As one factor in a complex decision-making process, quality ratings may inform choices, but they will not eliminate the need for parents to make those choices.

However, to date, quality information on individual providers has not typically been widely available to parents. In fact, few counties share quality rating information with parents at all. Instead, R&R agencies provide general guidance on what parents should look for when judging a program's quality and fit for their family without giving objective evaluative information about quality for individual providers.

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 and identified a need to provide clear guidance, as well as outreach, to parents who might not otherwise seek out the information. Although it is not yet clear how the R&R agencies will be involved in the distribution of ratings, their role is potentially very important in supporting consumer education around the interpretation and use of ratings information. The cost-quality balance also remains a challenge because early care and education costs are high, even for mediocre care. Indeed, these costs represent as much as 41 percent of total household incomes for families at the federal poverty level (Child Care Aware 2012; the percentage is much lower for middle-income families). While the ratings are important to inform policymakers as well as parents about the current status of quality, they will not immediately solve the problem of lack of access to high-quality care, because there is a resource deficit in addition to an information deficit. In chapter 9, we explore this issue further and we suggest some measures to better support increased parent demand with additional purchasing power (for example, by linking voucher program payment levels to quality criteria).

# Chapter 9: Policy Options and Recommendations

## Introduction

The many tasks and analyses that constituted this study provide a rich basis for considering steps the counties and the state might take to advance their quality improvement systems and to refine the model for a QRIS on which the RTT-ELC counties are now basing their own QRISs. Below, we discuss the policy options and, where relevant, present recommendations that might be considered and implemented at the county and state level. Given the topics addressed in prior chapters, we organize the discussion around the following five themes:

- System Design
- Continuous Quality Improvement
- Providing Quality Information to Parents
- Financing Quality Improvement
- System Monitoring and Improvement

For each theme, we first summarize the lessons learned from our review and synthesis of prior national and state research on quality improvement systems. We then briefly review what we learned from our field research involving interviews in all 58 California counties and site visits to a subsample of counties. Finally, we present our recommendations and discuss trade-offs relevant to their implementation.

Our recommendations focus first on the county level and then address actions that the state might consider. This dual approach reflects the fact that California is unique among states in implementing QRISs at the county level. As a result, there is significant variation across counties in QRIS and QIS development and in the activities under way to support these systems and improve quality. The focus on the state level reflects our view that state policies and programs have an impact on the capacity of counties to implement local QISs and that the state may have a key role in supporting the infrastructure for local system development and implementation.

## System Design

We begin with a brief review of our findings and recommendations related to QRIS system design, including system goals, quality standards, and rating structure.

### *System Goals*

On the basis of our review and synthesis of national studies, there is strong consensus among researchers that QRIS system designers should build their systems on a logic model that helps to articulate the underlying assumptions that the system makes and that clarifies the system's expected inputs, outputs, and outcomes. In most of the states with QRISs, the primary motivation for the system was to improve the quality of early care and education in center-based programs and family child care homes serving all children, not just those in low-income neighborhoods.

Although states with newer QRISs tend to address school readiness as an implicit goal and to include child assessment as an indicator, this has not been a focus in the states that have had QRISs for five or more years.

As we learned from our interviews and site visits, the primary goal of most California QRISs pre-dating the RTT-ELC grant in California was quite different than that of the QRISs in other states. In all but three of the 14 pre-existing county-based systems, the primary motivation was to improve children's school readiness in low-performing school neighborhoods by improving program quality and making quality preschool affordable to low-income families. In compliance with the direction of the federal RTT-ELC grant, the California RTT-ELC Consortia QRIS system design attempts to combine the goals of promoting school readiness in targeted, high-need neighborhoods with that of improving the quality of early care and education for all children. This latter goal is served by reaching out to a broader group of private as well as state- and federally contracted providers and by including child assessment in the RTT-ELC Hybrid Matrix. Decisions regarding financial incentives are left to local option; the RTT-ELC framework, unlike many of the pre-existing QRISs in California, does not include financial incentives or other supports directed at making quality services affordable for low-income families.

**Options/Recommendations:**

It is important for policymakers and system designers to consider both the similarities and the differences in the RTT-ELC and pre-existing system emphases and goals. Recruitment of a broader group of private providers, focused at least initially on high-need, low-income neighborhoods, may be challenging without careful attention to the provision of both nonfinancial and financial incentives. Counties with well-established, well-resourced, pre-existing systems focused on school readiness may want to consider preserving these systems as a subset of the RTT-ELC QRIS, rather than attempting to spread the existing resources in these systems over a much larger group of providers. In addition, as will be discussed below in the Financing Quality Improvement section, the RTT-ELC Consortia may want to consider modifying the Quality Improvement and Professional Development Pathways to include financial incentives for provider participation.

## *Rating Structure*

From our research review, we know that among the states with a QRIS, about half have a block system, and the other half are split between either a point or hybrid system. State policymakers and system designers are endeavoring to learn from their own and other states' earlier QRIS efforts and are building on these efforts, particularly by employing several common components. However, QRIS efforts are not yet converging on a single preferred structure for these systems at this relatively early stage of their development. The review of QRISs in the 26 states surveyed in the *Compendium* found that most systems with fewer than 25 percent of programs/providers in one of the top two rating levels use a building block structure, suggesting that a block approach leads to setting a higher threshold for achieving a top level. However, there is simply insufficient evidence at this time to support one structure over another.

From our fieldwork, we learned that of the 15 county-based pre-existing systems and one pilot QRIS in California, 13 had a block system, two had a point system, and one had a hybrid system. The CAEL QIS process produced a design for a statewide QRIS that had a block structure. The RTT-ELC Regional Consortia Hybrid Matrix has block elements for the first tier and points for the remaining four tiers. This framework specified common tiers at levels 1, 3, and 4, with local options available at levels 2 and 5.

Overall, on the basis of our site visits to counties with pre-existing systems and those participating in the RTT-ELC QRIS development, most stakeholders seemed to prefer the RTT-ELC QRIS mixed structure in which one tier is blocked and the remaining four are based on points. Stakeholders indicated that they thought the predominantly points-based system would be more flexible and perhaps less intimidating to private providers. However, a few counties expressed a concern commonly heard about point systems: that it would be possible for a program or provider to progress to the next level without having accomplished all of the elements in the preceding level.

**Options/Recommendations:**

Given the variation in the rating structures of QRISs nationally and among the pre-existing systems in California, the state might want to consider capitalizing on this variability to conduct or support studies to determine which approaches are more efficient and effective not only in motivating quality improvements among participating programs/providers but also in attracting providers to participate in the system in the first place. Yet another important issue to explore is whether one rating structure is more or less comprehensible to the parents who will try to make sense of the ratings.

## *Quality Standards*

A good rating system would ideally include elements that measure unique aspects of quality that, together, effectively define it. However, little empirical research exists about which elements and standards, or which cut points on the various elements, to include. This reflects in part the fact that the early care and education field—and the researchers who study it—have not converged on a common definition of quality. Nor has the field conducted the research needed to determine how to set cut points across tiers on most elements. As a result, most states rely on their experience and professional judgment; the choices made by other states; and the feasibility of implementing, measuring, and financing the various elements.

Our 19 site visits to counties with pre-existing QRISs and those in the midst of implementing the RTT-ELC QRIS standards revealed that those counties are generally satisfied with the RTT-ELC QRIS Hybrid Matrix elements on Child Development and School Readiness, Teachers and Teaching, and Program and Environment. Specific exceptions include the following:

- Several counties thought the RTT-ELC QRIS standards for program leadership were too strict in ruling out personnel with degrees in fields other than ECE.
- Some counties thought the RTT-ELC QRIS educational requirements for both lead teacher qualifications and director qualifications be aligned with the Child Development

Permit Matrix. Doing so would allow counties to rely on the Commission on Teacher Credentialing to review college transcripts and determine the number of credits staff should receive credit for, eliminating a substantial burden on county staff. Several counties suggested that there should be greater alignment between the RTT-ELC QRIS staff educational standards and program quality assessment requirements and those of other systems, such as AB 212, CARES Plus, and CSP.

- In a majority of counties, both the administrators of pre-existing local systems and providers participating in focus groups in conjunction with our study voiced concern about their capacity to increase ERS scores on certain criteria such as access to playgrounds and environmental features they cannot control, such as room size. Several counties suggested that ERS scores should take into account the community context and should be weighted toward factors providers can control.

Although the counties participating in the RTT-ELC Consortia and other counties with pre-existing systems were generally pleased with the RTT-ELC Hybrid Matrix standards, some non-RTT-ELC counties, particularly in rural areas of the state, saw the standards as a major barrier to their future capacity to implement a QRIS, even though Head Start or CDD-contracted programs in their area should be able to reach tier 3. Most frequently, these counties said the teacher education qualifications were too high, especially for the family child care providers that offer a majority of the early care and education services in those counties.

**Options/Recommendations:**

Despite decades of research on standards such as staff-to-child ratios and director and lead teacher education qualifications, and despite landmark studies of model programs indicating compelling results from programs that have strict standards for these elements, there is still not a strong evidence base for specific standards or cut-points in these areas. In part, the lack of clarity or consensus arises from the fact that, in the real world, these elements interact. For example, having enough personnel does not substitute for having adequately trained personnel, and having degree requirements for early educators does not substitute for having enough personnel; degree requirements may even backfire in the absence of adequate compensation for the level of degree required.

Given the absence of a clear evidence base, the RTT-ELC Consortia have struck a reasonable balance between establishing a common core of standards on some elements and allowing local options on others. Also, by electing to use a hybrid system weighted toward points rather than a block structure, the Consortia have provided flexibility so that a center-based program or family child care might excel on some dimensions of an element, while receiving fewer points on another.

This flexibility in the design structure, along with local options at Tiers 2 and 5, might enable an examination of how different elements and standards contribute to overall ratings and program quality. Such studies would be a valuable tool for better understanding how to choose the best standards and elements.

The AIR/RAND study team suggests that special consideration be given to having CDE or the RTT-ELC Consortia convene rural counties to discuss barriers to their participation in a QRIS.

These talks could help to determine whether their concerns are directed primarily at the RTT-ELC QRIS Matrix standards themselves or rather more at the absence of sufficient provider supports to help programs and providers in rural areas attain the standards. If their concerns focus on the standards themselves, it may be important simply to acknowledge that standards appropriate for densely populated areas of the state may not fit local realities and that most providers in rural counties will be unlikely to meet the standards above the first two tiers. If their primary concern is the absence of sufficient and appropriate provider support, then different forms of provider support may be needed in rural areas to help programs and providers reach higher tiers. In the sections below on continuous quality improvement and financing quality improvement, we offer further recommendations to support the inclusion of rural counties in the network of local RTT-ELC QRISs.

### *Program Quality Assessments*

Our review of the national and state research on QRIS development underscores the central role of program quality assessments in QISs and QRISs. Most states with QRISs include program quality assessments in their system design, with the ERS the most frequently required assessment. An increasing number of states are also using the CLASS. The frequency of the assessments ranges from once every six months to once every three years. Among the states known to have procedures for determining which center-based classrooms to assess, the approach varies, with the majority assessing 50 percent or fewer in each age group, but about one quarter assessing 100 percent of classrooms.

On the basis of our interviews and site visits in California counties, cost and sustainability are the most frequent concerns voiced by county stakeholders about program quality assessments. Although virtually all of the counties saw their merit as a tool to guide quality improvement activities and professional growth plans, they are giving serious thought to how to use available assessment resources most efficiently and effectively; some of the RTT-ELC counties without pre-existing QRISs indicated they were having difficulty simply finding enough assessors. At the same time, many counties with pre-existing QRISs that were experienced in conducting assessments for relatively high-stakes purposes stressed the importance of having independent, well-trained assessors or observers who not only could conduct fair assessments but could do so in a diplomatic and culturally sensitive manner.

The RTT-ELC framework specifies the use of CLASS, a tool that is increasingly being used in QRISs around the country. The addition of CLASS as an assessment is widely perceived as a positive change, as it directly measures teacher-child interactions, which are linked with child outcomes in previous studies. However, a number of stakeholders noted that the method used to train early educators on the CLASS—online viewing of videos—may be a challenge in rural counties with limited high-speed Internet access.

Stakeholders in a number of counties argued that it was important to schedule assessments carefully to allow programs sufficient time to improve practice between first and second assessments. This time is particularly important if the second rating is to be made public. However, in our interviews, we did not find consensus on an ideal length of time between assessments. As was true in our review of QRIS assessment practices in other states, counties

suggested or are implementing a range of time periods between assessments, ranging from several months to a year or more.

Two of the counties with the largest and longest operating pre-existing QRISs expressed concern that the RTT-ELC Consortia seemed to be moving toward a system of random selection of classrooms for program quality assessment, rather than their pre-existing method of assessing every classroom and, in some cases, every classroom session. While acknowledging that the random selection design was appropriate for purposes of evaluation and perhaps the most feasible approach for public dissemination of program ratings, they worried that abandoning every-classroom assessments would undermine them as a tool to motivate quality improvements at the individual classroom and teacher level.

**Options/Recommendations:**

One approach to address the concern about the cost of assessments may be to limit or space them out in programs that have a history of high performance. If fewer assessments were conducted in high-functioning programs, some resources would be freed up to monitor the progress of programs at lower tiers more closely. With respect to the methodology for selecting classrooms to assess, there is insufficient evidence from other states or within California to recommend that counties that have found the every-classroom approach important for motivating quality improvement abandon this practice. Given this variation in approaches across California counties, classroom sampling schemes for assessments represent another area for a comparative study.

Given the challenges that counties face in conducting program assessments, there appears to be an important role for the state in supporting them. In particular, the state might find, train, and support a state-level assessor group that could be shared across counties; this group would be especially valuable for rural counties where finding qualified assessors is difficult. Some counties are already discussing pooling resources for assessors as a way to address the challenge of finding and training qualified assessors. Of course, not all counties would need this help; some counties have a well-established team of assessors who are able to meet their assessment needs.

## *Ratings*

Our research review shows that some states initially implemented Quality Rating Systems (QRS), as opposed to QIS or QRISs. However, early QRS designers determined that ratings, absent provider supports, were insufficient to motivate providers to improve quality. In California, the origins of QRISs—and especially of ratings—are quite different from the national pattern. A majority of the pre-existing county-based QRISs in California began as initiatives to promote the expansion and affordability of preschool in low-income neighborhoods. These systems used ratings internally as a basis for determining the level of payment to providers and to demonstrate accountability, but they did not publicize the results to parents.

Providers and stakeholders in the California counties we visited consider ratings to be a valuable tool, but many expressed concern about publicly disseminating them. There was much stronger support for using ratings internally as a tool for identifying areas most in need of improvement or as a basis for providing financial incentives.

Underlying the whole issue of public dissemination of ratings is the fundamental question: What is in it for the provider? RTT-ELC QRIS administrators stress that it takes time to educate providers about the importance and meaning of the ratings. As a result, systems are holding back on publishing ratings in the near future. A number of stakeholders expressed hope that over the course of the three-year RTT-ELC funding period, as their systems mature, they will become more comfortable with the rating process and outcomes. A number stressed that efforts to educate parents about the meaning of the ratings must be made before ratings are published. However, all counties recognized that RTT-ELC funding requires the publication of ratings.

Some stakeholders questioned whether summary ratings are ever necessary. As a quality improvement tool, it may be sufficient to assess performance on key elements and use those assessments to design quality improvement approaches. As a tool for parents, numeric ratings might be replaced with a signifier of participation in a quality rating system above a threshold level of quality. For example, in some pre-existing county systems, programs/providers were given banners or window decals to publicize their participation, but individual program and provider ratings were not made available to families.

**Options/Recommendations:**

In the absence of a state mandate requiring programs and providers to participate in a QRIS as a condition of obtaining a license, numeric ratings serve a motivational function. The motivation may be to obtain public recognition of program quality, or it may be to secure a financial reward for improvement in the form of increased teacher compensation or enhanced reimbursement for the program as a whole. Without any of these incentives, quality improvements would rely solely on intrinsic motivation. Although many programs and early educators are strongly motivated to improve, continuous quality improvement requires time, effort, and money. Intrinsic motivation over the long term may not endure. Without internal rating levels, tiered reimbursement would not be possible; tiered reimbursement was described as an attractive quality improvement incentive because differences in reimbursements across levels are often substantial and long lasting.

As will be discussed below in the section on Financing Quality Improvement, in most of the pre-existing QRISs in California, provider recruitment has been targeted at state- and federally-contracted providers already required to meet a set of program standards; the QRIS has offered them incentives and resources to improve quality further. The new RTT-ELC QRIS, however, has a goal of reaching out to include more private center-based programs and providers, while still at least initially targeting those located in low-income neighborhoods. Many providers in these areas are not able to charge fees sufficient to support a high-quality early care and education program, and state subsidies do not vary based on a program's quality level. Thus, in order for ratings to incentivize the provision of and selection of quality settings in low-income neighborhoods, it may be essential to require all programs/ providers receiving public subsidies or vouchers to be rated and to link the level of subsidy payments to the rating.

Given the lack of experience in California with publicly disseminated ratings, the RTT-ELC QRIS counties are wise in proceeding cautiously with the dissemination of ratings. Providers should have time to become accustomed to program quality assessments and time and technical assistance to improve their scores before ratings are publicly disseminated. Before public

dissemination of ratings, as well as on an ongoing basis, it is important to provide parents education regarding the meaning, the use, and even the limitations of program ratings.

Finally, the state might play an important role in system design by capitalizing on variations across counties in the use of and phase-in of publicly disseminated ratings. Incorporating these variations into studies might begin to build an evidence base concerning the extent to which counties should rely on public dissemination as distinct from internal use of ratings to offer incentives for quality improvement.

## Continuous Quality Improvement

From our review of the research, it is clear that quality improvement, including technical assistance and other supports to help programs/providers improve, is a central component of QRISs and QISs. While some states that were early implementers focused exclusively on the "R" in the systems, most states now also include the "I." These efforts are carried out by a range of agencies; typically, the work is driven by funding requirements or other issues such as provider interest. However, on the basis of our analysis of the research related to best practices, the efforts are time-consuming and sometimes costly, and their payoffs are frequently uncertain.

The current evidence base provides limited information about the best ways to target PI and PD initiatives to achieve quality improvement goals. For example, there is evidence from rigorous studies that coaching can be effective in improving program quality. In addition, studies to date indicate that when coaching is targeted toward addressing specific program weaknesses, it can be more effective. Yet rigorous evaluations have not yet determined the exact components of a successful coaching strategy, such as dosage.

In contrast, the evidence supporting the value of formal education is mixed. Logic would suggest that early educators, at least lead teachers in a classroom, need education comparable in scope and intensity to that of kindergarten teachers. The skill sets required—knowledge of how children learn, ability to conduct developmental screening and work with children who have special needs, competency in classroom and behavior management, capacity to supervise and mentor assistant teachers, and sufficient background and sensitivity to relate to culturally and linguistically diverse families—are similar in level of sophistication. On the basis of the same logic, a director of an early care and education center involving as many as 200 children might be expected to require similar education, as well as additional knowledge about program management and budget and finance and how to attract, retain, and promote the ongoing professional development of a well-trained and talented staff members.

The research available, however, does not—or at least not yet—support this logic. A few well-respected experimental studies of structured intervention programs that bundle many resources have achieved long-lasting gains in child outcomes. In these programs, personnel had both degrees and compensation close to that of their K–12 peers. It is these studies that are typically cited as evidence of the value of bachelor's degrees in promoting child outcomes. But those findings have not been replicated in studies of programs that lack equitable compensation for degreed teachers and other supports that characterized the intervention programs. Although some knowledge of early childhood development has been shown to be crucial, having a bachelor's

degree has not been associated in a consistent manner with improved child outcomes. These inconsistent effects of bachelor's degree attainment must be considered in a context in which moving the existing ECE workforce—many of whom do not have any postsecondary experience—to bachelor's degree attainment is a challenging prospect for all concerned. The relative cost of an alternative strategy in which sufficient resources would be made available to attract a future workforce that, from the outset, had higher educational qualifications, including an internship or practicum, appears not to have been considered, much less researched.

Assessing the value of informal trainings is clearer: Much of the limited research on professional development through informal trainings shows little or no effects. This is not surprising because without follow-up support, early educators may not be able to integrate the strategies or practices to which they were exposed in trainings into improved classroom practice. Nevertheless, counties provide many short-term trainings; mindful of the limited effects of these trainings, they often look to programs developed in universities or turn to widely used trainings, such as CSEFEL, to increase the likelihood of effects. Our interviewees noted that short trainings may have value when the training focuses on the introduction of new material or information. For example, training on a new assessment tool is generally considered worthwhile, especially when the tool is to be implemented in classrooms.

On the basis of our telephone interviews and site visits, all of the RTT-ELC Consortia counties and other counties with pre-existing QRISs or QISs are actively engaged in QI, including both program improvement and professional development; most counties without QISs also engage in QI activities, with the majority of those activities supported by CDE/CDD's Quality Improvement Projects and the federal Child Care and Development Fund.

**Options/Recommendations:**

The limited evidence base regarding effective PI and PD strategies provides some guidance for strategies at the state and local levels. Going forward, we assert that the goal should be to ensure that QI resources are spent as efficiently and effectively as possible to improve ECE quality. Below, we suggest a number of ideas that counties might want to consider in thinking about how to improve the efficiency and effectiveness of their QI resources.

***Rethink Training***

Much of the training that occurs in counties is delivered in the form of one-time training. In more than one county, we were told that the many agencies and providers offering PD create a sometimes bewildering array of training options. As PD requirements increase (under RTT-ELC) in an environment in which financial supports for PD are declining, efforts need to be made to maximize the value of trainings. Given the requirement under RTT-ELC that early educators take 21 hours of training annually, the number of people who are attending such trainings is likely to increase. To make these trainings more useful, counties should consider the RTT-ELC recommendation to require that the 21 hours of PD be guided by an individual QI or PD plan. Ideally, the plan would also detail any coaching that the early educator is receiving, which would ensure that trainings and coaching are aligned and address early educators' areas of greatest need.

An important improvement to the training system would be to include training experiences in a broader PD framework that moves people toward obtaining degrees. To do this, counties might want to create aligned sequences of trainings that would build on previous learning, which would enable early educators to tackle a given topic in more depth and provide opportunities for reflection and reinforcement of new knowledge. Working with a community college might also make it possible to award course credit for successful completion of a training sequence.

A number of county representatives noted that focusing efforts on directors might be more efficient in the long run because administrators tend to stay longer in their jobs and may function as the learning leader for their center. Moreover, innovation in the classroom is nearly always contingent on director buy-in, which could be a training goal. In addition, directors who understand new approaches can guide their staff (perhaps in train-the-trainer models) or at the very least can create a supportive climate for innovation.

Several counties noted that it would be valuable for each early educator to create a personal professional development and skills improvement plan (perhaps with a coach, center director, or academic advisor). This plan would identify academic pathways as well as PD opportunities that would support skills development and use PD time in the most effective and efficient way possible. The counselors who are available at some community colleges (discussed above) would be well placed to help early educators develop these plans, as would coaches who work closely with early educators on an ongoing basis and who have a good sense of their strengths and weaknesses. Center directors might also be trained to help staff develop these plans. Workforce registries could also contribute to the development of a logical sequence of PD activities by identifying opportunities and documenting completed training and the attainment of academic milestones.

### *Support Peer Networks*

Limited evidence suggests that peer support networks are a promising practice for improving ECE quality. These networks are found in several counties specifically for FCC providers, yet participation in such networks provides early educators with few or no stipends and no PD credits, diminishing interest in a context in which obtaining 21 hours of PD can be difficult. It may be worthwhile for counties to consider whether and how FCC providers (and perhaps center-based educators as well) might be able to obtain some form of PD credit for participation in peer networks, provided that the peer networks are designed to replicate proven models and address quality improvement goals.

### *Provide QI Suited to Rural Counties*

Many QI efforts in rural counties face constraints imposed by distances, transportation problems, lack of a nearby institution of higher learning, and unreliable high-speed Internet access. Although some counties have tried to address these problems, for example, by making training videos available in libraries and offering high-speed Internet access in libraries or the county office of education, challenges remain. The state might be able to promote QI in these counties by supporting better computer networks or supporting the development of more online training and computer support for users.

### *Target QI Efforts*

Just as some counties are considering or have decided to target program quality assessment resources to lower performing programs, counties might want to consider whether it would make sense to target coaching, which is a relatively expensive QI practice, to programs that most need improvement and support.

### *Support Cross-county Collaboration in PI and PD Activities*

A number of county respondents noted that, especially for smaller counties, cross-county collaboration is crucial**.** Collaboration among county agencies in providing trainings and other support can reduce costs and increase the quality of offerings. The state may also might play a role by offsetting part of the cost of these trainings.

### *Consider Motivation and Support for Change*

As also discussed in the section on Financing Quality Improvement, the state might want to consider leveraging the subsidy system by linking voucher payment levels to program rating levels. If the subsidy rates are high enough, this leveraging will help incentivize providers to raise quality (and pay for it). Although it would take time to build a supply of higher rated programs, at least programs would have more incentive to improve quality than they do now.

It might also be worth considering tying financial incentives to the level of QI effort required. Given chronic funding limits, the ECE field tends to rely on early educators' intrinsic motivation to do a better job. This intrinsic motivation may be sufficient to motivate short-term, relatively straightforward goals such as completion of a two-day training. But earning a degree is a challenging longer term commitment for many early educators given modest financial incentives and, especially in recent years, reduced course offerings due to budget cuts. How to motivate these more challenging PD activities is worth considering. For example, one county examined data on course enrollments and decided to award higher incentives for enrollment in courses for which few early educators signed up.

### *Focus State Role in QI*

There are a number of options that the state could consider to promote more efficient and effective QI in the counties. For example, the state could develop guidelines on practices associated with effective coaching, such as connecting coaching with other PD activities such as credit-bearing course work, or using assessment results or a QIP to determine how to focus coaching efforts. Tying coaching to other QI activities makes logical sense, although there is no evidence base yet for this recommendation.

An important activity that is already under way in two counties is the development of a workforce registry. The state could contribute to these efforts and extend them to other counties through a pilot program. An optimal registry would:

- Record degrees, credentials, certificates, and other professional development completed for individual members of the ECE workforce (teachers, administrators)
- Record degrees, credentials, certificates, and other professional qualifications of coaches, trainers, and higher education instructors

- List available professional development opportunities, with a mechanism to sign up for trainings
- Create a record of completed degrees, credentials, certificates or other PD

To help determine the effectiveness and relative effectiveness of the many QI activities under way, the state could coordinate the evaluation of specific PI or PD initiatives in one or more counties. Such centralized and coordinated evaluation studies could be more informative and cost-effective than leaving underfunded local entities to carry out evaluations. Workforce registries show promise as a tool for supporting individual PD efforts and for facilitating such studies. Collecting even minimal data about dosage and topics in coaching efforts and integrating assessment data into these studies would go a long way toward addressing questions about the relative value of these efforts. In an increasingly constrained funding environment, the answers to these questions become even more important.

The state could also expand the already developing efforts among the RTT-ELC Consortia counties with more experience with pre-existing QRISs to mentor counties with less experience. Perhaps the state could provide incentives to the more experienced counties to encourage sharing of their knowledge and experiences with counties with less QRIS experience, and especially with the rural counties that appear to face the greatest challenges in developing a local QRIS.

## Providing Quality Information to Parents

As we discussed in chapter 2, informing parents about the QRIS and motivating them to seek out ratings and use them in making child care choices is a part of virtually all QRIS logic models. These efforts are driven by a QRIS model that views parents as the key consumers of program ratings. The model assumes that as parents learn about ratings, they will use them to make child care choices and to select the highest quality care available to them. As parents use ratings, more programs will participate in the QRIS because they do not want to be left behind as parents make ratings-based choices. However, this logic does not always apply in practice for many reasons; one key reason is that child care is not a perfect market. In many communities, care is limited, particularly if infant care or care during nontraditional hours is required.

During the conduct of our field research in California, parent focus groups confirmed findings from the literature that parents desire high-quality care for their children but that convenience and cost constrain their choices. Although parents' understanding of what quality care entails may not match precisely the definition of quality outlined by experts in the field, there are a number of factors that overlap. Parents want caring, attentive, and qualified staff who provide a nurturing environment in which children can learn, develop, and be safe while their parents are at work. Many parents expressed interest in objective quality information to help guide their choices, as long as it is clear and comprehensible to them.

As noted above, concerns about making program ratings public are typically joined by beliefs that ratings dissemination should be preceded or accompanied by parent education campaigns to educate parents about what ratings mean. A number of stakeholders noted that it was also important to work with R&Rs to build support for dissemination of ratings because they are often a key information source for parents. Resource and Referral agencies and programs

(R&Rs)provide "information about child care in every county of the state" to families regardless of financial need (Ed. Code, §§ 8212-8215). However, due to liability concerns, R&R agencies traditionally have not made specific recommendations to families favoring one program or provider over another, and R&Rs typically do not provide information directly to families about the licensing status of programs.

In the course of interviewing R&R agencies in conjunction with our county site visits, we found that many local R&Rs are eager to play a role in the new RTT-ELC QRIS and expect to provide some information about ratings in the same way that they currently provide information about providers and what to look for in a quality program. At the same time, some R&Rs expressed reservations about the fairness of the ratings, or more precisely that lower ratings might drive some providers that had a valuable service to offer out of business. Several county R&R interviewees indicated that it would be necessary to train their staff on program quality assessments and on how to communicate to families what the scores mean. Some R&Rs indicated that they would include rating information in an online database, some did not want to substitute online information for the one-on-one interactions they currently have with parents, and still others indicated they want to provide as many options as possible for parents to receive information.

Beyond the provision of information to parents, some R&Rs are already performing additional roles associated with QRIS functions. In one county with a large pre-existing QRIS, the agency that serves as the R&R already conducts program quality assessments, although the assessment unit is separate from the unit that counsels parents on how to find a quality center or family child care home. Many other R&Rs provide technical assistance and coaching to ECE staff; some of this work is supported by the CDE/CDD-funded Child Care Initiative Project (CCIP) targeted to family child care providers.

**Options/Recommendations**

First and foremost, it seems clear that a plan for consumer education should precede the dissemination of quality ratings information to parents. For parents to make appropriate use of quality ratings requires that they fully understand what a rating does—and does not—reveal about a program and whether it is a good fit for a given family. This information should be clear, accessible, and available in multiple languages.

Given that child care Resource and Referral agencies are already recognized in the California Education Code as entities expected to provide information to any inquiring parent about child care, R&R agencies represent an important resource to build on. The state and counties might want to explore the extent to which this service is succeeding in providing information to families and what steps, if any, would be needed to expand and enhance the level of outreach in order to perform the parent information function of a QRIS. Exploration of how best to provide online program assessment and rating information and to train staff to understand program quality assessments in order to provide one-on-one or group counseling to parents on the meaning of scores and other dimensions of ratings would also seem important. Because many child care resource and referral entities also provide technical assistance to providers on quality improvement, further research into how R&Rs can effectively separate the dissemination of

information to parents on quality from their frequent role in providing technical assistance would also be helpful.

Ultimately, promoting information to parents about how to find quality early learning and care arrangements can achieve only so much. The more challenging but important role for the state to consider is how to promote the development of an infrastructure to support higher quality options that are affordable and conveniently located for parents. No amount of education on how to select quality options will help families access quality care and education if high-quality options do not exist in their community or they cannot afford to purchase them.

## Financing Quality Improvement

QRIS logic models uniformly incorporate incentives as part of the system, and they do so for two reasons. First, as accountability systems, QRISs must reward performance in order to achieve ambitious quality improvement goals. Second, quality improvements are costly. In a generally underfinanced system in which the fees that parents can afford to pay often do not cover the cost of care, it is not reasonable to expect providers, even if well intentioned, to be able to improve quality substantially without support, which is particularly the case for the most expensive improvements, such as better staff-to-child ratios and more educated staff. Despite (or perhaps because of) the strong consensus concerning the importance of financial incentives, few studies have examined their value in a rigorous way.

On the basis of our field research in California, the three pre-existing QRISs that have viewed public dissemination of ratings as an important incentive for quality improvement have provided relatively small-scale financial incentives for quality improvement. However, the nine pre-existing systems focusing on promoting school readiness for children in disadvantaged neighborhoods have offered substantial financial incentives in the form of tiered reimbursement systems, which are unique for attempting to help finance the real cost of quality care and for providing financial incentives on an ongoing basis. Many RTT-ELC and non-RTT-ELC counties observed that the amount of RTT-ELC grant funding and the three-year span of the grant were not sufficient to allow counties to offer tiered reimbursement as an incentive for new programs/ providers to participate in the new RTT-ELC QRIS. To create more incentives for private providers located in low-income neighborhoods to participate in the system, several counties recommended state legislation to link state-subsidized voucher payments for early care and education to quality ratings.

**Options/Recommendations:**

Given limited funds for financial incentives, it is worthwhile for counties to consider how best to direct any such funds that become available. An important trade-off concerns which QI activities to reward. Most coaching is not incentivized because it is provided on-site and during the workday. Furthermore, many county respondents reported that participation generally does not require an incentive: In some programs coaching *is* the incentive.

Trade-offs may need to be made to motivate other PD activities, however. In particular, counties may want to think carefully about whether, how and for which levels of staff to incentivize formal education and informal training. As we noted above, formal education milestones are

difficult to achieve for many early educators with little prior post-secondary coursework, and many do not finish a degree. Nor is it clear that obtaining a degree without other supports results in more sensitive practice or improved child outcomes. However, there is evidence that one-time informal training is generally not effective in improving quality. Above we suggested some ways to increase the impact of training; tying financial incentives to these new approaches could further increase their attractiveness.

As discussed in Chapter 7, there is evidence that coaching is an effective practice, though more research is needed to determine optimal intensity and dosage as well as other characteristics. Credit-bearing coursework also shows promise, as do financial stipends to encourage professional development. To develop and sustain a high-quality ECE workforce, we suspect that all three practices may be required, at least to some degree. However, since there is a cost associated with each practice, policymakers face trade-offs—i.e., investments in intensive coaching for the ECE workforce may make it more difficult to promote early education coursework that could lead to a degree and some measure of professional status. Similarly, while financial stipends to encourage workforce development show promise, to what degree does their product—a better-educated workforce—address the underlying issue of improving compensation to attract and retain a qualified ECE workforce?

Given the fact that neither formal education nor informal training is free, a study assessing the short-term and long-term costs and benefits of various approaches to workforce development/ quality improvement also seems in order. Such a study might estimate and compare, for example: (1) support to help the existing workforce obtain course credits/ degrees accompanied by an intensive coaching effort but not a substantial increase in compensation, (2) an intensive coaching effort accompanied by units of credit but unaccompanied by a significant increase in compensation, and (3) a significant increase in compensation tied to completion of credit-bearing courses and degree attainment. It might also be possible to include in such a study degree programs with and without an internship/practicum and coaching or mentorship in the initial year of the early educator's employment to determine the value added by these promising but costly program elements.

Because RTT-ELC grant funds are not sufficient to enable counties to offer financial incentives the state may need to assume a role in providing sustainable support for quality improvement for participating programs. One option is to provide a system of subsidies or tiered reimbursements that are tied to quality tier levels in a meaningful way that compensates providers for the cost of improving quality.

Finally, the state might help facilitate the flow of QI resources into rural counties. One step would be to examine the matching grant requirements that constrain 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. As indicated in chapter 3, participation in these partially state-supported initiatives with some of the elements of a QRIS (for example, standards, program quality assessment, ratings, provider support, and financial incentives) has been a major factor in increasing the capacity of counties to develop local QRISs.

## System Monitoring and Improvement

Our review and analysis of research on systems in other states as well as in California found that QRISs and other QISs have been designed and implemented without strong empirical backing for the many decisions that must be made in order to launch a QRIS.

Our field research revealed that county data systems are limited in a number of ways. State administrators and planners request data on program quality assessments and child outcomes, but there are no uniform reporting requirements, so the reporting of assessment scores, even when using the same instruments, varies across counties. For example, as described in chapter 5, although many counties used ECERS scores, some opted to adjust the scoring of the ECERS to reflect county priorities (such as not including some subscales or calculating scores by using a formula different from the standard scoring procedure). This adjustment may meet specific county needs but results in data that are not comparable across counties. In addition, some counties change their ECERS scoring or quality rating calculations from year to year, impairing any examination of growth or change over time, which is especially problematic for evaluating initiatives focused on quality improvement.

In addition, QI efforts within systems often vary intentionally by design so that they can be responsive to individual program quality improvement needs. Although useful at the program level, this practice makes it difficult to tease out which QI activities are the most effective and should be included in the system going forward. This is a particular issue for coaching interventions. More generally, most counties do not have sufficient resources to finance the experimental studies necessary to yield valid results that might inform key decisions related to quality standards and quality improvement investments.

**Options/Recommendations:**

For all of the above reasons, it is important that existing systems take steps to assess their functioning in order to inform the field and engage in a continuous quality improvement process.

**Logic models**
Systems need to develop explicit logic models to guide the research and data systems on which studies can be based. With these tools in place, systems should set about conducting validation studies or impact studies, depending on the developmental level of the system and the questions of greatest concern to system planners and implementers. A logic model can identify measurable behaviors or indicators at each stage of the implementation process. These indicators constitute the measures of the initiative's progress toward meeting its stated goals and should constitute key components of any evaluation design. Logic models can also help stakeholders understand and accept the reality that full QRIS implementation takes time and that systems go through developmental stages in moving toward full implementation.

**Data systems**
In order to learn about which aspects of QI efforts—such as coaching—contribute to improved practice (and which do not), it is necessary to be able to access specific details about these efforts, such as how long each session lasts, how often sessions occur, and whether they are

based on a program or individual quality improvement plan. If such data were available, resulting studies might help counties to better focus their improvement dollars—for example, by specifying minimum times for coaching sessions or otherwise standardizing those aspects of coaching shown to make a difference in outcomes.

Additionally, uniform data collection elements across counties would support cross-county comparisons and help the state to identify best practices and a preferred QRIS design. Encouraging and supporting the collection of some standard data across counties might be a role that the state could promote though not actually "own." For example, a logical next step might be for the RTT-ELC Consortia to consider a set of core data elements (and their definitions and specification) that would ultimately contribute to understanding which system components are being implemented across counties and to what effect. A basic set of core data elements agreed to among implementing counties would go a long way toward more standardized analysis of QRIS implementation and, ultimately, help contribute to an analysis of the systems' associated effects. Although the state could play a key role in initiating and guiding this effort, it will be important for the counties to be integrally involved in determining what the core data elements can and should be. Perhaps the process could be "owned" by the Consortia with oversight from the state.

**System assessment**

As discussed in chapter 2, assessments of QRISs may take the form of either validation or impact studies or both; most studies of QRISs to date have largely focused on validation studies.

- ***Validation studies.*** Validation is a multistep process that assesses the degree to which design decisions about QRIS program quality standards and measurement strategies are resulting in accurate and meaningful program ratings and whether other features of the QRIS, such as parent engagement, are effective. Validation of the ratings component is particularly important for QRISs because these systems, at their core, rely on ratings of program quality. They are built on the assumption that the quality of early childhood programs can be reliably measured and that differences in quality across these programs can be identified through the use of a set of quality indicators.

  Validation studies largely test the assumptions that may be found in a system's logic model. For example, many validation studies assess whether higher rated programs are indeed providing higher quality care. Other validation studies determine whether program ratings or other program quality measures improve over time, examine the relationship between QRIS ratings and child developmental outcomes, and examine parents' knowledge and understanding of the QRIS ratings.

  A number of states have launched validation efforts that separately and together have begun to produce a body of evidence about the effectiveness of current QRIS designs. A clear challenge in conducting validation work and using it to improve QRISs is that results are not always consistent across different validation studies, even within the same QRIS. Regardless, more validation studies are likely in the future because the federal government has elevated QRIS validation by including it as a central component in the RTT-ELC. Applicants for RTT-ELC grants were required to develop QRIS validation

plans as part of their submissions. Conducting validation studies in the multiple QRISs operating across California will provide valuable information about whether these systems show promise in accomplishing their goals. If these studies were coordinated and incorporated common measures and data elements, they would provide opportunities to test design variations empirically and build a better evidence base for QRISs.

- ***Impact studies.*** Most studies of QRISs to date have largely focused on validating the system. Many experts in the field believe that this more process-oriented focus is appropriate, given that many QRISs are quite new and are still refining their operations and implementation. Conversely, impact studies assess whether key elements of a QRIS, or a QRIS as a whole, have a measurable, causal effect on a range of system outcomes—provider mix, parental choice, teacher professional development, program quality, or child outcomes. Making such causal inferences requires experimental or quasi-experimental designs that have rarely been implemented to date. This second generation of research is necessary to understand how QRISs can achieve their ultimate goals.

  Unlike in other states with a single statewide QRIS, the variation in QRISs across California counties provides a potential opportunity to assess the differential impact of system design features. At the same time, we caution that it may be premature to conduct impact evaluations in a QRIS environment that is rapidly changing. QRISs should be allowed time to mature and to provide steady-state implementation for several years so that impact studies will be able to meaningfully assess changes in outcomes. California systems such as San Francisco PFA or LAUP may be closest to that stage, given their years of implementation and refinement. Even with these more mature systems, however, it may be challenging to implement rigorous impact study designs within the three-year RTT-ELC grant time frame.

Nevertheless, given the existing research base in California and other states, there is opportunity to use more rigorous research methods to evaluate existing systems and refine them. Future evaluation research would do well to incorporate the following:

- Experimental or quasi-experimental designs that incorporate valid control or comparison groups, so that causal impacts can be measured;
- Longitudinal data through linked administrative records (for example, records from the preschool years matched to elementary school records or beyond), so that longer term outcomes can be assessed;
- Panel survey data, with attention to minimizing sample attrition, so that outcomes not available in administrative records can be measured over time;
- Statistical methods to account for possible nonresponse bias or attrition bias in cross-sectional or longitudinal data, so that inferences will be valid;
- Valid measures of the outcomes of interest—program quality or child development—collected by trained independent assessors, so that issues such as inter-rater reliability are addressed;

- Standards for documenting research methods and findings and for peer review of evaluation studies, so that methods can be replicated and research is subject to critical review.

In general, bringing greater rigor to research designs will be more costly than using some of the less rigorous methods typically employed; there may be advantages to pooling evaluation resources across counties when similar initiatives are under way. Even if separate local evaluations continue, there would be benefits from greater coordination across counties in research methods (for example, the outcome measures to use), so that there is more opportunity to conduct pooled analyses or later meta-analyses.

# Conclusions

QRISs constitute an ambitious policy approach to improving early care and education practices and child outcomes. On the basis of our review of research nationally and our field study in California counties, there is strong consensus that the discussions about QRISs have been effective in increasing awareness of the elements of quality and their importance to practice. 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 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. However, if we are to improve QRIS implementation; maximize the effects of these systems; and target limited funds to the most promising practices in design, implementation, and quality improvement, we need to approach the design and implementation of these systems armed with far better information about what works than is currently available.

Exhibit 9.1 presents a summary of the policy options and recommendations our study has generated.

**Exhibit 9.1. Summary of Policy Options and Recommendations**

| Topic | Policy Options and Recommendations |
|---|---|
| **System Design**<br>*System Goals* | • Strive to use both nonfinancial and financial incentives to encourage broad provider participation in RTT-ELC QRISs.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• Focus more training efforts on directors to support enduring improvements in both workforce and overall program quality.<br>• Consider whether and how family child care providers might be able to obtain PD credit for their participation in peer networks.<br>• Support increased access to computer supports such as high-speed Internet to enable more training options among the rural workforce.<br>• Consider targeting coaching to programs that need the most support.<br>• Consider tying the level of financial incentives to the level of QI effort required of participants.<br>• Engage the state in developing guidelines on practices associated with effective coaching.<br>• 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.<br>• 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.<br>• Explore how best to link online information on R&R Web sites to other sites that parents use.<br>• 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.<br>• Compare the effectiveness of various types of financial incentives, such as program awards, wage enhancements, and tiered reimbursement, on program quality improvement.<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• 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. |

# Appendix A: Web Sources for Additional State-level QRIS Information (Chapter 2)

| State | Source URLs |
|---|---|
| Alaska | • |
| Arizona | • http://www.azftf.gov/WhatWeDo/Programs/QualityFirst/Documents/Implementation%20Guide%20-%20Entire%20Document%20FY13.pdf |
| Arkansas | • http://www.arbetterbeginnings.com<br>• http://www.arbetterbeginnings.com/child-care-providers/faq/<br>• http://www.arbetterbeginnings.com/child-care-providers/provider-toolkits/<br>• http://www.arbetterbeginnings.com/wp-content/uploads/2012/01/Better-Beginnings-Rule-Book.pdf |
| Connecticut | • http://www.ctaeyc.org/policy/topics.html<br>• http://www.ctearlychildhood.org/uploads/6/3/3/7/6337139/qris_presentation_df_11_13_12.pdf |
| Georgia | • http://decal.ga.gov/documents/attachments/release_QR1000.pdf |
| Hawaii | • http://www.hawaii247.com/2012/05/11/state-pilots-rating-improvement-system-for-child-care-programs/<br>• http://lrbhawaii.info/reports/legrpts/doe/2012/302a_1506_5chrs_12.pdf<br>• http://archive.jan2013.hawaii.gov/dhs/self-sufficiency/childcare/Working%20Draft%20QIRS%20Pilot%20Policies%20and%20Procedures.pdf |
| Idaho | • http://www.idahoaeyc.org/idahostarsmain.php?inner=qri<br>• http://www.idahoaeyc.org/pdfs/qris/standardsforcenter.pdf<br>• http://www.idahoaeyc.org/pdfs/qris/standardsforhome.pdf<br>• http://www.idahoaeyc.org/idahostarsmain.php?inner=qfa<br>• http://www.idahoaeyc.org/pdfs/qris/workbook_center/wb_c_point_scale.pdf |
| Kansas | • http://www.ks.childcareaware.org/provider_kqris.html<br>• http://www.ks.childcareaware.org/PDFs/KQRIS_FAQs.pdf |
| Massachusetts | • http://www.mass.gov/edu/birth-grade-12/early-education-and-care/provider-and-program-administration/quality-rating-and-improvement-system-qris.html<br>• http://www.eec.state.ma.us/docs1/qris/20121116-qris-center-based-standards.pdf<br>• http://eyeonearlyeducation.org/2011/03/09/ma-qris-implementation-underway/ |
| Michigan | |
| Montana | • http://www.nccp.org/profiles/MT_profile_20.html<br>• http://www.qrisnetwork.org/sites/all/files/resources/gscobb/2012-03-19%2013:32/Report.pdf?utm_source=Legislative+Session+-+week+12&utm_campaign=updates&utm_medium=email |
| Nebraska | |
| Nevada | • http://www.nvsilverstatestars.org/<br>• https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxudnNpbHZlcnN0YXRlc3RhcnN8Z3g6MmNlYWZjZmM4ZWI2MWExMg<br>• http://www.childrenscabinet.org/userfiles/file/QRISFactSheet5-12.pdf |

| State | Source URLs |
|---|---|
| New Jersey | • http://www.acnj.org/admin.asp?uri=2081&action=15&di=1434&ext=pdf&view=yes<br>• http://www.state.nj.us/education/ece/njcyc/reports/2012StrategicPlan.pdf |
| New York | • http://qualitystarsny.org/pdf/QUALITYstarsNY_School-age-Standards_DRAFT_2012.pdf |
| North Dakota | |
| Rhode Island | • http://www.brightstars.org/documents/BrightStarsCenterFramework120808_000.pdf<br>• http://www.brightstars.org/providers/brightstars-quality-rating/ |
| South Carolina | • http://spartanburgqualitycounts.org/what-is-quality-counts/<br>• http://spartanburgqualitycounts.org/what-is-quality-counts/frequently-asked-questions/ |
| Texas | |
| Utah | • http://jobs.utah.gov/occ/occ2/afterschool/forparents/cacbrochure.pdf |
| Washington | |
| West Virginia | • http://www.imaginewestvirginia.com/pdf/qualityrating2011.pdf |
| Wisconsin | • http://dcf.wisconsin.gov/youngstar/pdf/point_detail_group.pdf |

# Appendix B: Summary Tables of Studies Reviewed and Their Findings (Chapter 2)

Our review of the literature identified 14 studies covering 11 states (or specific areas within states), listed in exhibit B-1, that address one or more of the validation or impact questions in exhibit 2.2 in chapter 2. (Studies are listed in order by state, with studies covering more than one state listed last.) For each study, we note the geographic coverage, the QRIS name (if applicable), and the question(s) addressed (referencing the numbering system in exhibit 2.2). Eleven of the 14 studies in exhibit B-1 address the first validation question by examining the relationship between the QRIS ratings and measures of program quality (V1). Second most common, with seven studies, are validation studies that assess the relationship between quality ratings and child developmental outcomes (V3). Fewer studies examine changes in quality ratings or other quality indicators over time (V2) or parent knowledge (V4)—six studies and two studies, respectively. With one exception, none of the studies provide an impact evaluation as defined in exhibit 2.2 in chapter 2.

We note that, with few exceptions, the states listed in exhibit B-1 are among the leading states to implement QRISs. They include North Carolina and Oklahoma—two of the earliest adopters (1998)—as well as states that adopted QRISs soon after, between 2000 and 2003 (Colorado, Florida, Indiana, Missouri, Pennsylvania, and Tennessee). These states have had more time to undertake the research required for validation and impact studies, so they are overrepresented among those listed in exhibit B-1. Several more recent adopters—Maine, Minnesota, and Washington—are also included, as these states integrated evaluation efforts into their early implementation phase or as part of a pilot. It is also worth noting that exhibit B-1 does not include any of the research on quality improvement initiatives in California identified in our literature review. None of the California studies to date have addressed the range of evaluation questions listed in exhibit 2.2 in chapter 2.

### Exhibit B-1. Evaluation Questions Addressed by Identified Studies

| Study | Geographic Coverage | QRIS Name | Questions Addressed |
|---|---|---|---|
| Zellman et al. (2008) | Colorado | Qualistar | V1, V2, V3 |
| Shen, Tackett, and Ma (2009) | Florida (Palm Beach County) | n.a. | V2, V3 |
| Elicker et al. (2011) | Indiana | Paths to Quality (PTQ) | V1, V2, V3, V4 |
| Lahti et al. (2011) | Maine | Quality for ME | V1 |
| Tout et al. (2010b) | Minnesota (Minneapolis, Saint Paul, Wayzata school district, Blue Earth County, and Nicollet County) | Parent Aware | V1, V3, V4 |
| Tout et al. (2011) | Minnesota (Minneapolis, Saint Paul, Wayzata school district, Blue Earth County, and Nicollet County) | Parent Aware | V1, V2, V3 |
| Thornburg et al. (2009) | Missouri (Columbia, Kansas City, and St. Joseph) | n.a. | V3 |
| Bryant et al. (2001) | North Carolina | n.a. | V1 |
| Norris, Dunn, and Eckert (2003) | Oklahoma | Reaching for the Stars | V1, V2 |
| Norris and Dunn (2004) | Oklahoma | Reaching for the Stars | V1 |
| Barnard et al. (2006) | Pennsylvania | Keystone STARS | V1 |
| Sirinides (2010) | Pennsylvania | Keystone STARS | V1, V2, V3 |
| Boller et al. (2010) | Washington | Seeds to Success | I3, I4 |
| Malone et al. (2011) | Florida (Miami-Dade County) and Tennessee | n.a. | V1 |

Notes: All studies are statewide unless otherwise noted. Question numbers refer to exhibit 2.2 in chapter 2.
n.a. = not applicable.

### Exhibit B-2. Evaluations of QRIS Ratings and Program Quality

| Study / Location / QRIS | Methods | Key Findings |
|---|---|---|
| Zellman et al. (2008) / Colorado / Qualistar | Compare QRIS ratings to Caregiver Interaction Scale (CIS) and Pre-Kindergarten Snapshot (Pre-K) subscales | • QRIS ratings were significantly positively related to two of the four CIS subscales (detachment and positive relationship) but not to any of the Pre-K subscales |
| Elicker et al. (2011) / Indiana / Paths to Quality (PTQ) | Compare QRIS ratings to relevant ERS (ITERS-R, ECERS-R, and FCCERS-R) and CIS | • QRIS ratings were positively associated with CIS and ERS scores—as scores increased, so did ratings—but neither correlation was statistically significant<br>• CIS and ERS overall and subscale scores for lowest rated providers (level 1) were significantly different for the highest-rated providers (level 4)<br>• ERS scores were highly variable within each rating level for all QRIS levels and all types of care |
| Lahti et al. (2011) / Maine / Quality for ME | Compare QRIS ratings to relevant ERS (ITERS-R, ECERS-R, SACERS and FCCERS-R) | • QRIS ratings were significantly positively correlated with ERS |

| Study / Location / QRIS | Methods | Key Findings |
|---|---|---|
| Tout et al. (2010b) / Minnesota (see Exhibit B-1 for sites) / Parent Aware | Compare QRIS ratings to relevant ERS (ITERS-R, ECERS-R, ECERS-E, and FCCERS-R) and CLASS (for center-based programs) | • Programs could receive a 4-star rating even with scores in the minimal range on the ERS and CLASS<br>• There was some evidence that, at the 4-star level, programs tended to score better on observed quality measures than programs at other levels |
| Tout et al. (2011) / Minnesota (see Exhibit B-1 for sites) / Parent Aware | Compare QRIS ratings to relevant ERS (ITERS-R, ECERS-R, ECERS-E, and FCCERS-R) and CLASS (for center-based programs) | • ECERS-R scores for the 3- and 4-star fully rated programs were significantly higher than those in 2-star programs<br>• In all other cases, the scores across rating levels were not significantly different |
| Bryant et al. (2001) / North Carolina / n.a. | Compare QRIS ratings to relevant ERS (ECERS-R) and teacher quality measures (education, wages, turnover) | • QRIS ratings were significantly positively correlated with ERS<br>• The average teacher education and the average hourly wage were higher at centers with higher star levels; average annual turnover of teaching staff was lower at higher star levels |
| Norris and Dunn (2004) / Oklahoma / Reaching for the Stars | Compare QRIS ratings to relevant ERS (FDCRS) and CIS | • Two-star FCC providers had a higher ERS on average than either 1-star or 1-star plus providers<br>• Two-star FCC providers were more sensitive in their interactions with children than 1-star providers as measured by the CIS<br>• Sample sizes were too small to analyze 3-star (highest category) providers |
| Norris, Dunn, and Eckert (2003) / Oklahoma / Reaching for the Stars | Compare QRIS ratings to relevant ERS (ECCERS-R, ITERS SACERS) and CIS at two points in time (1999, 2002) | • Two-star center providers had a higher ERS on average than either 1-star or 1-star plus providers |
| Barnard et al. (2006) / Pennsylvania / Keystone-STARS | Compare QRIS ratings to relevant ERS (ECERS-R, FDCRS) and other quality measures (teacher education, curriculum) | • QRIS ratings were positively correlated with ERS (significance not reported)<br>• QRIS ratings for both centers and FCC homes were higher in those sites that used a defined curriculum and where teachers/caregivers had an associate's or higher degree |
| Sirinides (2010) / Pennsylvania / Keystone STARS | Compare QRIS ratings to relevant ERS (ECERS-R, FDCRS) | • QRIS ratings were not positively correlated with ERS |
| Malone et al. (2011) / Tennessee and Florida (Miami-Dade County) / n.a. | Compare QRIS ratings to relevant ERS (ECERS-R) | • QRIS ratings were positively correlated with ERS |

**Exhibit B-3. Evaluations of Program Ratings or Quality Indicators Over Time**

| Study / Location / QRIS | Methods | Key Findings |
|---|---|---|
| **Global Quality** | | |
| Zellman et al. (2008) / Colorado / Qualistar | Measurement of program quality at two points in time for QRIS-rated providers | • Program quality, primarily the ECERS-R, increased over time for providers that were retained in the study |
| Shen, Tackett, and Ma (2009) / Florida (Palm Beach County) / n.a. | Measurement of program quality up to four points in time for QRIS-rated providers | • ECERS-R scores improved from baseline to 13 months (all subscales) and from 13 to 26 months (4 out of 7 subscales), but not from 26 to 39 months (no subscales)<br>• ITERS-R scores improved from baseline to 13 months (all subscales), but not from 13 to 26 months (no 39-month follow-up) |
| Elicker et al. (2011) / Indiana / Paths to Quality (PTQ) | Provider self-reports of QRIS rating change in past six months | • 24% of providers reported a change in the rating level in the past six months (22% advanced one or more levels, 2% dropped a level), while 71% of providers remained at the same level, and 5% moved or closed. |
| Tout et al. (2011) / Minnesota (see exhibit B-1 for sites) / Parent Aware | Measurement of program quality at two points in time for QRIS-rated providers | • 60% of centers and 70% of FCC providers increased their ratings by at least one star between their first and second ratings |
| Norris, Dunn and Eckert (2003) / Oklahoma / Reaching for the Stars | Measurement of program quality at two points in time for QRIS-rated providers | • ECERS-R scores were significantly higher in 2002 (6.2) than in 1999 (5.6) for the 38 centers visited at both data collection points |
| Sirinides (2010) / Pennsylvania / Keystone STARS | Measurement of program quality at up to six points in time for QRIS-rated providers | • Data from six years of ERS assessments (ECERS-R, ITERS, SACERS) show that the average quality of assessed sites has been steadily increasing |
| **Other Indicators of Program Quality** | | |
| Shen, Tackett, and Ma (2009) / Florida (Palm Beach Co.) / n.a. | Measured qualifications of early educators in QRIS-rated programs at two points in time | • In 2004, 26% of QIS early educators had no high school diploma or GED, compared with 17% in 2009<br>• The percentage of early educators with a high school diploma or GED, associate's degree, bachelor's degree, and master's degree all increased during this period<br>• The percentage of early educators receiving each of 17 different certificates increased between 2004 and 2009 for all but one of the 17 certificates |

**Exhibit B-4. Evaluations of QRIS Ratings and Child Developmental Outcomes**

| Study / Location / QRIS | Methods | Key Findings |
|---|---|---|
| Zellman et al. (2008) / Colorado / Qualistar | Independent assessment of child development at multiple points in time, along with parent survey data, for a sample of preschool-age children enrolled in QRIS-rated centers | • QRIS scores were not associated with improvement in child outcomes<br>• Individual components of the QRIS ratings (e.g., average class ratio, parent survey, head teacher educational attainment) were not associated with any improvement in child outcomes<br>• Subgroup analyses did not show that low-income children were more likely to benefit from highly rated centers |
| Shen, Tackett, and Ma (2009) / Florida (Palm Beach County) / n.a. | Teacher-administered school readiness assessment conducted at kindergarten entry for children participating in QRIS and non-QRIS preschool sites | • QRIS ratings were found to be positively and significantly associated with the school readiness assessment<br>• Over time, the rate of growth of school readiness rates was higher for QRIS sites, but not significantly so |
| Elicker et al. (2011) / Indiana / Paths to Quality (PTQ) | Independent assessment of child development at one point in time for two age cohorts of children enrolled in QRIS-rated centers and FCC homes | • Infant-toddler developmental assessments were not significantly related to PTQ level, even when controlling for parental education and household income Developmental assessments for preschool-age children were not significantly related to PTQ level, even when controlling for parental education and household income |
| Tout et al. (2010b) / Minnesota (see exhibit B-1 for sites) / Parent Aware | Independent assessment of child development in fall and spring, along with parent survey data, for two cohorts (2008-2009 and 2009-2010) of preschool-age children enrolled in QRIS-rated sites | • There were no definitive patterns of linkages between quality rating categories and children's developmental gains<br>• Only two statistically significant effects in the expected direction were found for components of the Parent Aware: Tracking Learning predicted Peabody Picture Vocabulary Test change scores and Teacher Training and Education predicted Woodcock-Johnson quantitative concepts<br>• For some measures, Parent Aware subscale scores negatively predicted child outcomes |
| Tout et al. (2011) / Minnesota (see exhibit B-1 for sites) / Parent Aware | Independent assessment of child development in fall and spring, along with parent survey data, for three cohorts (2008–2009, 2009–2010, and 2010–2011) of preschool-age children enrolled in QRIS-rated sites | • Children in programs at different quality rating levels or with different scores on observed quality measures or Parent Aware quality categories did not differ systematically from each other in their developmental gains from fall to spring<br>• There was some evidence for differences in children's receptive vocabulary (PPVT) across star levels, but these findings were not robust to variations in models |
| Thornburg et al. (2009) / Missouri (see exhibit B-1 for sites) / n.a. | Independent assessment of child development in fall and spring (2008–2009), along with parent survey data, for a sample of preschool-age children enrolled in QRIS-rated centers and FCC homes | • Children attending higher rated programs had greater gains in socio-emotional development compared with children in lower rated programs<br>• Children in poverty experienced greater gains in socio-emotional development, early literacy, and physical development in higher rated programs compared with poor children in lower rated programs<br>• Non-poor children in higher rated programs experienced greater gains in socio-emotional development and print awareness/comprehension compared with non-poor children in lower rated programs |
| Sirinides (2010) / Pennsylvania / Keystone STARS | Teacher reports on child development in fall and spring (2009-2010) for a sample of preschool-age children enrolled in STAR 3 and STAR 4 centers | • The percentage of children scoring "proficient" according to teacher ratings was significantly higher in the spring than in the fall in seven developmental domains: Personal and Social Development, Language and Literacy, Mathematical Thinking, Scientific Thinking, Social Studies, The Arts, and Physical Development and Health<br>• The percentage of "proficient" children was greater for STAR 4 participants than STAR 3 participants in the spring on all of the above measures (statistical significance not reported, change scores not reported) |

### Exhibit B-5. Evaluations of Parental Knowledge

| Study / Location / QRIS | Methods | Key Findings |
|---|---|---|
| Elicker et al. (2011) / Indiana / Paths to Quality (PTQ) | Survey of parents with children in PTQ-rated programs | • 63% of parents reported they had *not* heard about PTQ before being asked to participate in the evaluation study<br>• Of the 37% that had heard about the ratings system, 62% heard about it from the provider<br>• 67% of parents responded that a higher PTQ level would be either an "important" or "very important" factor in their decision in choosing child care in the future |
| | Survey of parents in the general public at two points in time | • In 2009-2010, 12% of parents surveyed reported that they had heard of PTQ<br>• In 2011, 19% of parents reported that they had heard of PTQ<br>• Among parents who knew about PTQ, their child care provider was the most frequent source of that information |
| Tout et al. (2010b) / Minnesota (see exhibit B-1 for sites) / Parent Aware | Survey of parents with children in Parent Aware-rated programs at two points in time | • 20% of surveyed parents reported that they had heard of Parent Aware in the fall of 2008<br>• 25% of surveyed parents reported that they had heard of Parent Aware in the fall of 2009 |

### Exhibit B-6. Evaluations of QRIS Impact

| Study / Location / QRIS | Methods | Key Findings |
|---|---|---|
| Boller et al. (2010) / Washington / Seeds for Success | Random assignment of FCC providers and centers to a treatment group that received coaching, quality improvement grants, and funds for professional development opportunities and supports versus a control group that received funds only for professional development opportunities and supports | Impacts on teacher professional development:<br>• For FCC providers, no treatment-control difference in enrollment in an education or training program or in educational attainment<br>• For center lead and assistant teachers, enrollment in an education or training program and in college courses was higher for the treatment group<br>• More center-based teachers in the treatment group than in the control group earned three credits in the past six months, but there was no impact on completion of a postsecondary degree<br>• Lead teacher turnover was lower in the treatment group<br>Impacts on program quality and quality ratings:<br>• For both FCC providers and centers in the treatment group, the ERS total score and most of the ERS subscale scores were significantly higher than control group scores at follow-up<br>• There was no treatment-control difference in Seeds scores |

# Appendix C: QRIS Phone Interview Participants (Chapter 3)

**Alameda County**

Neva Bandelow, My Teaching Partner Coach and Early Childhood Specialist, Local Planning Council
Mary Anne Doan, QRIS Administrator, First 5 Alameda
Erin Freschi, School Readiness Administrator, First 5 Alameda
Angie Garling, LPC Coordinator, Local Planning Council
Melinda Martin, Consultant, First 5 Alameda
Malia Ramler, Community Grants Coordinator & RTT-ELC Regional Contact, First 5 Alameda
Tanya Smith, Quality Counts Program Manager, First 5 Alameda

**Alpine County**

John Fisher, Executive Director, First 5 Alpine
Cheri Warrell, Grant Coordinator/ Learning Center Site Director; LPC and TUPE Coordinator, Alpine County Office of Education; COEPACD Committee (CCSESA Subcommittee)

**Amador County**

Nina Machado, Executive Director, First 5 Amador
Dorothy Putnam-Smith, State Preschool Director, COEPACD Committee (CCSESA Subcommittee); LPC Coordinator, Local Planning Council

**Butte County**

Gloria Balch, Deputy Director, Valley Oak Children's Services
Heather Senske, Child Development Programs & Services Administrator, COEPACD Committee; LPC Coordinator, County Office of Education

**Calaveras County**

Kelly Graesch, Resource and Referral Director, The Resource Connection
Kristi LeRette, Program Director, Calaveras County Office of Education
Shelia Neal, Director, Calaveras Head Start/Early Head Start
Kathy Northington, County Superintendent, County Office of Education
Kimberly Osmanski-Potter, Administrator of Preschool and After School Programs, Calaveras Unified School District
Karen Pekarcik, Executive Director, First 5 Calaveras
Mary Staudy, Education Manager, Calaveras Head Start/Early Head Start

**Colusa County**

Ginger Harlow, Executive Director, First 5 Colusa
Vicki Myers, Child Development Division Director, Local Planning Council
Barbara Pennebaker, LPC Coordinator, Local Planning Council

**Contra Costa County**

Sean Casey, Executive Director, First 5 Contra Costa
Ruth Fernandez, Contra Costa County Local Planning Council Coordinator/Manager, Educational Services, Contra Costa County Office of Education

Terrissa Hein, Education Liaison, AB 212 Professional Development Program, Contra Costa County Office of Education
Debi Silverman, Early Childhood Education Program Officer, First 5 Contra Costa

**Del Norte County**

Patti Vernelson, Director, First 5 Del Norte Family Resource Center
Doreen Wells, LPC Coordinator, County Office of Education State Preschool Program; LPC for Child Care & Development and CARES Plus

**El Dorado County**

Kathleen Guerrero, Executive Director, First 5 El Dorado
Elizabeth Blakemore, LPC Coordinator, Local Planning Council; Early Care and Education Planning Council, COEPACD Committee (CCSESA Subcommittee)
Deanna Jones, Provider, Placerville Preschoolers
Jennifer Lawrence, Director, Choices for Children
Susanne Milton, Program Coordinator, County Office of Education
Sherri Springer, Director, Happy Kids Preschool/LPC Member, LPC/First 5 Commissioner (Community Representative)
Elizabeth Welch, Education Coordinator, Choices for Children
Sandy Foster, Provider-Center Director, Rainbowland Christian Preschool/Committee Member High 5 for Quality

**Fresno County**

Natalie Agnew, RTT-ELC QRIS Consultant, Fresno County Office of Education
Wilma Hashimoto, RTT-ELC Regional Consortium Contact, COEPACD Committee (CCSESA Subcommittee); Director of Child Care & Development, Local Planning Council, County Office of Education; LPC Coordinator, Local Planning Council
Hannah Norman, Program Officer, First 5 Fresno
Megan Tupper, Office Assistant, Fresno County Office of Education

**Glenn County**

Heather Aulabaugh, Child Care & Development Planning Council Coordinator, County Office of Education
Patricia Loera, Executive Director, First 5 Glenn
Mary Viegas, Director, Glenn County Child and Family Services

**Humboldt County**

Judi Andersen, Coordinator, Local Child Care Planning Council
Garry Eagles, County Superintendent of Schools, County Office of Education
Cindi Kaup, Manager and CPIN Regional Lead, Manager and CPIN Regional Lead
Helen Love, Program Coordinator, First 5 Humboldt
Wendy Rowan, Executive Director, First 5 Humboldt
Meg Walkley, Children & Family Support Specialist, Humboldt County Office of Education

**Imperial County**

Mike Castillo, Director of Child Development Services, County Office of Education
Gloria Fortin, Instructor and Director, Title 5 Preschool and Cal-SAFE Infant/Toddler Center at Brawley Union High School
Becky Green, Director, Child, Family & Consumer Sciences Developmental Preschool and Infant/Toddler Center at Imperial Valley College

Katrina Portwood, Director, NAEYC Accredited Child and Youth Programs Naval Air Facility (NAF) El Centro
Lori Riggs, LPC Coordinator, Local Planning Council
Julio C. Rodriguez, Executive Director, First 5 Imperial

**Inyo County**

Sara Downard, Program Coordinator, Inyo County Superintendent of Schools
Verna Sisk, Director of the Child Development Division, COEPACD Committee (CCSESA Subcommittee)
Jody Veenker, Executive Director, First 5 Inyo

**Kern County**

Tammy Burns, LPC Coordinator, Local Planning Council
Lisa Duncan-Purcell, Program Manager, Resource & Referral Agency
Judith Harniman, Assistant Director, First 5 Kern
Cheryl Nelson, Director of Community Connection for Child Care, County Office of Education

**Kings County**

Catherine Kemp, Early Learning Support Specialist, First 5 Kings (Consultant)
Alice Patterson, Education/Learning Coordinator, Kings County Office of Education
Nadia Sanchez, CARES Consultant, Kings County Office of Education
Scott Waite, Program Officer, First 5 Kings
Lisa Watson, Executive Director, First 5 Kings

**Lake County**

Cindy Adams, Director, County Office of Education Child Development Programs
Tom Jordan, Executive Director, First 5 Lake
Shelly Mascari, LPC Coordinator, Child Care Planning Council

**Lassen County**

Richard DuVarney, County Superintendent, County Office of Education
Laura J. Roberts, Executive Director, First 5 Lassen
Rebecca Roberts, Executive Director & ASQ Trainer, Pathways to Child and Family Excellence
Melissa Rojas, LPC Coordinator, Local Planning Council

**Los Angeles County**

Ana Campos, Interim Assistant Director, Head Start LACOE - Internal & External Affairs
Helen Chavez, RTT-ELC Regional Consortium Contact, Los Angeles Steps to Excellence Program
Laura Escobedo, Child Care Planning Coordinator, Los Angeles County Child Care Planning Committee
Dawn Kurtz, RTT-ELC Regional Consortium Contact; Senior Vice President of Programs, LA Universal Preschool
Judy Sanchez, Project Director III, Division of Curriculum and Instructional Services, Los Angeles County Office of Education

**Madera County**

Gail Beyer, Coordinator, Madera County Local Child Care and Development Planning Council , Madera County Office of Education; COEPACD Committee (CCSESA Subcommittee)
Chinayera Black-Hardaman, Executive Director, First 5 Madera County
Tina Najerian, Early Learning Specialist, First 5 Madera County
Xochitl M. Villaseñor, Program Officer of Contracts, First 5 Madera County

**Marin County**

Carol Barton, ECE Project Manager and CARES Plus Contact, County Office of Education

**Mariposa County**

Amber Chambers, LPC Coordinator, Local Planning Council
Jeane Hetland, Executive Director, First 5 Mariposa

**Mendocino County**

Olivia Bromley, R&R Specialist, North Coast Opportunities, Inc.
Roseanne Castro, Administrative Manager, First 5 Mendocino
Bessie Glossenger, Child Development Services, County Office of Education
Sue Haun, Consultant and LPC Coordinator, Local Planning Council
Denise Lovdal-Johnson, Program Manager, County Office of Education

**Merced County**

Stephanie Aguilar, Program Specialist, First 5 Merced
Rosa Barragan, Supervisor, Resource & Referral
Andrea Cruthird, Workforce Development Specialist, County Office of Education
Christie Hendricks, Assistant Superintendent of Early Education, County Office of Education
Martha Hermosillo, Executive Director, First 5 Merced
Samantha Thompson, Early Education Special Programs Manager, County Office of Education; LPC Coordinator, Local Planning Council

**Modoc County**

Sarah Cook, CARES Plus Coordinator, Local Planning Council
De Funk, LPC Coordinator, Local Planning Council

**Mono County**

John Fisher, Executive Director, First 5 Mono
Cathy Young, Secretary, First 5 Mono

**Monterey County**

Carol Galginaitis, LPC Coordinator, Local Planning Council
Eileen McCourt, Principal Consultant, Praxis Consulting Group
Beth Reeves-Fortney, Senior Program Officer, First 5 Monterey
Francine Rodd, Executive Director, First 5 Monterey
Esther Rubio, LPC Coordinator, Local Planning Council
Linda Taylor, Director, Hartnell Child Development Center

**Napa County**

Becky Billing, LPC Coordinator, Local Planning Council
Lola Cornish, Associate Director, Community Resources for Children

Simone Findlay-Brunetti, Project Manager for CSP and CARES Plus, Community Resources for Children
Andrea Knowlton, Local Director of Childcare Services, County Office of Education
Sally Sheehan-Brown, Executive Director, First 5 Napa

**Nevada County**

Lindsay Dunckel, Executive Director, First 5 Nevada
Marcia Westbrook, Child Care Coordinator, COEPACD Committee (CCSESA Subcommittee); LPC Coordinator, Local Planning Council

**Orange County**

Christina Altmayer, Executive Director, Children and Families Commission of Orange County
Jennifer Burrell, Consultant, Creative Child Care Solutions
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Diane Ehrle, Coordinator, Coordinator, OC QIS, Orange County Department of Education
Alyce Mastrianni, Director of Program Development and Education, Children and Families Commission of Orange County
Krista Murphy, Program Specialist of P-16 Programs and Services, Orange County Department of Education
Trish Nash, LPC Coordinator, Local Planning Council
Debbie Troehler, Manager of School and Community Services, County Office of Education
Cathy Wietstock, RTT-ELC Regional Consortium Contact; Administrator, P-16 Programs and Services, Orange County Department of Education, Instructional Services

**Placer County**

Teresa Dawson-Roberts, Resource Teacher, Placer County Office of Education
Janice LeRoux, Executive Director, First 5 Placer
Darcy Roenspie, LPC Coordinator, Local Planning Council

**Plumas County**

Joyce Scroggs, LPC Coordinator, County Office of Education
Ellen Viera, Executive Director, First 5 Plumas

**Riverside County**

Harry Freedman, Executive, Director, First 5 Riverside
Laurie Schoenberg, Administrator of Early Childhood Education, First 5 Riverside

**Sacramento County**

Doreen Diehl, Early Learning Systems Specialist, First 5 Sacramento
Nancy Herota, Director, Preschools SHINE
Ginger Swigart, Project Specialist, PBM Plus and RTT-ELC Coordinator/Liaison County Office of Education
Jaci White, Executive Director, Child Action Resource and Referral Agency

**San Benito County**

Kendra Bobsin, Special Projects Director, GoKids
Lisa Faulkner, Executive Director, First 5 San Benito

**San Bernardino County**

Ron Griffin, Assistant Executive Director, Hope through Housing Foundation(Former Director of Preschool Services Department, San Bernardino County)
Stacy Iverson, Interim Director of KidsNCare, COEPACD Committee (CCSESA Subcommittee)
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Karen Scott, Executive Director, First 5 San Bernardino
Amanda Wilcox, California State University of San Bernardino

**San Diego County**

Claire Crandall, Quality Preschool Initiative Coordinator, County Office of Education
Steve Smith, RTT-ELC Regional Consortium Contact, First 5 San Diego
Nancy Baum, Quality Preschool Initiative Data Specialist, County Office of Education

**San Francisco County**

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Ingrid Mezquita, RTT-ELC Regional Consortium Contact, First 5 San Francisco

**San Joaquin County**

Jamie Baiocchi, Director of Early Childhood Education, COEPACD Committee (CCSESA Subcommittee)
Lani Schiff-Ross, Executive Director and RTT-ELC Regional Consortium Contact, First 5 San Joaquin

**San Luis Obispo County**

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Julian Crocker, County Superintendent, County Office of Education
Haila Hafley-Kluver, Children's Center Supervisor, Cuesta College
Terri Kurczewski, Director, Child Development Resource Center
Nancy Norton, Program Director of Child Development Services, County Office of Education
Shana Paulson, CCRC Children Services Manager, Community Action Partnership of San Luis Obispo Co., Inc.
Jason Wells, Program Officer, First 5 San Luis Obispo
Shannon White-Bond, Senior Program Coordinator, County Office of Education

**San Mateo County**

Nirmala Dillman, LPC Coordinator, Local Planning Council
Jeanie McLoughlin, Director of Early Learning Support Services, County Office of Education

**Santa Barbara County**

Eileen Monahan, RTT-ELC Regional Consortium Contact, First 5 Santa Barbara
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Sharol Viker, Program Quality Specialist, First 5 Santa Barbara

**Santa Clara County**

Janice Battaglia, Manager of Inclusion Collaborative and CPIN Special Ed Lead, County Office of Education
David Brody, Chief Program Officer, First 5 Santa Clara
Linda Cochran, ECE Lead and CPIN Coordinator, County Office of Education
Yolanda Garcia, E3 Director, WestEd

Lisa Kaufman, Director of Early Learning Services, County Office of Education
George Phillip, E3 Senior Program Associate, WestEd
Jolene Smith, Executive Director and RTT-ELC Regional Consortium Contact, First 5 Santa Clara

**Santa Cruz County**

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Diane Oyler, LPC Coordinator, County Office of Education

**Shasta County**

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Julie Marvin, Manager of Early Childhood Services, County Office of Education
Norma Mosqueda, LPC Coordinator, Local Planning Council
Kathy Thompson, Assistant Superintendent of Early Childhood Services, COEPACD Committee (CCSESA Subcommittee)

**Sierra County**

Mike Filippini, Executive Director, First 5 Sierra
Mary Wright, LPC Coordinator, Local Planning Council

**Siskiyou County**

Emily Lacroix , LPC Coordinator, Local Planning Council
Karen Pautz, Executive Director, First 5 Siskiyou
Kermith Walters, Superintendent, County Office of Education

**Solano County**

Christina Arrostuto, Executive Director, First 5 Solano
Becky Billing, LPC Coordinator, Child Care Planning Council Children's Network
Lisette Estrella-Henderson, Associate Superintendent of Student Programs and Educational Services, County Office of Education
Kathy Lago, Program Manager, Family and Childcare Services: Resource and Referral Agency
Cheryl Lynn de Werff, Former Director of Professional Development, COEPACD Committee (CCSESA Subcommittee)
Sheila Smith, CARES Plus and AB 212 Program Coordinator, Children's Network

**Sonoma County**

Melanie Dodson, Executive Director, Community Childcare Council
Alfredo Perez, Executive Director, First 5 Sonoma
Carol Simmons, LPC Coordinator, County Office of Education
Lea Venz, Child Information Specialist, First 5 Sonoma

**Stanislaus County**

Heather Haubrich, Child Care Planning Council Coordinator, Stanislaus Child Development Local Planning Council
Kristie Peterson, Coordinator of Early Childhood Programs, Stanislaus County Office of Education

Veronica Garcia, Coordinator of Early Childhood Programs, Stanislaus County Office of Education

**Sutter County**

Michele Blake, Executive Director, Sutter County Children & Families Commission
Tonya Byers, Child Care Coordinator, Child Care Planning Council of Yuba and Sutter Counties

**Tehama County**

Paula Almond-Brown, Director of Early Childhood Education Programs, County Office of Education
Stacy Burgess, Child Care Referral & Education SES Tutoring Services, County Office of Education
Cynthia Cook, CPIN Regional Lead, County Office of Education
Denise Snider, Executive Director, First 5 Tehama

**Trinity County**

Sally Aldinger, LPC Coordinator, Local Planning Council

**Tulare County**

Elvira Barron, Resource & Referral Program Coordinator for Connections for Quality Care, County Office of Education
Janet Hogan, Executive Director, First 5 Tulare
Karen Osborn, Program Manager of Connections for Quality Care, County Office of Education
Tina Shirley, Preschool Coordinator, COEPACD Committee (CCSESA Subcommittee); LPC Coordinator, Local Planning Council
Connie Smith, Program Administrator of Connections for Quality Care, County Office of Education

**Tuolumne County**

Marguerite Bulkin, Deputy Superintendent of Student Educational Programs, COEPACD Committee (CCSESA Subcommittee)
Sheila Kruse, Executive Director, First 5 Tuolumne
Chris Mackenzie, ICES Program Manager, Infant Child Enrichment Services
Marcia Williams, Director, Early/Head Start -Tuolumne and Amador Counties

**Ventura County**

Michell Henry, Operations Specialist, Ventura County Office of Education
Carrie Murphy, Director of Early Childhood Programs, Ventura County Office of Education; LPC Coordinator, Local Planning Council
Petra Puls, RTT-ELC Regional Consortium Contact, First 5 Ventura

**Yolo County**

Regan Overholt, School Readiness Coordinator, First 5 Yolo
Tamiko Quak, Senior Child Care Supervisor, City of Davis Child Care Services Resource & Referral

**Yuba County**

Tonya Byers, Child Care Coordinator, Child Care Planning Council of Yuba and Sutter Counties
Cynthia Sodari, Executive Director, First 5 Yuba

# Appendix D: RTT-ELC Quality Improvement and Professional Development Pathways, Revised 7/11/13 (Chapter 4)

| CORE I: CHILD DEVELOPMENT & SCHOOL READINESS | | | | | | |
|---|---|---|---|---|---|---|
| **Pathway** | Goal | Common Tools and Resources[22] | Exploring | Developing | Building | Integrating |
| **A**<br>**School Readiness**<br>*The Early Learning Foundations provide a consistent, research-based roadmap for how children grow and develop from birth to 60 months of age, including the stages of English language acquisition. The companion curriculum framework document is aligned with the Foundations.* | Children receive individualized instruction and support for optimal learning and development (includes instruction and support for English Learners and children with identified disabilities and other special needs) | CDE Early Learning Foundations and Curriculum Frameworks (Preschool and Infant-Toddler)<br>Preschool English Learner Guide<br>California Early Childhood Online training (CECO) | Learns about the purpose and components of the California Early Learning and Development System (CAELDS). | Develops a deeper understanding of how to use the components of the CAELDS to observe, document, and intentionally plan and implement child development and learning opportunities. | Builds competence and demonstrates skills to integrate CAELDS components through the development and implementation of child development and learning experiences (environment, interactions and routines) based on individual children's assessed needs. | Consistently integrates all CAELDS components through a reflective process, site-wide.<br>Implements a universal design for integrated learning, ensuring all children receive individualized support for optimal development and learning in all areas of development (including meeting the needs of English language learners and children with identified disabilities and other special needs)<br>Evidence of a *Community of Practice*[23] that ensures program policies, classroom practices, and interactions with families integrate the Early Learning Foundation and Curriculum Frameworks, with a plan for ongoing sustainability. |
| **B**<br>**Use of Child Observation Data**<br>*The DRDP assessment instruments are part of California's Early Learning System and are aligned to the early learning foundations, creating a comprehensive system for school readiness.* | Teachers use child observation and assessment data, as well as input from the family, to plan for children's development and individualized instruction | Desired Results Developmental Profile Assessment (DRDP) for Infants/Toddlers or Preschool age children – DRDP-IT (2010), DRDP-PS (2010)[24]<br>DRDP online training through CECO | Learns about the purpose and components of an observation system, including<br>• methods of effective child observation and assessment<br>• methods to gather family input | Develops a deeper understanding of how to:<br>• observe, collect evidence, and organize an observation system;<br>• review, reflect on, and use an observation system to guide child development and instruction. | Builds competence and demonstrates skills to integrate an observation system into daily practices:<br>• collects appropriate observation and assessment data to guide daily practices<br>• explores resources to guide individualized development and instruction based on observation and assessment data | Consistently integrates DRDP assessment data, observation, and family input to support children's progress, and plan for the development and learning of individual children and groups of children, site-wide.<br>Evidence of a *Community of Practice* that ensures program policies, classroom practices, and interactions with families integrate use of DRDP assessment and observation data, and data from family input, with a plan for sustainability. |

[22] For additional tools and resources, please see *Section III: Pathway Overviews and Recommended Training and Activities to Reach Pathway Goals*

[23] *Communities of Practice* are "groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly" (US Department of Education, n.d.). Also known as *Professional Learning Communities* (PLC) or *Site-Based Learning Communities*, educational researchers promote this strategy among teachers and education leaders as a promising practice to build sustained, substantive quality improvement. A *Community of Practice* may look different depending on the early care setting. For example, a child care center may establish an on-site *Community of Practice* and the director may also participate in a regional director's *Community of Practice*. A family child care owner may participate in a *Community of Practice* within a Family Child Care Network.

[24] please note, DRDP-access is a component of the DRDP system, to be implemented by the Special Educator

| CORE I: CHILD DEVELOPMENT & SCHOOL READINESS | | | | | | |
|---|---|---|---|---|---|---|
| **C**<br>**Social- Emotional Development**<br>*A reliable and valid screening tool provides for early intervention when needed* | Children receive support to develop healthy social and emotional competence | CA CSEFEL Teaching Pyramid Overview (online, see CECO) and Tiers 1-4 (Modules 1-3)<br>Social Emotional Foundations and Frameworks (Infant/Toddler and Preschool Vol #1) | Learns about the Social Emotional Foundations and Frameworks<br>Explores research-based approaches to support healthy social and emotional development for all children | Develops deeper understanding of how to support healthy social and emotional development for all children through supportive relationships, responsive environments, and social-emotional Teaching strategies | Builds upon knowledge of healthy social and emotional development to include understanding of the function of behavior and demonstrates competency to individualize interventions to address individual child needs | Consistently integrates effective social and emotional supports with fidelity, site-wide.<br>Evidence of a *Community of Practice* that ensures program policies, classroom practices, and interactions with families integrate support for children's social and emotional development, with a plan for sustainability. |
| **D**<br>**Use of Child Health and Screening Data** | Teachers use child health &development screening data to support individual development and referral for extra support | Ages and Stages Questionnaires | Patsy<br>Linda B<br>Lisa Lee | | | Consistently integrates child health and ASQ screening data, data from family input, and community resources and referral to support children's progress, and plan for the development and learning of individual children and groups of children, site-wide.<br>Evidence of a *Community of Practice* that ensures program policies, classroom practices, and interactions with families integrate use of child health and ASQ screening data, collection of data from family input, and referrals to community resources with a plan for sustainability. |
| **E**<br>**Health Nutrition and Physical Activity**<br>*The support of health practices to include curricula that promote health, nutrition, safety, and active physical play in order to ensure that children are ready to learn.* | Children receive support for optimal physical development, including health, nutrition, and physical activity | California Preschool Foundations and Frameworks Volume 2 – Health<br>USDA Child and Adult Care Food Program Guidelines | Learns about approaches to supporting children's health, nutrition and physical development and activity | Develops a deeper understanding of the role of health, nutrition and physical development and activity in children's optimal development | Builds competency and demonstrates skills to integrate health, nutrition and physical activities into daily practices through an evidence-based curriculum in physical development and activity, health, and nutrition. | Consistently integrates health, nutrition and physical development and activities site-wide with children and families.<br>Evidence of a *Community of Practice* that ensures program policies, classroom practices, and interactions with families integrate supports for nutrition, and physical development, with a plan for ongoing sustainability. |

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| CORE II: TEACHERS AND TEACHING | | | | | | |
|---|---|---|---|---|---|---|
| **Pathway** | Goal | Required Tools | Exploring | Developing | Building | Integrating |
| **F**<br>**Effective Teacher- Child Interactions**<br>*Effective teacher-child interactions promote effective practices that include respectful, responsive, language-rich interactions with children that are linguistically and culturally appropriate.* | Teachers[25] are prepared to practice effective interactions that promote optimal child development and learning | Classroom Assessment and Scoring System (CLASS) for relevant age grouping, and Program Assessment Rating Scale (PARS), as applicable and available. | Learns about effective interactions (e.g., teacher-child and child-child). | Develops a deeper understanding of the effective interactions (e.g., teacher-child and child-child) that promote optimal child development and learning. | Builds skills and competence by<br>• planning intentional teaching opportunities that promote child development and learning.<br>• engaging in reflection, and<br>• practicing intentional teaching and effective interactions (e.g., teacher-child and child-child) . | Consistently integrates effective classroom interactions that promotes child development and learning into daily practices by planning for intentional teaching and engaging in reflective practices<br>Evidence of a *Community of Practice* that ensures program policies, classroom practices, and interactions with families integrate planning for intentional teaching, and implementation of effective classroom interactions and reflective practices, with a plan for ongoing sustainability. |
| **G**<br>**Professional Development**⑧<br>*A continuum of education and professional development based on the CDE Early Childhood Educators Competencies will define teacher and caregiver qualifications.* | Teachers seek opportunities to increase knowledge and skills through ongoing professional growth and education | Early Childhood Educator Competencies<br>Professional Growth Plan<br>ECE Educator Competency Self-Assessment ToolKit (CompSAT) | Learns about the role of ongoing professional development in supporting children's development, learning and program quality . | Learns about the Early Childhood Educator Competency Areas, professional growth planning and options for professional development. Participates in professional development and/or education activities. | Builds competency across the 12 Early Childhood Educator Competency Areas by translating reflection about professional goals into planned and intentional professional growth and education that align with both the individual's and the program's improvement goals. | Consistently integrates the individual professional growth and site improvement; demonstrates ongoing professionalism.<br>Evidence of a *Community of Practice* that ensures program policies and practices integrate a focus on and support for teachers' intentional professional growth and education aligned with the program's goals for improvement and guided by the Early Childhood Educator Competency Areas, with a plan for ongoing sustainability. |

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[25] "Teachers" is a proxy term for all who work with children: caregivers, educators, interventionists, providers, etc

| CORE III: PROGRAM AND ENVIRONMENT | | | | | | |
|---|---|---|---|---|---|---|
| **Pathway** | **Goal** | **Required Tools** | **Exploring** | **Developing** | **Building** | **Integrating** |
| **H**<br>**Environment** | The early learning environment supports children's learning and development | Environment Rating Scales:<br>Infant-Toddler Environment Rating Scale (ITERS),<br>Early Childhood Environment Rating Scale (ECERS),<br>Family Child Care Environment Rating Scale (FCCERS) | Learns about the role of structural quality (e.g., physical environment, schedule, materials for learning) and the tools and resources that support implementation of effective structural quality in children's development and learning. | Develops a deeper understanding of the role of structural quality (e.g., physical environment, schedule, materials for learning) and the tools and resources that support implementation of effective structural quality in children's development and learning.<br>. | Builds competency and demonstrates skills to integrate Environment Rating Scale measures into daily practice through reflection and an action plan for improvement. | Consistently integrates ERS© concepts and measures (guided by ERS assessment data) to consistently implement high quality program policies, curriculum and practices.<br>Evidence of a *Community of Practice* that ensures program policies and practices integrate a focus on and support for the use of formal ERS assessment data coupled with ongoing environmental self- and peer-assessment to improve the early childhood environment, with a plan for ongoing sustainability. |
| **I**<br>**Program Administration**<br>*Use of valid Program Administration tools establishes effective administrative policies and procedures, develops leadership, supports professional development and evaluation of programs, and promotes development of a continuous program quality improvement plan* | The program design and administration effectively supports children, teachers, and families and engages in continuous quality improvement | Business Administration Scale (FCC) – (BAS) or<br>Program Administration Scale (Centers) – (PAS) | Learns about the components of effective program design and administration, and the components of continuous quality improvement (*and incorporate across)* | Develops a deeper understanding of administrative policies and procedures, leadership development, and program evaluation that lead to high quality early learning programs. Participates in program improvement activities. | Builds competency and demonstrates skills to integrate program quality improvement into daily practices by developing an action plan through reflection and an action plan for improving administrative policies and procedures, leadership, and program evaluation and other areas defined by the appropriate tool (BAS/PAS). | Consistently integrates a focus on continuous quality improvement into all aspects of program operation to ensure quality, including program policies, resource allocation, staffing, etc<br>Evidence of a *Community of Practice* that ensures program policies and practices integrate a focus on and support for use of results of QRIS rating to improve accountability, decision-making, and continuous quality improvement, with a plan for ongoing sustainability. |
| **J**<br>**Family Engagement NOTE: this pathway is created by the FE workgroup and is subject to change**<br>*Linguistically and culturally sensitive family engagement strategies promote and enhance the parent/child relationship, provide parents with information about their* | Families receive family-centered, intentional supports framed by the Strengthening Families™ Protective Factors to promote family resilience and optimal development of their children | Strengthening Families Protective Factors Framework (not required as part of the RTT-ELC application but recommended as required by the Family Engagement Workgroup) | Learns about Strengthening Families Protective Factors framework family-centered practices[i] | Develops a deeper understanding of how relationships with and between families, and program quality are inter-related and uses Strengthening Families Protective Factors framework as lens to reflect upon current practices | Builds competency by planning and using Strengthening Families Protective Factors framework in daily interactions with children and families to promote optimal outcomes for children. | Consistently integrates Strengthening Families Protective Factors framework/family centered practices (and/or through Head Start Family Engagement Guidelines, NAEYC accreditation guidelines) in all aspects of program activity.<br>Evidence of a *Community of Practice* that ensures program policies and practices integrate a focus on and support for teachers' intentional professional growth and education aligned with the program's goals for improvement and guided by the Early Childhood |

| CORE III: PROGRAM AND ENVIRONMENT | | | | | | |
|---|---|---|---|---|---|---|
| **Pathway** | **Goal** | **Required Tools** | **Exploring** | **Developing** | **Building** | **Integrating** |
| *child's growth and development, and encourage parents' involvement and advocacy in the education at their child's school* | | | | | | Educator Competency Areas, with a plan for ongoing sustainability. |

DRAFT

# Appendix E: Comparison of Rating Criteria for CAEL QIS Block System, RTT-ELC Hybrid Matrix, and Local Systems (Chapter 4)

**Exhibit E-1. Comparison of Rating Criteria for Ratios and Group Size**

| CAEL QIS Block System[26] | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Infant<br>1:4 with a group size of 12<br>Toddler<br>1:4 with a group size of 12<br>Preschool<br>1:12 with a group size of 24<br>FCCH:<br>Title 22 licensing criteria | Infant<br>1:4 with a group size of 12<br>Toddler<br>1:6 with a group size of 12<br>Preschool<br>1:12 with a group size of 24<br>FCCH:<br>Title 22 licensing criteria | Infant<br>1:3 with a group size of 12<br>**or**<br>1:4 with a group size of 8<br>Toddler<br>1:4 with a group size of 12<br>Preschool<br>1:8 with a group size of 24<br>**or**<br>1:10 with a group size of 20<br>FCCH:<br>Title 22 licensing criteria | Infant<br>1:3 with a group size of 12<br>**or**<br>1:4 with a group size of 8<br>Toddler<br>1:4 with a group size of 12<br>Preschool<br>1:8 with a group size of 24<br>**or**<br>1:10 with a group size of 20<br>FCCH:<br>Title 22 licensing criteria | Infant<br>1:3 with a group size of 9<br>Toddler<br>1:4 with a group size of 12<br>Preschool<br>1:8 with a group size of 24<br>**or**<br>1:10 with a group size of 20<br>FCCH:<br>Title 22 licensing criteria |
| **RTT-ELC Continuum Hybrid Matrix** | | | | |
| **Tier 1 (Common Tier)** | **2 Points (Local Option)** | **3 Points (Common Tier)** | **4 Points (Common Tier)** | **5 Points (Local Option)** |
| Title 22 regulations:<br>Infant (center only)<br>Ratio – 1:4<br>Toddler (center only)<br>Ratio – 1:6<br>Preschool (center only)<br>Ratio – 1:12<br>FCCH: Title 22 (excluded from point values in ratio and group size) | Infant/Toddler<br>1:4 with a group size of 16<br>Toddler<br>1:6 with a group size of 18<br>Preschool<br>1:12 with a group size of 36 | Infant/Toddler<br>1:4 with a group size of 12<br>Toddler<br>1:6 with a group size of 12<br>Preschool<br>1:12 with a group size of 24 | Infant/Toddler<br>1:4 with a group size of 8 or 12<br>Toddler<br>1:5 with a group size of 10<br>Preschool<br>1:8 with a group size of 24<br>**or**<br>1:10 with a group size of 20 | Infant/Toddler<br>1:3 with a group size of 9<br>Toddler<br>1:4 with a group size of 12<br>Preschool<br>1:7 with a group size of 20 |
| **Power of Preschool (Los Angeles, Merced, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Ventura, Yolo)** | | | | |
| Not tiered, universal requirement<br><br>Ratio – 1:8 or 1:10 with a maximum group size of 24 or 20 | | | | |
| **Child Signature Program 1 (Los Angeles, Merced, San Diego, San Francisco, San Joaquin, Santa Clara, Ventura, Yolo)** | | | | |
| Not tiered, universal requirement for both Maintenance of Effort and Quality Enhanced Programs<br><br>Infant (center only) – Ratio – 1:3 or 1:4; group size 8 or 12 (EHS)<br>Toddler (center only) – Ratio – 1:4 (1:6 with toddler license or better; group size 12 or better)<br>Preschool (center only) – Ratio – 1:8 or better with appropriate teacher qualifications; group size – 20 (HS) or 24 (Title 5) or better<br>Family Child Care – Ratio – Current Title 22 licensing criteria or better | | | | |
| **Contra Costa County Pre-existing System (Preschool Makes a Difference [PMD])** | | | | |
| Not tiered, universal requirement<br><br>Ratio for classroom is 1:8 with no more than 24 children, or 1:10 with no more than 20 children | | | | |

[26] The definition of a toddler varies across tiers as follows: 12–24 months for Tier 1, 18–30 months for Tier 2, 18–36 months for Tiers 3 through 5.

| El Dorado County Pre-existing System (High 5 for Quality) | | | |
|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| Infants: 1:4<br>Toddlers: 1:6<br>Preschoolers: 1:12<br>(All group sizes comply with licensing standards)<br>FCCH: Small/large meet licensing standards | Infant: 1:4<br>Toddler: 1:6<br>Preschoolers: 1:12<br>(All group sizes comply with licensing standards)<br>FCCH: Small/large meet licensing standards | Infants: 1:4 with a max group size of 12 or 1:3 with a max group size of 15<br>Toddlers: 1:6 with a max group size of 12 or 1:4 with a max group of 16<br>Preschoolers: 1:10 with a max group size of 24<br>FCCH: Small/large meet licensing standards | Infants: 1:3 with max group size of 12<br>Toddlers: 1:4 with max group size of 16<br>Preschoolers:1:8 with max group size of 24<br>FCCH: Small/large meet licensing standards |

| Fresno County Pre-existing System (QRIS Pilot) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Title 22 ratios<br><br>Preschoolers: (2 or 2.5 years to K) 1 teacher to 12 children; 1 teacher + 1 aide to 15 children; or 1 teacher + 1 aide with 6 units to 18 children. No group size requirement. | Exceeds Title 22 ratios<br><br>Preschoolers: (2 or 2.5 years to K) 1 teacher to 10 children; 1 teacher + 1 aide to 14 children; or 1 teacher + 1 aide with 6 units to 17 children | Title 5 ratios<br><br>Preschoolers: (36 months to K) 1 teacher + 2 aides for a staff-to-child ratio of 1 to 8. No group size requirement. | Title 5 ratios plus exemplary standards group sizes<br><br>Preschoolers: (36 months to K) 1 teacher + 2 aides for a staff-to-child ratio of 1 to 8. Group sizes of 24 children. | Preschoolers: (30–48 mo.) 1 teacher to 18 children, 1 staff to 6–9 children, max group size is 18.<br><br>Preschoolers: (4- to 6-year-olds) 1 fully qualified teacher based on the Child Development Permit Matrix for 24 children, 1 staff to 8–10 children, max group size is 24; 3 staff, 1 of whom is a fully qualified teacher based on the Child Development Permit Matrix |

| Los Angeles County Pre-existing System (Los Angeles Steps to Excellence Program [LA STEP]) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Infants (0–2 yrs.) center only: 1 teacher to 4 infants or 1 teacher to 12 infants (and at least 2 aides, each supervising no more than 4 infants for a 1:4 staff-to-child ratio)<br><br>Toddlers (18–30 mo.) center only: 1 teacher to 6 children or 1 teacher and 1 aide to 12 children<br><br>Preschool (2–5 yrs.) center only: 1 teacher to 12 children or 1 teacher and 1 aide to 15 children or 1 teacher (and 1 aide with 6 early childhood education college units) to 18 children<br><br>FCCH: Ratios based on those mandated by Community Care Licensing | Infants (0–2 yrs.) center only: 1 teacher to 10 infants with at least 2 aides (each aide supervising no more than 3 infants for a 1:3 staff-to-child ratio)<br><br>Toddlers (18–30 mo.) center only: 1 teacher to 5 children or 1 teacher and 1 aide to 10 children<br><br>Preschool (2–5 yrs.) center only: 1 teacher to 10 children or 1 teacher and 1 aide to 14 children or 1 teacher and 1 aide (with 6 early childhood education units) to 17 children<br><br>FCCH: Ratios based on those mandated by Community Care Licensing | Infants (0–18 mo.) center only: 1 teacher to 18 infants with 5 aides for a 1:3 staff-to-child ratio<br><br>Toddlers (18–35 mo.) center only: 1 teacher to 16 children with 3 aides for a 1:4 staff-to-child ratio<br><br>Preschool (3–5 yrs.) center only: 1 teacher and 2 aides for a 1:8 staff-to-child ratio<br><br>FCCH: Ratios based on those mandated by Community Care Licensing | Infants (0–18 mo.) center only: 1 teacher to 18 infants with 5 aides for a 1:3 staff-to-child ratio<br><br>Toddlers (18–35 mo.) center only: 1 teacher to 16 children with 3 aides for a 1:4 staff-to-child ratio<br><br>Preschool (3–5 yrs.) center only: 1 teacher and 2 aides for a 1:8 staff-to-child ratio<br><br>FCCH: Ratios based on those mandated by Community Care Licensing | Infant (0–15 mo.) center only: 1 teacher to 8 infants with 1 staff to 3 or 4 infants<br><br>Toddlers (12–28 mo.) center only: 1 teacher to 12 children with additional aides for a 1:3 or 1:4 staff-to-child ratio<br><br>Younger Preschool (30–48 mo.) center only: 1 teacher to 18 children, with additional aides for a 1:6 to 1:9 staff-to-child ratio<br><br>Older Preschool (4–5 yrs.) center only: 1 teacher to 24 children with additional aides for a 1:8 to 1:10 staff-to-child ratio<br><br>FCCH: Ratios based on those mandated by Community Care Licensing |

| Los Angeles County Pre-existing System (Los Angeles Universal Preschool [LAUP] 5-Star Quality Assessment and Improvement System) |
|---|

| Tier 1 | Tier 2 | Tier 3 |
|---|---|---|
| For Preschool:<br>At least 1 teaching staff per 8 children. At least 1 adult must qualify as a teacher. If there are more than 18 children, one assistant must have 12 units of ECE. Group size: Minimum of 15 four-year-old children. Maximum of 24 children.<br><br>For family child care:<br>Not tiered, universal requirement<br><br>• Mixed Ages: 1 adult for 6–8 children; 2 adults for 9–14 children<br>• Group Size: Small home: maximum 6 preschoolers (up to 8 children total). Large home: maximum 12 preschoolers (up to 14 children total).<br><br>LAUP Enrollment: Minimum 3 children | For Preschool:<br>At least 1 teaching staff per 8 children. At least 1 adult must qualify as a teacher. If there are more than 18 children, one assistant must have 12 units of ECE. Group size: Minimum of 15 four-year-old children. Maximum of 24 children.<br><br>LAUP Enrollment: Minimum 3 children | For Preschool:<br>Same as Tiers 1 and 2, but if center is NAEYC-accredited, may instead have a ratio of 1 teaching staff per 10 children and a maximum group size of 20.<br><br>LAUP Enrollment: Minimum 3 children |

| Nevada County Pre-existing System (Quality Child Care Project) |
|---|
| N/A |

| Riverside County Pre-existing System (Access & Quality Initiative) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Center only:<br>Infant Ratio/Group Size:<br>4:1 and 12<br>Toddler Ratio/Group Size:<br>4:1 and 12<br>Preschool Ratio/Group Size: 12:1 and 24<br><br>Family Child Care Homes:<br>1:4 infants including own children under 10 years of age<br>**or**<br>1:6 children, no more than 3 of whom are infants, including own children under 10 years of age<br>**or**<br>1:8 if all conditions are met | Center only:<br>Infant Ratio/Group Size:<br>4:1 and 12<br>Toddler Ratio/Group Size:<br>4:1 and 12<br>Preschool Ratio/Group Size:<br>12:1 and 24<br><br>Family Child Care Homes:<br>1:4 infants including own children under 10 years of age<br>**or**<br>1:6 children, no more than 3 of whom are infants, including own children under 10 years of age<br>**or**<br>1:8 if all conditions are met | Center only:<br>Infant Ratio/Group Size:<br>3:1 and 12 **or**<br>4:1 and 8<br>Toddler Ratio/Group Size:<br>4:1 and 12<br>Preschool Ratio/Group Size:<br>8:1 and 24 **or**<br>10:1 and 20<br><br>Family Child Care Homes:<br>1:4 infants including own children under 10 years of age<br>**or**<br>1:6 children, no more than 3 of whom are infants, including own children under 10 years of age<br>**or**<br>1:8 if all conditions are met | Center only:<br>Infant Ratio/Group Size:<br>3:1 and 12 **or**<br>4:1 and 8<br>Toddler Ratio/Group Size: 4:1 and 12<br>Preschool Ratio/Group Size:<br>8:1 and 24 **or**<br>10:1 and 20<br><br>Family Child Care Homes:<br>1:4 infants including own children under 10 years of age<br>**or**<br>1:6 children, no more than 3 of whom are infants, including own children under 10 years of age<br>**or**<br>1:8 if all conditions are met | Center only:<br>Infant Ratio/Group Size:<br>3:1 and 9<br>u<br>4:1 and 12<br>Preschool Ratio/Group Size:<br>8:1 and 24 **or**<br>10:1 and 20<br><br>Family Child Care Homes:<br>1:4 infants including own children under 10 years of age<br>**or**<br>1:6 children, no more than 3 of whom are infants, including own children under 10 years of age<br>**or**<br>1:8 if all conditions are met |

| Sonoma County Pre-existing System (Value in Preschool [VIP]) | |
|---|---|
| **Tier 1** | **Tier 2** |
| Title 22 regulations or better | Title 5 regulations or better |

| Ventura County Pre-existing System (QRIS pilot) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Center-Ratio/Group Size: Ratio 1:12, Group 24 | Center-Ratio/Group Size: Ratio 1:12, Group 24 | Center-Ratio/Group Size: Ratio 8:1, Group 24 or Ratio 10:1, Group 20 | Center-Ratio/Group Size: Ratio 8:1, Group of 24 or Ratio 10:1, Group 20 | Center-Ratio/Group Size: Ratio 1:8, Group 24 or Ratio 1:10, Group 20 |

**Exhibit E-2. Comparison of Rating Criteria for Program Quality Assessment**

| CAEL QIS Block System | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Facilitated self-assessment using appropriate ERSs | Facilitated peer assessment using ERS | Independent assessment using ERS and overall score of 4.0; self-assessment with CLASS or PARS in alternate rating periods | Independent assessment with ERS and overall score of 5; self-assessment with CLASS or PARS in alternate rating periods | Independent assessment with ERS and score of 6; self-assessment with CLASS or PARS in alternate rating periods |
| **RTT-ELC Continuum Hybrid Matrix** | | | | |
| **Tier 1 (Common Tier)** | **2 Points (Local Option)** | **3 Points (Common Tier)** | **4 Points (Common Tier)** | **5 Points (Local Option)** |
| Program Environment Rating Scale not required; CLASS not required | Familiarity with ERS and every classroom uses ERS as a part of a Quality Improvement Plan<br><br>Familiarity with CLASS by one representative from the site (online or face-to-face via facilitator) | Independent ERS assessment with all subscales averaged to meet 4.0<br><br>Independent CLASS by reliable observer to inform the program's professional development/improvement plan | Independent ERS assessment with all subscales averaged to meet 5.0<br><br>Independent CLASS assessment by reliable observer with minimum scores of 5.0 on Emotional Support, 3.0 on Instructional Support, and 5.0 on Classroom Organization | Independent ERS assessment with all subscales averaged to meet overall score of 5.5<br><br>Independent assessment with minimum scores of 5.5 on Emotional Support, 3.5 on Instructional Support, and 5.5 on Classroom Organization |

| RTT-ELC Quality Improvement and Professional Development Pathways | | | | |
|---|---|---|---|---|
| **Pathway 1** | **Pathway 2** | **Pathway 3** | **Pathway 4** | **Pathway 5** |
| Overview of ERS<br><br>CLASS not required<br><br>PAS/BAS not required | Familiarity with ERS and every classroom uses ERS as a part of a Quality Improvement Plan<br><br>Familiarity with CLASS (e.g., Introduction to the CLASS 2- to 6-hour overview training) for appropriate age group as available by one representative from the site (online or face to face via facilitator)<br>**or**<br>Familiarity with PARS<br><br>Introduction to PAS or BAS | Pending for ERS<br><br>Every lead teacher has completed an Introduction to the CLASS face-to-face facilitated training **or** has completed Looking at CLASSrooms training<br>**and**<br>All other teaching staff and the director have received the Introduction to the CLASS (2-hour training)<br>**or**<br>Familiarity with PARS<br><br>Familiarity with PAS or BAS | Pending for ERS<br><br>Independent CLASS assessment by reliable observer (for appropriate age group as available) and information is used as a part of a PG Plan with a certified trainer or observer<br>**and**<br>CLASS concepts applied in a program-wide approach with intentional purpose (e.g., My Teaching Partner or Making the Most of CLASSroom Interaction)<br>**or**<br>Informal PARS assessment in same manner<br><br>Self-review with PAS/BAS and continuous improvement through a PAS/BAS action plan<br>**or**<br>National Association for the Education of Young Children (NAEYC) Accreditation self-study<br>**or**<br>Self-assessment using the Office of Head Start (OHS) Monitoring Protocols and continuous improvement through a Program Improvement Plan (PIP) | Pending for ERS<br><br>Every classroom uses CLASS as a part of a PG Plan with a certified trainer<br>**and**<br>CLASS concepts applied in a program-wide approach with intentional purpose<br>**or**<br>PARS in similar manner<br><br>Independent PAS or BAS assessment plus continuous improvement through a PAS or BAS action plan<br>**or**<br>NAEYC accreditation<br>**or**<br>Official OHS review in good standing and/or self-assessment using independent assessors plus continuous improvement through a PIP |

| Power of Preschool (Los Angeles, Merced, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Ventura, Yolo) |
|---|
| Not tiered, universal requirement<br><br>At point of entry, a provider must achieve a score of at least 4 of 7, which is obtained by averaging 43 indicators on the ECERS-R and 40 indicators on the Family Child Care Environment Rating Scale-Revised (FCCERS-R). Within 24 months, providers must receive an overall score of at least 5 of 7, which is obtained by averaging the indicators. At entry level and throughout their participation, providers must receive, at a minimum, an average of 3 on each of the subscales for the applicable environmental rating scale. |
| **Child Signature Program 1 (Los Angeles, Merced, San Diego, San Francisco, San Joaquin, Santa Clara, Ventura, Yolo)** |
| Not tiered, universal requirement<br><br>Preschool Center: ECERS-R score of 5 or better, averaging the indicators<br>Infant/Toddler Center: ITERS-R score of 5 or better, averaging the indicators<br>Infant/Toddler FCCH: ITERS-R score of 5<br><br>Preschool, Center, or FCCH:<br>Score of 5 on CLASS Emotional Support<br>Score of 3 on CLASS Classroom Organization<br>Score of 2.75 on CLASS Instructional Support |
| **Contra Costa County Pre-existing System (PMD)** |
| Not tiered, universal requirement<br><br>A program must score at least a 4.5 out of 7 on each category of either the ECERS or the FCCRS<br><br>Classrooms must meet minimum standards of quality as assessed by the CLASS tool |

| El Dorado County Pre-existing System (High 5 for Quality) | | | |
|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| Complete ECERS/FCCERS/ITERS with an average score of 3.0 for each subscale | Complete ECERS/FCCERS/ITERS with an average score between a 4.0 for each subscale | Complete ECERS/FCCERS/ITERS with an average score of 5.0 for each subscale | Complete ECERS/FCCERS/ITERS with an average score of 5.5 or above for each subscale |

| Fresno County Pre-existing System (QRIS Pilot) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Program has not been fined by DSS/CCLD for failing to correct a deficiency in a timely manner or repeated offenses; program has passed annual health and fire inspections and has not been subject to administrative hearings or actions for failure to correct deficiencies; although Licensed Exempt programs such as Special Education and Cal-SAFE are not licensed by the DSS/CCLD, those programs should adhere to Title 22 regulations | On appropriate rating scale(s), verifying that care meets custodial needs and some basic developmental needs are being met. Select one of the following: ECERS and CLASS (score of 3–4 in all sections); or Head Start Protocol (5–6 Findings in Federal Review); or CDE—Monitoring (Compliance Visit) | On appropriate rating scale(s), verifying that care meets custodial needs and more basic developmental needs are met than in step 2. Select one of the following: ECERS and CLASS (score of 4–5 in all sections); or Head Start Protocol (3–4 Findings in Federal Review); or CDE—Monitoring (Compliance Visit) | On appropriate rating scale(s), verifying that basic dimensions of developmental care are present. Select one of the following: ECERS and CLASS (score of 5–6 in all sections); or Head Start Protocol (1–2 Findings in Federal Review); or CDE—Monitoring (Compliance Visit) | On appropriate rating scale(s), verifying that additional dimensions of high-quality care are present. Select one of the following: ECERS and CLASS (score of 6–7 in all sections); or Head Start Protocol (0 findings in Federal Review); or CDE—Monitoring (Compliance Visit) |

| Los Angeles County Pre-existing System (LA STEP) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Average overall ERS score is less than 3.0 | Average overall ERS score is 3, verifying custodial and some needs are being met | Average overall ERS score is 4, verifying custodial needs and more basic development needs are being met than in Step 2 | Average overall ERS score is 5, verifying basic dimensions of development care are present | Average overall ERS score is 6 or higher, verifying additional dimensions of high-quality care are present |

| Los Angeles County Pre-existing System (LAUP 5-Star Quality Assessment and Improvement System) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Undefined | Undefined | ECERS-R: An overall average score of 4–4.99. Providers must meet minimal levels of quality on every subscale (i.e., no subscale score less than 3). FDCRS: Average of 4 or more. CLASS: 3–3.99. | ECERS-R: An overall average score of 5–5.99. Providers must meet minimal levels of quality on every subscale (i.e., no subscale score less than 3). FDCRS: Average of 5 or more. CLASS: 4–4.99. | ECERS-R: An overall average score of 6.0 or higher. Providers must meet minimal levels of quality on every subscale (i.e., no subscale score less than 3). FDCRS: Average of 6 or more. CLASS: 5.0. |

| Merced County Pre-existing System (Power of Preschool [PoP]) | | |
|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** |
| An average of 4 on all subscales with no subscale below a 3 | An average of 4.5 on all subscales with no subscale below a 3 | An average of 5 on all subscales with no subscale below a 3 |

| Nevada County Pre-existing System (Quality Child Care Project) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| No stars given for scores less than 3 | No stars given for scores less than 3 | Must average a score of 4 on ERSs | Must average a score of 5 on ERSs | Must average a score of 6 on ERSs |

| Riverside County Pre-existing System (Access & Quality Initiative) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Facilitated ERS Self-Assessment. Includes a one-on-one facilitated training after self-assessment completed.<br><br>No requirement for score level for CLASS | Facilitated ERS Peer Assessment. Includes a one-on-one facilitated training after peer assessment completed.<br><br>No requirement for score level for CLASS | Independent ERS Assessment. All subscales completed averaged to meet overall score level of 4.0.<br><br>Self-assessment with CLASS measure teacher/child interactions in alternating rating periods | Independent Assessment. All subscales completed averaged to meet overall score level of 5.0.<br><br>Plus CLASS to measure teacher/child interactions in alternate rating periods | Independent Assessment. All subscales completed averaged to meet overall score level of 6.0.<br><br>Plus CLASS to measure teacher/child interactions in alternate rating periods |

| San Diego County Pre-existing System (Quality Preschool Initiative [QPI]) | | | |
|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| Average line-item score between 3 and 3.99 on ERS<br><br>Implement Quality Learning and Instruction Action Plan<br><br>Participate in coaching cycles that personalize Plan activities<br><br>Use the results of the CLASS review and the DRDP-PS results to inform instructional strategies | Average line-item score between 4 and 4.99 on ERS | Average line-item score between 5 and 5.99 on ERS | Average line-item score of 6 or higher on ERS |

| San Francisco County Pre-existing System (Preschool for All [PFA]) |
|---|
| Baseline score of 4.5 on ERS (with site composite score of 4.0 ERS) |

| Sonoma County Pre-existing System (Value in Preschool [VIP]) |
|---|
| Not tiered, universal requirement<br><br>ERS average score of 5 or better<br><br>CLASS assessment score – mid to high |

| Ventura County Pre-existing System (QRIS pilot) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Facilitated self-assessment. One on one facilitated training after self-assessment, no score requirement. Facilitated training on ERS will be conducted by an ECE professional trained by FPG Child Development Institute within the last five years (can be someone on staff). At least one person from the leadership team must receive the training. | Facilitated peer assessment. One on one facilitated training after peer assessment, no score requirement. Facilitated training on ERS will be conducted by an ECE professional trained by FPG Child Development Institute within the last five years (can be someone on staff). At least one person from the leadership team must receive the training. | Independent assessment overall average 4.0 (ERS). Self-assessment with CLASS. | Independent assessment overall average 5.0 (ERS). CLASS assessment. | Independent assessment overall average 6.0 (ERS). CLASS assessment. |

**Exhibit E-3. Comparison of Rating Criteria for Family Involvement**

| CAEL QIS Block System | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Use of ERS subscale on Parents and Staff in facilitated self-assessment, peer assessment, or independent assessment, as required by tier level<br><br>Quality improvement plan if score less than 3 | Use of ERS subscale on Parents and Staff in facilitated self-assessment, peer assessment, or independent assessment, as required by tier level<br><br>Quality improvement plan if score less than 3 | Use of ERS subscale on Parents and Staff in facilitated self-assessment, peer assessment, or independent assessment, as required by tier level<br><br>Quality improvement plan if score less than 4 | Use of ERS subscale on Parents and Staff in facilitated self-assessment, peer assessment, or independent assessment, as required by tier level<br><br>Quality improvement plan if score less than 5 | Use of ERS subscale on Parents and Staff in facilitated self-assessment, peer assessment, or independent assessment, as required by tier level<br><br>Quality improvement plan if less than 6 |
| **RTT-ELC Continuum Hybrid Matrix** | | | | |
| There is currently no mention of family involvement in the RTT-ELC Continuum Matrix with Elements and Points. | | | | |
| **RTT-ELC Quality Improvement & Professional Development Pathways** | | | | |
| The topic is pending in the RTT-ELC Quality Improvement and Professional Pathways document. | | | | |
| **Power of Preschool (Los Angeles, Merced, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Ventura, Yolo)** | | | | |
| Not tiered, universal requirement<br>• Effective family outreach and active engagement of parents and families<br>• Connection with wraparound child care and other family support services | | | | |
| **Child Signature Program 1 (Los Angeles, Merced, San Diego, San Francisco, San Joaquin, Santa Clara, Ventura, Yolo)** | | | | |
| Not tiered, universal requirement<br>• Must participate in program requirements and services provided by the Family Support Specialist<br>• Provide parents with information about their child's growth and development and encourage parent involvement in these areas<br>• Work with parents to develop a Family Partnership Agreement identifying strengths and concerns and prioritizing family's goals for child<br>Work with Family Support Specialist to identify other family support services as needed | | | | |
| **El Dorado County Pre-existing System (High 5 for Quality)** | | | | |
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | |
| Each parent is given a program handbook; programs are encourage to do Developmental Profiles once each year (Parent Involved, Developmental Screening, Program Approved) | Each parent is given a program handbook; Newsletter/Calendar is given to each family each month; 50 percent Developmental Profiles are completed once each year | Each parent is given a program handbook; Newsletter/Calendar is given to each family each month; 75 percent Developmental Profiles are completed once each year; Parent conferences are held twice a year; Parent Meetings/Socialization/Leadership opportunities are held; Families evaluate the program annually | Each parent is given a program handbook; Newsletter/Calendar is given to each family each month; 98 percent to 100 percent Developmental Profiles are completed once each year; Parent conferences are held twice a year; Parent Meetings/Socialization/Leadership opportunities are held; Families evaluate the program annually | |

| Contra Costa County Pre-existing System (PMD) | | | | |
|---|---|---|---|---|
| Not tiered, universal requirement.<br><br>PMD participants get a set of Raising a Reader materials; programs are required to have two family workshops a year. | | | | |
| **Fresno County Pre-existing System (QRIS Pilot)[27]** | | | | |
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| According to Title 22 requirements, Early Care and Education: Inform parents of their right to visit and/or observe their children in the program and welcome such visits; including visits at any time convenient for parent(s) | Program staff welcomes all families and encourages their involvement as demonstrated by use of three strategies from Section A. The program fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of three strategies from Section B | Step 2, plus two additional Section A strategies and two additional Section B strategies; the program promotes family strengths, including an understanding of parenting and child development, and facilitates social connections as demonstrated by use of four strategies from Section C | Step 3, plus one additional Section A strategy, one additional Section B strategy, and two additional Section C strategies | Step 4, plus two additional Section A strategies, two additional Section B strategies, and two additional Section C strategies |
| **Los Angeles County Pre-existing System (LA STEP)[28]** | | | | |
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| The child care program informs parents of their right to visit and/or observe their children in the program and welcome such visits. | Meets Step 1 and applies at least three parent involvement strategies from Section A. Applies at least three parent communication strategies from Section B. | Meets Step 1 and applies at least five parent involvement strategies from Section A. Applies at least five parent communication strategies from Section B. Applies at least four parent support strategies from Section C. Applies at least four parent-community connection strategies from Section D. | Meets Step 1 and applies at least six parent involvement strategies from Section A. Applies at least six parent communication strategies from Section B. Applies at least six parent support strategies from Section C. Applies at least six parent-community connection strategies from Section D. | Meets Step 1 and applies at least eight parent involvement strategies from Section A. Applies at least eight parent communication strategies from Section B. Applies at least eight parent support strategies from Section C. Applies at least eight parent-community connection strategies from Section D. |
| **Los Angeles County Pre-existing System (LAUP 5-Star Quality Assessment and Improvement System)** | | | | |
| Not tiered, universal requirement<br>A formal daily schedule is posted for parents | | | | |

[27] The Section A, B, and C references refer to family involvement strategies listed on pp. 16–17 of the Fresno County QRIS Scoring Matrix available at: http://fresnopreschool.org/sites/fresnopreschool.org/files/attachments/QRIS%20ScoringMatrix_0.pdf

[28] The Section A, B, C, and D references refer to family involvement strategies listed on p. 4 of the LA STEP Quality Rating Standards for Child Care Centers available at: http://ceo.lacounty.gov/ccp/pdf/STEP/STEP%20Child%20Care%20Center%20Matrix%20Handout_2_22_12.pdf

| Nevada County Pre-existing System (Quality Child Care Project) | | | | |
|---|---|---|---|---|
| N/A | | | | |
| **Riverside County Pre-existing System (Access & Quality Initiative)** | | | | |
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Communication<br>○ ERS: Facilitated self-assessment<br>○ If subscale item is less than 3, an improvement plan is developed<br>○ Title 22 Center requirements | Two-Way Education<br>○ ERS: Facilitated peer assessment<br>○ If subscale item is less than 3, an improvement plan is developed<br>○ Topics offered in support of subscale; provisions for parents, indicators 3.2 and 5.3 for family info and/or education may include topics such as how children learn at home and in ECE; developmental levels and brain development; physical activities and nutrition | Involvement<br>○ ERS: Independent assessment<br>○ ERS average score of 4; when subscale item is less than 4, a quality improvement plan will be developed<br>○ Provider has a written transition plan that is activated when a child moves to another child care setting or into kindergarten | Engagement<br>○ ERS: Independent assessment<br>○ ERS average score of 5; when subscale item is less than 5, a quality improvement plan will be developed | Partnership and Advocacy<br>○ ERS: Independent assessment<br>○ ERS average score of 6; when subscale item is less than 6, a quality improvement plan will be developed |
| **San Diego County Pre-existing System (QPI)** | | | | |
| Not tiered, universal requirement<br>• Participate in training on the Epstein Model of Parent Engagement<br>• Create and implement an agency-wide plan based on the Epstein Model of Parent Engagement<br>• Implement the "Provisions for Parents" line-item indicators on the ERS<br>• Maintain an open-door policy for parents to visit or volunteer in the program<br>• Ensure a minimum of two opportunities for parents to attend events at preschool<br>• Parent education workshop series<br>• Provide information to families about community resources and services | | | | |
| **Sonoma County Pre-existing System (Value in Preschool [VIP])** | | | | |
| Not tiered, universal requirement<br><br>NAEYC or NAFCC accreditation standards | | | | |

| Ventura County Pre-existing System (QRIS pilot) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| QRIS:<br>ERS self-assessment, ERS subscale (Parents and Staff) average score of 3. Quality improvement plan is developed if score is less than 3. Meet Title 22 center requirements. No Type A (Zero Tolerance) citations within the last 12 months. | QRIS:<br>ERS peer assessment, ERS subscale (Parents and Staff) average score of 3. Quality improvement plan is developed if score is less than 3. Topics offered in support of subscale. Provisions for parents, indicators for family information and/or education may include topics such as how children learn at home and in early learning and care; developmental levels and brain development; physical activities and nutrition. | QRIS:<br>ERS independent assessment, ERS subscale (Parents and Staff) average score of 4. Quality improvement plan is developed if score is less than 4. Written transition plan that is activated when a child moves into another child care setting or into kindergarten. Minimum components for the Programs Transition Plan:<br>• Specific steps to support transitions<br>• Timeline<br>• Description of how families will be included in transition plans<br>• Description of the communication system supporting transitions | QRIS:<br>ERS independent assessment, ERS subscale (Parents and Staff) average score of 5. Quality improvement plan is developed if score is less than 5. | QRIS:<br>ERS independent assessment, ERS subscale (Parents and Staff) average score of 6. Quality improvement plan is developed if score is less than 6. Community is included in the planning process for improving family involvement. |

**Exhibit E-4. Comparison of Rating Criteria for Staff Education and Training**

| CAEL QIS Block System | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| 12 units of ECE for center and 15 hours of health and safety for FCCH<br><br>Six months of experience<br><br>21 hours of professional development training per year | 24 units of ECE (core 8) for center, and 12 units of ECE (core 8) for FCCH<br><br>One year of experience<br><br>21 hours of professional development training per year | 24 units of ECE (core 8), and 16 units of General Education (same as Title 5 and current Child Development Teacher permit)<br><br>Two years of experience<br><br>21 hours of professional development training per year | AA degree in ECE or 60 degree-applicable units, etc.—similar to a Master Teacher in Title 5 programs or October 2011 Head Start requirements<br><br>Two years of experience<br><br>21 hours of professional development training per year | BA in ECE or closely related field with 48 or more units in ECE or master's degree in ECE<br><br>Two years of experience<br><br>21 hours of professional development training per year |
| **RTT-ELC Continuum Hybrid Matrix** | | | | |
| **Tier 1 (Common Tier)** | **2 Points (Local Option)** | **3 Points (Common Tier)** | **4 Points (Common Tier)** | **5 Points (Local Option)** |
| Meet Title 22 regulations | Center: 24 units of ECE (core 8), family child care: 12 units of ECE (core 8), and 21 hours of professional development annually | 24 units of ECE (core 8) and 16 units of General Education and 21 hours of professional development annually | AA in ECE or 60 degree-applicable units, including 24 units of ECE or AA in any field plus 24 units of ECE and 21 hours of professional development annually | BA degree in ECE (or closely related field) with 48 or more units of ECE or master's degree in ECE and 21 hours of PD annually |
| **RTT-ELC Quality Improvement & Professional Development Pathways** | | | | |
| **Pathway 1** | **Pathway 2** | **Pathway 3** | **Pathway 4** | **Pathway 5** |
| Professional Growth Plan and Early Education Competencies:<br>• Pathway 1, not required | Professional Growth Plan and Early Education Competencies:<br>• Pathway 2, completed plan for each lead teacher | Professional Growth Plan and Early Education Competencies:<br>• Pathway 3, completed plan for each lead teacher | Professional Growth Plan and Early Education Competencies:<br>• Pathway 4, completed plan for all teaching staff and lead teachers use ECE Competencies Self-Assessment Tool | Professional Growth Plan and Early Education Competencies:<br>• Pathway 5, completed plan and use of tool for all teaching staff |

| Power of Preschool (Los Angeles, Merced, San Diego, San Francisco, San Joaquin, Santa Clara, Ventura, Yolo) | | |
|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** |
| For lead teacher:<br>• Teacher Permit (24 ECE/CD units including core courses and 16 GE units)<br>For assistant teacher:<br>• Assistant Teacher Permit, or 6 units CD/ECE | For lead teacher:<br>• Site Supervisor Permit, equivalent to an AA<br>For assistant teacher:<br>• Associate Teacher Permit, or 12 units CD/ECE, 30 units recommended | For lead teacher:<br>• Program Director Permit (BA or higher, including 24 ECE or child development [CD] units and core course work)<br>For assistant teacher:<br>• Site Supervisor Permit (AA or equivalent BA course work, 24 units CD/ECE recommended) |

| Power of Preschool (San Mateo) | | |
|---|---|---|
| **Tier 1 (Entry)** | **Tier 2 (Advancing)** | **Tier 3 (Full Quality)** |
| For Teacher A:<br>• Has AA or AS degree and 24 ECE units including core courses and adult supervision; AND holds or qualifies and applies for Teacher Permit<br>For Teacher B:<br>• Has 24 ECE units including core courses; AND holds or qualifies and applies for Associate Teacher Permit | For Teachers A & B:<br>• Teachers A & B have at least the Entry level requirements and one or both have more than Entry level requirements but are not yet at Full Quality level Site Supervisor Permit, equivalent to an AA | For Teachers A & B:<br>• Has BA or BS degree AND holds Master Teacher Permit<br>OR<br>• Holds Master Teacher Permit |

| Child Signature Program 1 (Los Angeles, Merced, San Diego, San Francisco, San Joaquin, Santa Clara, Ventura, Yolo) |
|---|
| Not tiered, universal requirement<br>For lead teacher:<br>• BA plus 24 ECE units (including core), or ECE or Multiple Subject Teaching Credential, **or** Child Development Permit Matrix Program Director<br>For assistant teacher:<br>• AA degree (or equivalent course work in a BA program) with appropriate ECE credits (recommend 24 units)<br><br>All staff will participate in professional development to increase effectiveness in working with children with varied language and cultures and children with disabilities and other special needs. |

| Contra Costa County Pre-existing System (Preschool Makes a Difference [PMD]) |
|---|
| Not tiered, universal requirement<br><br>Lead classroom teachers have at least 24 ECE units and 16 GE units (qualifies for Teacher Permit); providers without this qualification will be grandfathered into the program and have until July 1, 2013, to meet this requirement. |

| El Dorado County Pre-existing System (High 5 for Quality) | | | |
|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| 12 ECE units; Minimum of 12 hours staff development training annually per person | Each class is staffed with one teacher holding an associate teacher permit or equivalent; Minimum of 18 hours staff development training annually per person | Each class is staffed with a teacher holding an associate teacher permit plus 12 units of ECE (total of 24 ECE units); Minimum of 24 hours staff development training annually per person | One teacher holds a BA in ECE/CD or related field; Minimum of 48 hours staff development training annually per person |

| Fresno County Pre-existing System (QRIS Pilot) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Staff qualifications meet Title 22: Each classroom or group is staffed by at least one fully qualified teacher who has completed 12 units in child development and six months of experience | Staff qualifications exceed Title 22: 50 percent of the classroom or groups are staffed by at least one person who holds or has applied for a Child Development Teacher permit. The remaining classrooms or groups are staffed by at least one person who holds or has applied for an Associate Teacher Permit. | Staff qualifications meet Title 5: Each classroom is staffed by at least one person who holds or qualifies and has applied for a Child Development Teacher permit. | Staff qualifications exceed Title 5 minimums: Each classroom is staffed by at least one person who holds or qualifies and has applied for a Child Development Master Teacher permit. | Staff qualifications significantly exceed Title 5: Each classroom or group is staffed by at least one person who holds a BA or BS degree in ECE or closely related field. |

| Los Angeles County Pre-existing System (LA STEP) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Center: Each classroom (or group of children) is staffed by at least one teacher who has completed 12 units in ECE and has six months of teaching experience<br><br>FCCH: Licensee has completed 15 hours of health and safety training and holds cardio/pulmonary resuscitation (CPR) certification | Center: Fifty percent of the classrooms (or groups of children) are staffed by at least one person who holds or has applied for a Child Development Teacher Permit. The remaining classrooms (or groups of children) are staffed by at least one person who holds or has applied for a Child Development Associate Teacher Permit.<br><br>FCCH: Licensee holds/has applied for a Child Development Assistant Permit | Center: Each classroom (or group of children) is staffed by at least one person who holds or has applied for a Child Development Teacher Permit.<br><br>FCCH: Licensee holds/has applied for a Child Development Teacher Permit | Center: Each classroom (or group of children) is staffed by at least one person who holds or has applied for a Child Development Master Teacher Permit.<br><br>FCCH: Licensee has an Associate of Arts (AA) in Child Development<br><br>**or**<br><br>Has an AA in another field and has completed 24 early childhood education (ECE) units<br><br>**or**<br><br>Holds/has applied for a Child Development Teacher Permit and is accredited by the National Association for Family Child Care (NAFCC). | Center: Each classroom (or group of children) is staffed by at least one teacher who either: has a BA or BS degree in ECE or has a BA or BS in another field and has completed at least 12 units in ECE.<br><br>FCCH: Licensee has Bachelor of Arts (BA) in Child Development<br><br>**or**<br><br>Has an BA in another field with at least 12 ECE units |

| Los Angeles County Pre-existing System (LAUP 5-Star Quality Assessment and Improvement System) | | | | |
|---|---|---|---|---|
| | | **Tier 1** | **Tier 2** | **Tier 3** |
| Undefined | Undefined | Holds or qualifies for a Child Development Teacher Permit | Holds or qualifies for a Child Development Master Teacher Permit **or** AA in Child Development or AA with minimum of 24 ECE units including core courses listed under the Child Development Permit Matrix | BA degree in ECE or BA/BS with a minimum of 24 ECE units including core courses listed under the Child Development Permit Matrix |

| Nevada County Pre-existing System (Quality Child Care Project) |
|---|
| There is a requirement that there is some ongoing participation in ECE trainings. |

| San Diego County Pre-existing System (Quality Preschool Initiative [QPI]) | | |
|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** |
| For lead teacher, a Child Development Associate Teacher Permit (including nine core ECE units); classroom support staff follow Title 22 or Title 5 regulations for staff | For lead teacher, a Child Development Associate Teacher Permit (including nine core ECE units); classroom support staff follow Title 22 or Title 5 regulations for staff | For lead teacher, an AA degree in child development, **or** a Child Development Master Teacher Permit, **or** an AA degree plus Child Development Site Supervisor Permit; classroom support staff follows Title 22 **or** Title 5 regulations for staff |

| Ventura County Pre-existing System (QRIS Pilot) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| QRIS:<br>12 units of ECE, six months of experience, 21 hours of PD per year (September 2011–August 2012) | QRIS:<br>24 units of ECE (core 8), one year of experience, 21 hours of PD per year (September 2011–August 2012) | QRIS:<br>24 units of ECE (core 8), 16 units of GE, two years of experience, 21 hours of PD per year (September 2011–August 2012) | QRIS:<br>Associate's degree in ECE or 60 degree-applicable units, including 24 ECE or associate's degree in any field with 24 ECE units, two years of experience, 21 hours of PD per year (September 2011–August 2012) | QRIS:<br>Bachelor's degree in ECE or closely related field with 48 or more units of ECE or master's degree in ECE, two years of experience, 21 hours of PD per year (September 2011–August 2012) |

**Exhibit E-5. Comparison of Rating Criteria for Program Leadership**

| CAEL QIS Block System | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| 12 units ECE, 3 units administration, four years of experience, introduction to PAS or BAS | 24 units of ECE, 16 units general education, one year of management or supervisory experience; self-study with PAS or BAS | AA degree with 24 units core ECE, 6 units of administration, 2 units of supervision, and two years of management or supervisory experience; continuous improvement through a PAS or BAS action plan | BA degree with 24 units core ECE, 15 units of management, and three years of management or supervisory experience; continuous improvement through a PAS or BAS action plan | Master's degree with 30 units core ECE including specialized courses, 21 units of management, or administrative credential; continuous improvement through a PAS or BAS action plan |
| **RTT-ELC Continuum Hybrid Matrix** | | | | |
| **Tier 1 (Common Tier)** | **2 Points (Local Option)** | **3 Points (Common Tier)** | **4 Points (Common Tier)** | **5 Points (Local Option)** |
| 12 units of ECE or related field, 3 units of management/administration | 24 units core ECE, 16 units general education, 3 units management/administration | AA degree with 24 units core ECE, 6 units supervision, and 21 hours of PD | BA degree with 24 units core ECE, 8 units management/ administration, and 21 hours of PD annually | Master's degree with 30 units core ECE including specialized courses, 8 units management/ administration or administrative credential, and 21 hours of PD annually |
| **RTT-ELC Quality Improvement & Professional Development Pathways** | | | | |
| **Pathway 1** | **Pathway 2** | **Pathway 3** | **Pathway 4** | **Pathway 5** |
| For Pathway 1, PAS or BAS not required | For Pathway 2, introduction to PAS or BAS | For Pathway 3, familiarity with PAS or BAS | For Pathway 4, self-review with PAS/BAS and continuous improvement through a PAS/BAS action plan<br>**or**<br>NAEYC accreditation self-study<br>**or**<br>self-assessment using the Office of Head Start Monitoring Protocols and continuous improvement through a Program Improvement Plan | Independent PAS or BAS assessment plus continuous improvement through a PAS or BAS action plan<br>**or**<br>NAEYC Accreditation<br>**or**<br>official OHS review in good standing and/or self-assessment using independent assessors plus continuous improvement through a PIP |
| **Child Signature Program 1 (Los Angeles, Merced, San Diego, San Francisco, San Joaquin, Santa Clara, Ventura, Yolo)** | | | | |
| Not tiered, universal requirement<br><br>BA plus 24 ECE units (including core), or ECE or Multiple Subject Teaching Credential, or Child Development Permit Matrix Program Director | | | | |

| El Dorado County Pre-Existing System (High 5 for Quality) | | | |
|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** |
| 15 ECE units and three years of experience; minimum of 12 hours of staff development training annually per person | Site Supervisor Permit or Program Director Permit; minimum of 18 hours of staff development training annually per person | Site Supervisor Permit or Program Director Permit; minimum of 24 hours of staff development training annually per person | Site Supervisor Permit or a Program Director permit; minimum of 48 hours of staff development training annually per person |

| Contra Costa County Pre-existing System (PMD) |
|---|
| N/A |

| Fresno County Pre-existing System (QRIS Pilot) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Staff qualifications meet Title 22: Program director has a minimum of 15 units in ECE (3 in administration) and four years of teaching experience in Child Development/ECE | Staff qualifications exceed Title 22: Program director has at least an AA degree in ECE and one year of administrative experience in Child Development/ECE | Staff qualifications meet Title 5: Program director qualifies and has applied for a Child Development Site Supervisor permit and holds a BA or BS in ECE or related field | Staff qualifications exceed Title 5 minimums: Program director qualifies and has applied for a Program Director permit and holds a BA or BS in ECE or related field | Staff qualifications significantly exceed Title 5: Program director has an MA in ECE or closely related field and qualifies and has applied for Program/Agency Director Permit |

| Los Angeles County Pre-existing System (LA STEP) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| Program director has completed a minimum of 15 units in ECE. At least four years of teaching experience in ECE. | Program director has at least an AA degree in ECE or holds an AA in another field with at least 12 ECE units. At least one year of administrative experience. | Program director holds or has applied for a Child Development Site Supervisor Permit. | Program director holds or has applied for a Child Development Program Director Permit. | Program Director has an MA in ECE or related field and holds or has applied for a Program Director Permit. |

| Los Angeles County Pre-existing System (LAUP 5-Star Quality Assessment and Improvement System) |
|---|
| Not tiered, universal requirement<br><br>Director must have a Site Supervisor Permit<br><br>**or**<br><br>AA (or 60 units) with 24 ECE/CD units including:<br>Core courses: 16 GE units; 6 administration units; 2 adult supervision units. Plus 350 days of three or more hours per day within four years including at least 100 days of supervising adults |

| Nevada County Pre-existing System (Quality Child Care Project) |
|---|
| N/A |

| Riverside County Pre-existing System (Access & Quality Initiative) | | | | |
|---|---|---|---|---|
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| 12 units of ECE, 3 units administration, and four years of experience; introduction to PAS/BAS | 24 units core ECE, 16 units General Education, 3 units administration, one year of management or supervisory experience; self-study with PAS/BAS | AA degree with 24 units core ECE, 6 units administration, 2 units supervision, two years of management or supervisory experience; continuous improvement through a PAS/BAS action plan | BA with 24 units core ECE, 15 units management, three years of management or supervisory experience; continuous improvement through a PAS/BAS action plan | MA with 30 units core ECE including specialized courses, 21 units management or administrative credential; continuous improvement through a PAS/BAS action plan |
| **Ventura County Pre-existing System (QRIS pilot)** | | | | |
| **Tier 1** | **Tier 2** | **Tier 3** | **Tier 4** | **Tier 5** |
| QRIS:<br>12 units core ECE, 3 units administration, four years of experience, introduction to PAS | QRIS:<br>24 units core ECE, 16 units general education, 3 units administration, one year of management/supervisory experience, self-study with PAS | QRIS:<br>Associate's degree with 24 units core ECE, 6 units administration, 2 units supervision, two years of management/ supervisory experience, improvement through PAS action plan | QRIS:<br>Bachelor's degree with 24 units core ECE, 15 units management, three years of management/ supervisory experience, improvement through PAS action plan | QRIS:<br>Master's degree with 30 units core ECE including specialized course, 21 units management or administrative credential, improvement through PAS action plan |

# Appendix F: Extant Data Collection and Analysis Methods (Chapter 5)

We used a variety of data sources and analysis methods to address the four questions outlined in chapter 5:

1. **Characteristics of Participating Providers and Scope of their Participation**. Who are the providers participating in the QRIS or QIS activities? What quality improvement supports do they receive? What are the characteristics of the children and families served by these participating providers?
2. **Characteristics of Providers with Increased Quality Ratings**. What are the characteristics of participating providers that increased their quality ratings?
3. **Community Demographics**. What are the demographics of the community or communities served by the quality improvement efforts?
4. **Variation Across Local Systems**. How do local systems vary in terms of characteristics of participating providers or of the children, families, and communities served by these systems?

To address the first two questions, we conducted descriptive analyses with extant data collected from the QRISs or QISs that were established in counties before the implementation of RTT-ELC. For question 3, we conducted descriptive analyses by using extant data on community characteristics from several sources, including the U.S. Census Bureau and the Early Learning Systems Data Browser, developed by AIR, which draws on a number of California data sources. For question 4, we examined variation across counties in each of these data sources.

## Counties Included in Extant Data Analyses

After screening the county systems to determine the availability of data needed to address these questions, we collected extant data from seven systems in six California counties. The criteria we used to select county systems for inclusion in the extant data analyses were as follows:

1. The county system must have had data available, for those providers participating in the system, on program or classroom characteristics and quality ratings or classroom observations (and preferably child and teacher data as well), and the data must have been linkable across data files through a unique name or identification number.
2. The data must have been stored in database files that could be shared with the study team within the limited time frame of the study.
3. Data must have been for the 2009–10, 2010–11, 2011–12, and/or 2012–13 program years.

We used a multistep process to identify counties that met the criteria for inclusion in the extant data analyses, as shown in exhibit F-1. First, as indicated above, we targeted the 19 county initiatives identified for the site visits described in chapter 3 because these counties either were determined to have had a pre-existing QRIS or were committed to developing one as part of the

RTT-ELC grant implementation. Second, we used information gathered from telephone interviews with county representatives to determine which of these counties actually had pre-existing systems and were likely to have sufficient data within the time frame of interest to include in the extant data collection effort. Subsequently, our study team carefully reviewed information about each initiative and determined that 17 of these initiatives (in 16 counties) met our definition of a QRIS or at least a QIS and were likely to have sufficient data to include. For 16 of the county systems, AIR and RAND study team members conducted telephone interviews with county staff who had knowledge about QRIS or QIS data, about the availability and precise definitions of specific data elements needed for our analyses (described further below and listed in exhibit F-3), and about the feasibility of requesting and collecting that data within our study time frame. One county system declined to participate in the data interview.

**Exhibit F-1. Process of Selecting Counties for Collection of Extant Data on QRIS or QIS**

| | Number of Initiatives | Number of Counties |
|---|---|---|
| Targeted for inclusion in site visits | 19 | 18 |
| Data interview completed for systems that met study definition of a QRIS or QIS and were likely to have sufficient data | 16 | 15 |
| Data collected for descriptive analyses | 7 | 6 |

After conducting the 16 interviews, we determined that data could not be collected, for various reasons, for nine of the county systems that met our definition of a QRIS or QIS. In five of these cases, the county either did not collect the data necessary for analyses or did not store it in a database (for example, some counties kept paper records or stored information in PDF files rather than in spreadsheets). In two cases, the county had data available but declined to participate in the extant data analysis part of this study, citing reasons such as limited staff availability to prepare the data files within the time frame required for the study. Of the remaining cases, one only had three providers in the system so far, so the system was not large enough for inclusion in our analyses, and the other initiative had ended in 2009 and, thus, was outside of our study time frame. Our final study sample of counties included seven county systems in six counties; of these, six were QRISs and one was a QIS:

- Los Angeles Universal Preschool (LAUP)
- Los Angeles Steps to Excellence Program (LA STEP)
- San Francisco Preschool for All (PFA)
- San Joaquin County Preschool Initiative
- Orange County Quality Improvement System (OC QIS)
- Santa Clara Child Signature Program (CSP)
- Contra Costa County Preschool Makes a Difference (PMD)

Exhibit F-2 shows the number of providers participating in the systems and classrooms that were included in the extant data we collected from each county system and the number of children included in the two counties that sent child-level data. Other counties provided data about the characteristics of children at the classroom or program level or did not provide data about children and families in participating providers at all.

**Exhibit F-2. Sample Size for Each Type of Data Collected from Each QRIS or QIS Providing Data**

| | LAUP | LA STEP | San Francisco | San Joaquin | Orange | Santa Clara | Contra Costa |
|---|---|---|---|---|---|---|---|
| Number of providers | 334 | 248–314 | 62 | 7 | 32 | 11 | 62 |
| Number of classrooms or sessions | 517–548 | 175–185 | 147–229 | 28 class-rooms/ 36 sessions | 343 | 37–56 | 69–92 |
| Number of children | -- | -- | 1,826–1,935 | -- | -- | 753–987 | -- |

Note: In this study, 2011-12 was the focal year of data since most counties in our sample collected data during that year. Sample size is for 2011-12 data for all counties except LA STEP, which collected data in 2012-13 only. However, five of the counties had data on program quality from other years (2010-11 or 2012-13) as well. In some counties, the sample size for classrooms was smaller than expected given the number of providers, as data were not available for all classrooms. Also, many counties had classrooms with multiple sessions (such as having separate groups of children in the morning and afternoon). LAUP, LA STEP, and San Joaquin all provided data on child characteristics that was aggregated at the classroom level, so the sample size for this data is considered to be the number of classrooms rather than the number of children served in the classrooms. Data for Orange included 343 classrooms, but all data was provided at the provider level rather than at the classroom level. Sample sizes that are reported as ranges indicate that the county system provided more than one data source for the data type, with different sample sizes for each data source.

# Data Sources and Data Collection Procedures

## *County Extant Data*

To collect data from the seven county systems included in the study sample, we submitted formal data requests to each county, requesting the specific data elements available in each county according to the data interviews. We also collected data-sharing agreements from each county, indicating the county's willingness to share the requested data for the purposes of our study analyses. The county staff transferred the data to our study team by using a secure FTP site created for each participating QRIS or QIS system. After obtaining the data from counties, we cleaned the files and checked for extreme or implausible values, following up with the counties in cases in which data inconsistencies were found. In counties that provided multiple data files, we also checked to ensure that the data files merged together successfully.

Counties differed considerably in the data they had available for the seven QRIS and QIS systems included in our sample. Exhibit F-3 presents information about which specific data elements were collected from each of the seven systems. The majority of data from all systems was available for the 2011–12 program year, so we report results for that year whenever possible. Data were available for all systems on provider and classroom characteristics for participating providers, particularly provider type, size, ages served, and provider setting or funding sources. All but one system had data available on program quality and teacher qualifications.[29]

[29] Orange did not have data available on program quality but was included in the study because program reimbursement is based on ECERS observation results, but we learned only after submitting a data request that the ECERS results were not available in a database file.

**Exhibit F-3. Data Elements for Participating Providers Used in Analyses, from Each QRIS or QIS Providing Data**

| Data Element | LAUP | LA STEP | San Francisco | San Joaquin | Orange | Santa Clara | Contra Costa |
|---|---|---|---|---|---|---|---|
| **Scope of QIS or QRIS** | | | | | | | |
| Number of providers | X | X | X | X | X | X | X |
| Provider location (zip code) | X | X | X | X | X | X | X |
| **Characteristics of Providers** | | | | | | | |
| Program size and ages served | X | X | X | X | X | X | X |
| Center based or family child care | X | X | X | X | X | X | X |
| Setting or funding sources | X | X | X | X | X | | X |
| Curricula used | X | | | | X | | |
| Accreditation | | X | | | X | | X |
| **Characteristics of Early Educators** | | | | | | | |
| Teacher qualifications | X | X | X | X | | X | X |
| **Program or Classroom Quality** | | | | | | | |
| QRIS rating or reimbursement tier | X | X | | X | | | X |
| ERS scores | X | X | X | X | | X | |
| CLASS scores | X | | | | | X | X |
| **Participation in QI Supports** | | | | | | | |
| Receipt of TA, training, or grants | X | X | | X | | | X |
| **Family and Child Characteristics and Development** | | | | | | | |
| Child race and ethnicity | X | | X | X | X | X | |
| Language spoken at home | X | | X | X | | X | |
| Parent education or SES | X | X | | | | X | |
| Child IEP status or referrals | X | | X | X | | | |
| DRDP results | | | | X | | X | |

Note: Some counties sent additional data elements that were not included in the analyses, usually because the data were stored in a format that was not compatible with our analysis approach.

Although most counties collected similar data elements, there were large differences in the way counties defined the variables they collected on participating providers, particularly the program quality data and program and classroom characteristics. For example, four counties had tiered reimbursement rates, but the factors included in the tier determination varied. Also, five counties collected ECERS observation data, but these counties used at least three different methods for scoring the ECERS. Counties also differed in how teacher qualification data, provider setting, and program size information were reported. As a result, it was not possible to aggregate results or report results in a consistent way across counties, although consistent variable definitions were used for reporting whenever possible.

Six of the systems either provided data in a single database file or provided unique identification numbers to allow linking of data across files. However, one county did not have unique identification numbers assigned to classrooms and instead provided text fields with classroom names for linking multiple data files. Most classrooms had consistent names across files, and some that did not could still be matched based on the similarity of the names. However, 22 percent of classrooms in that county system could not be matched and had to be excluded from the analyses.

### *Extant Community Data*

In addition to the data described above, we also gathered data on community characteristics from additional sources:

- AIR's Early Learning Systems Data Browser. This data source contains community demographic information by county (for example, number of children eligible for State Preschool, number of children eligible for free and reduced price lunch), enrollment information by early care and education settings, and number of providers by setting.
- American Community Survey (ACS) data from the census. The ACS data files contain more detailed information on community demographics such as income, parent education, and race/ethnicity.
- Common Core of Data (CCD). The CCD data files contain, among other things, data on urbanicity by county and zip code.

These data were used to characterize the counties that provided data as well as to compare counties with and those without QRIS or QIS systems in place.

## Characteristics of Counties and Systems Included in the Analysis

Seven systems in six counties provided data to be included for analysis. Although this represents only 10 percent of the counties in the state, nearly half of the state's population—close to 17 million people, including more than 500,000 three- and four-year-olds—reside in these six counties (exhibit F-4). In addition, approximately four in 10 licensed centers (4,686) and licensed family child care homes (13,470) are located in these counties. Counties included in the analysis appear to be similar to those not included in terms of the percentage of children in licensed settings and in publicly contracted programs such as Head Start and State Preschool.

Compared with families in counties not included in the analysis, families in the focal counties appear to have more resources, on average. For example, families in the six focal counties have higher total household incomes, on average, by about $4,500 per year, and a smaller percentage of three- and four-year-olds eligible for State Preschool (55 percent in sampled counties versus 64 percent in non-focal counties). In addition, a somewhat larger percentage of adults in focal counties hold bachelor's degrees (33 percent) compared with those in non-focal counties (27 percent).

However, families in focal counties had other risk factors. More families in the focal counties were immigrants (34 percent in focal counties versus 22 percent in non-focal counties) and spoke a language other than English at home (51 percent versus 36 percent). In addition, although only a little more than one third of families in focal counties were white (35 percent), nearly half of families in non-focal counties were white (47 percent).

**Exhibit F-4. Characteristics of the Six Counties Included in the Analysis (Focal Counties) Compared with Counties Not Included in the Analysis (Non-focal Counties)**

| | Non-focal Counties (N=52) | Focal Counties (N=6) |
|---|---|---|
| **Population** | | |
| Total population (2010) | 19,686,519 | 16,950,771 |
| Total number of 3- and 4-year-olds | 595,624 | 503,897 |
| **Availability of ECE services** | | |
| Number of licensed centers | 6,163 | 4,686 |
| Number of licensed FCC homes | 22,352 | 13,470 |
| **Use of ECE services** | | |
| Percentage of 3- and 4-year-olds in licensed settings | 43% | 46% |
| Percentage of 3- and 4-year-olds in publicly contracted programs | 22% | 21% |
| Percentage of 3- and 4-year-olds in Head Start | 14% | 13% |
| Percentage of 3-and 4-year-olds in State Preschool | 8% | 8% |
| **Child demographics** | | |
| Percentage of 3- and 4-year-olds eligible for State Preschool | 64% | 55% |
| Percentage of 3- and 4-year-olds in API 1–3 neighborhoods | 31% | 29% |
| Percentage of 3- and 4-year-olds in API 1–5 neighborhoods | 51% | 48% |
| **Family demographics** | | |
| Mean household income | $59,844 | $64,364 |
| Percentage of adults with HS diploma or higher | 82% | 80% |
| Percentage of adults with BA or higher | 27% | 33% |
| Percentage white | 47% | 35% |
| Percentage Hispanic, any race | 35% | 39% |
| Percentage Asian or Pacific Islander | 10% | 17% |
| Percentage black | 5% | 7% |
| Percentage other or multiple races | 3% | 3% |
| Percentage born outside United States | 22% | 34% |
| Percentage using language other than English at home | 36% | 51% |

In addition, four of the seven systems (LAUP, San Francisco PFA, San Joaquin Preschool Initiative, and Santa Clara CSP) included in the analysis have a common history. They grew out of the Power of Preschool (PoP) initiative funded by First 5 California and local First 5 commissions. They also currently have funds from the First 5 Child Signature Program (CSP 1), which evolved from PoP. This means that these systems focus on improving the quality of programs/providers located in high-need areas of their counties, and predominantly on the classrooms/providers serving preschool age children, as distinct from the birth to age five population. The other systems have drawn on other sources of funding and take a different approach to targeting their quality improvement efforts.

# References


Administration for Children and Families. n.d. *Justification of Estimates for Appropriations Committees.* http://www.acf.hhs.gov/sites/default/files/assets/CCDF%20final.pdf (accessed on March 15, 2013).

American Institutes for Research. 2007. *Evaluation of Preschool for All (PFA) Implementation in San Mateo and San Francisco Counties: Year 2 Report*. San Mateo, CA: American Institutes for Research.

American Institutes for Research. 2010. *Evaluation of Preschool for All (PFA) Implementation in San Francisco County: Year 5 Report*. San Mateo, CA: American Institutes for Research.

Applied Survey Research and First 5 Santa Cruz County. 2012. *Annual Evaluation Report: July 1, 2011–June 30, 2012*. Santa Cruz, CA: First 5 Santa Cruz County.

Austin, L., and P. Scroggins. n.d. *Pilot of Tracking & Reporting Training Participants & Training Activities.* Sacramento, CA: CDE/CDD Quality Improvement Office, Quality Improvement Professional Development, 2011–12.

Avila de Lima, J. 2010. "Thinking More Deeply About Networks in Education." *Journal of Educational Change* 11(2): 1-21.

Barnard, W., W. E. Smith, and others. 2006. *Evaluation of Pennsylvania's Keystone STARS Quality Rating System in Child Care Settings.* University of Pittsburgh Office of Child Development and the Pennsylvania State University Prevention Research Center.

Bernzweig, J. 2011. *Quality Counts: Consultation to Family Child Care*. Alameda, CA: First 5 Alameda County.

Boller, K., P. Del Grosso, and others. 2010. *The Seeds of Success Modified Field Test: Findings from the Impact and Implementation Studies*. Princeton, NJ: Mathematica Policy Research, Inc.

Bowman, B. T., M. S. Donovan, and others, eds. 2000. *Eager to Learn: Educating Our Preschoolers*. Washington, DC: National Academy Press.

Bowman, B.T., Donovan, M.S., and Burns, M.S. eds. *Eager to Learn: Educating Our Preschoolers*. Washington, D.C.: National Academy Press, 2001.

Brandon, R. 2011. *Financing to Promote Quality in Early Care and Education and School-Age Care: Incentives, Supports and Affordability.* Research-to-Policy, Research-to-Practice Brief. Washington, DC: Office of Planning, Research and Evaluation, Administration for

Children and Families, U.S. Department of Health and Human Services. www.acf.hhs.gov/programs/opre (accessed on March 15, 2013).

Bromer, J., M. van Haitsma, and others. 2009. *Staffed Support Networks and Quality in Family Child Care: Findings From the Family Child Care Network Impact Study.* Chicago, IL: Local Initiatives Support Corporation.

Bryant, D. M., K. Bernier, and others. 2001. *Validating North Carolina's 5-Star Child Care Licensing System.* Chapel Hill: University of North Carolina, Frank Porter Graham Child Development Center. http://fpg.unc.edu/resources/validating-north-carolinas-5-star-child-care-licensing-system (accessed on March 15, 2013).

Bryant, D., P. Wesley, and others. 2009. *The QUINCE-PFI Study: An Evaluation of a Promising Model and Delivery Approaches for Child Care Provider Training*. Draft final report. Chapel Hill, NC: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Institute.

Burchinal, M., and others. "Quality of Center Child Care and Infant Cognitive and Language Development." *Child Development* 67 (1996): 606-620.

CAEL QIS. 2010. *Dream Big for Our Youngest Children.* http://www.cde.ca.gov/sp/cd/re/documents/fnlrpt2010.pdf (accessed on March 15, 2013).

Cassidy, D. J., M. J. Buell, and others. 1995. "The Effect of Education on Child Care Teachers' Beliefs and Classroom Quality: Year One Evaluation of the TEACH Early Childhood Associate Degree Scholarship Program." *Early Childhood Research Quarterly* 10(2): 171-183.

Cassidy, D.J., L. L. Hestenes, and others. 2005. "Measurement of Quality in Preschool Child Care Classrooms: An Exploratory and Confirmatory Factor Analysis of the Early Childhood Environment Rating Scale-Revised." *Early Childhood Research Quarterly* 20(3), 345-360.

Center on the Developing Child, National Forum on Early Childhood Program Evaluation, and National Scientific Council on the Developing Child. 2007. *A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children.*

Child Care Aware of America. 2012. *Parents and the High Cost of Child Care.* Author.

Clarke-Stewart, K., and others. "Do Regulable Features of Child-Care Homes Affect Children's Development?" *Early Childhood Research Quarterly* 17, no. 1 (2002): 52-86.

Constantine, W., D. S. Gomby, and B. Mitchell. 2008. *A Review of the First 5 Contra Costa Services for: Mental Health Consultation, Inclusion Facilitation, and Parents and Caregivers of Children with Special Needs*. Concord, CA: First 5 Contra Costa.

Davis Consultant Network. 2012. *Evaluation Findings for Fiscal Year 2011–2012*. Woodland, CA: First 5 Yolo.

Dickinson, D. K. and L. Caswell. 2007. "Building Support for Language and Early Literacy in Preschool Classrooms Through In-service Professional Development: Effects of the Literacy Environment Enrichment Program (LEEP)." *Early Childhood Research Quarterly* 22(2): 243–260.

Donegan, M. M., M. M. Ostrosky, and others. 2000. "Peer Coaching: Teachers Supporting Teachers." *Young Exceptional Children* 3(3): 9.

Elicker, J., C. C. Langill, and others. 2011. *Evaluation of Paths to QUALITY, Indiana's Child Care Quality Rating and Improvement System: Final Report*. West Lafayette, IN: Purdue University.

Felix, E., A. Terzieva, and others. 2011. *Evaluation Report 2010–2011: A report to the Santa Barbara County First 5 Commission*. Santa Barbara, CA: University of California Santa Barbara.

Fiene, R. 2002. "Improving Child Care Quality Through an Infant Caregiver Mentoring Project." *Child & Youth Care Forum* 31(2): 79-87.

First 5 Fresno. 2011. *Fresno QRIS Pilot Project*. Unpublished report.

First 5 Los Angeles. 2012. *Universal Preschool Child Outcomes Study (UPCOS)*.

First 5 San Francisco. 2012. *A Report to the Community on Strategic Plan Progress 2010–11*. San Francisco: Author.

Franke, T., L. Espinosa, and L. Hanzlicek. 2011. *Power of Preschool Program Evaluation Report December 2011*. Sacramento, CA: First 5 California.

Fuller, B., and S. L. Kagan. 2000. *Remember the Children: Mothers Balance Work and Child Care Under Welfare Reform: Growing Up in Poverty Project 2000, Wave 1 Findings—California, Connecticut, Florida*. Berkeley, CA: Graduate School of Education—Policy Analysis for California Education, University of California.

Girolametto, L., E. Weitzman, and others. 2007. "The Effects of In-Service Education to Promote Emergent Literacy in Child Care Centers: A Feasibility Study." *Language, Speech, and Hearing Services in Schools* 38:72-83.

Hamre, B. K., S. G. Goffin, and M. Kraft-Sayre. (2009). *Classroom assessment scoring system (CLASS) implementation guide.* Retrieved from Teachstone Web site: http://www.teachstone.org/about-the-class/

Harder+Company. 2007. *2006–2007 First 5 San Joaquin Preschool for All Evaluation Report*. Stockton, CA: First 5 San Joaquin.

Harder+Company. 2008 *CARES Statewide Retention Study: Final Report.* Sacramento, CA: First 5 California.

Harder+Company. 2009. *CARES for the Early Learning Workforce: Evaluation Report, Round Four, 2006–06 to 2007–08*. Sacramento, CA: First 5 California.

Harder+Company. 2010a. *First 5 Contra Costa Annual Evaluation Report: 2008–2009*. Concord, CA: First 5 Contra Costa.

Harder+Company. 2010b. *First 5 San Joaquin Evaluation Report 2008–2010*. Stockton, CA: First 5 San Joaquin.

Harder+Company. 2010c. *First 5 San Joaquin School Readiness Longitudinal Evaluation Study*, *Year 3 Progress Report*. Stockton, CA: First 5 San Joaquin.

Harder+Company. 2012. *First 5 San Diego Annual Evaluation Report FY 10–11*. San Diego, CA: First 5 San Diego.

Harder+Company. 2013. *First 5 San Joaquin Longitudinal School Readiness Evaluation Report*. Stockton, CA: First 5 San Joaquin.

Helburn, S. W., ed. 1995. *Cost, Quality, and Child Outcomes in Child Care Centers: Technical Report*, Denver, CO: Department of Economics, Center for Research in Economic and Social Policy, University of Colorado at Denver.

Helburn, S. W., ed. 1995. *Cost, Quality, and Child Outcomes in Child Care Centers: Technical Report*, Denver, CO: Department of Economics, Center for Research in Economic and Social Policy, University of Colorado at Denver.

Howes, C. "Relations Between Early Child Care and Schooling." *Developmental Psychology* 24 (1988): 53-57.

Isner, T., K. Tout, and others. 2011. *Coaching in Early Care and Education Programs and Quality Rating and Improvement Systems (QRIS): Identifying Promising Features.* Washington, DC: Child Trends.

jdcPartnerships. 2010. *Corps AA 2006–2010: Summary of Findings and Recommendations*. San Rafael, CA: jdcPartnerships.

Karoly, L. A. 2009. *Preschool Adequacy and Efficiency in California: Issues, Policy Options, and Recommendations*. MG-889. Santa Monica, CA: RAND Corporation.

Karoly, L. A. 2012. *A Golden Opportunity: Advancing California's Early Care and Professional Development System*. MG-1188. Santa Monica, CA: RAND Corporation.

Karoly, L. A., B. Ghosh-Dastidar, and others. 2008. *Prepared to Learn: The Nature and Quality of Early Care and Education for Preschool-Age Children in California.* TR-539. Santa Monica, CA: RAND Corporation.

Keys, T. D., G. Farkas, and others. 2013. "Preschool Center Quality and School Readiness: Quality Effects and Variation by Demographic and Child Characteristics." *Child Development* 84(4): 1171-1190.

Kipnis, F., M. Whitebook, and others. 2012. *Learning Together: A Study of Six B.A. Completion Cohort Programs in Early Care and Education: Year 4*. Berkeley, CA: Center for the Study of Child Care Employment.

Koh, S. and S. B. Neuman. 2009. "The Impact of Professional Development in Family Child Care: A Practice-Based Approach." *Early Education & Development* 20(3): 537-562.

Kohler, F. W., K. M. McCullough, and others. 1995. "Using Peer Coaching to Enhance Preschool Teachers' Development and Refinement of Classroom Activities." Early Education & Development 6(3): 215-239.

Kretlow, A. G., C. L. Wood, and others. 2009. "Using In-Service and Coaching to Increase Kindergarten Teachers' Accurate Delivery of Group Instructional Units." The Journal of Special Education 44(4): 234-436.Lahti, M., C. Langill, and others. In progress. *Validating Standards in Child Care Quality Rating and Improvement Systems: Exploring Validation Activities in Four States.* OPRE Report. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Lam, I., and S. Muenchow. 2009. *First 5 Power of Preschool: Lessons from an Experiment in Tiered Reimbursement*. San Mateo, CA: American Institutes for Research.

Landry, S. H., J. L. Anthony, and others. 2009. "Effectiveness of Comprehensive Professional Development for Teachers of At-Risk Preschoolers." *Journal of Educational Psychology* 102(2): 448–465.

Lipsey, M. W., and D. B. Wilson. 2001. *Practical Meta-Analysis*. Thousand Oaks, CA: Sage Publications.

Love, J., S. Atkins-Burnett, and others. 2009. *Los Angeles Universal Preschool Programs, Children Served, and Children's Progress in the Preschool Year: Final Report of the First 5 LA Universal Preschool Child Outcomes Study.* Princeton, NJ: Mathematica Policy Research.

Malone, L., G. Kirby, and others. 2011. *Measuring Quality Across Three Child Care Quality and Improvement Systems: Findings from Secondary Analyses.* Washington, DC: Office of

Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. http://qrisnetwork.org/sites/all/files/resources/gscobb/2011-09-28%2014:15/Report.pdf (accessed on March 15, 2013).

Mitchell, A. 2012. *Financial Incentives in Quality Rating and Improvement Systems: Approaches and Effects.* QRIS National Learning Network. http://www.qrisnetwork.org/sites/all/files/resources/gscobb/2012-05-24%2015:13/Approaches%20to%20Financial%20Incentives%20in%20QRIS.pdf (accessed March 15, 2013).

Mitchell, A., K. Kerr, and others. 2008. *Comparison of Financial Incentives in States' Quality Rating and Improvement Systems*. Albany, NY: Early Childhood Policy Research, Alliance for Early Education Finance. *http://www.earlychildhoodfinance.org/downloads/2008/MitchQRISfinIncentives_2008.pdf (*accessed on March 15, 2013*)*.

Moiduddin, E., Y. Xue, and S. Atkins-Burnett. 2011. *Informing the Performance-Based Contract Between First 5 LA and LAUP: Child Progress in the 2010–2011 Program Year.* Princeton, NJ: Mathematica Policy Research.

National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network (ECCRN). "The Relation of Child Care to Cognitive and Language Development." *Child Development* 74, no. 4 (2000).

Norris, D. J., and L. Dunn. 2004. *Reaching for the Stars: Family Child Care Home Validation Study Final Report.* Stillwater and Norman, OK: Early Childhood Collaborative of Oklahoma. http://www.okdhs.org/NR/rdonlyres/11E190FA-7FF2-4166-8F6E-19ED34FE4E0F/0/ReachingForTheStarsFamilyChildCareValidationStudyFinalReport_dcc_05092007.pdf (accessed on March 15, 2013).

Norris, D. J., L. Dunn, and L. Eckert. 2003. *Reaching for the Stars: Center Validation Study Final Report,* Stillwater and Norman, OK: Early Childhood Collaborative of Oklahoma. http://www.okdhs.org/NR/rdonlyres/4C0EF19D-6FC4-40C6-8926-A3371B7F4130/0/ReachingForTheStarsCenterValidationStudyFinalReport_dcc_05212007.pdf (accessed on March 15, 2013).

Neuman, S. B., and L. Cunningham. 2009. "The Impact of Professional Development and Coaching on Early Language and Literacy Instructional Practices." *American Educational Research Journal* 46(2): 532-566.

Parsons, G., and S. LaFrance. 2006. *Evaluation of Every Child Counts First 5 Alameda Children and Families Commission's Every Director Counts Project.* San Francisco: LaFrance Associates.

Peisner-Feinberg, E., and others. "The Relation of Preschool Child-Care Quality to Children's Cognitive and Social Development Trajectories through Second Grade." *Child Development* 72, no. 5 (2001): 1534-1553.

Pianta, R. C., A. J. Mashburn, and others. 2008. "Effects of Web-Mediated Professional Development Resources on Teacher-Child Interactions in Pre- Kindergarten Classrooms." *Early Childhood Research Quarterly* 23(4): 431–451.

Prayaga, R. B. 2009. *Power of Preschool Program Evaluation Report*. Sacramento, CA: First 5 California.

Ramey, S., & Ramey, C. 2008. *The Right from Birth study: An Evidence-informed Training Model to Improve the Quality of Early Child Care and Education*. Washington, DC: Presentation at the Child Care Policy Research Consortium Meeting,

Sanchez, M. 2012. *Educational Outcomes for Preschool for All Participants in Redwood City School District—Update*. Stanford, CA: John W. Gardner Center for Youth and Their Communities.

Shen, J., W. Tackett, and X. Ma. 2009. *Second Evaluation Report for Palm Beach County Quality Improvement System*. Palm Beach, CA: Children's Services Council of Palm Beach County.

Shonkoff, J.P. and Phillips, D.A., eds. *From Neurons to Neighborhoods: The Science of Early Child Development*. Washington, D.C.: National Academy Press, 2000.

Sirinides, P. 2010. *Demonstrating Quality: Pennsylvania Keystone STARS: 2010 Program Report*. Harrisburg, PA: Office of Child Development and Early Learning.

The White House. 2013. *Fact Sheet: President Obama's Plan for Early Education for all Americans*. http://www.whitehouse.gov/the-press-office/2013/02/13/fact-sheet-president-obama-s-plan-early-education-all-americans

Thornburg, K. R., W. A. Mayfield, and others. 2009. *The Missouri Quality Rating System School Readiness Study.* Columbia, MO: Center for Family Policy & Research.

Tout, K., R. Starr, and others. 2010a. *Compendium of Quality Rating Systems and Evaluations.* Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Tout, K., R. Starr, and others. 2010b. *Evaluation of Parent Aware: Minnesota's Quality Rating System Pilot: Year 3 Evaluation Repor*t. Minneapolis, MN: Child Trends.

https://s3.amazonaws.com/Omnera/VerV/s3finder/38/pdf/Parent_Aware_Year_3_Evaluation_Report_Nov_2010.pdf (accessed on March 15, 2013).

Tout, K., R. Starr, and others. 2011. *Evaluation of Parent Aware: Minnesota's Quality Rating System Pilot: Final Evaluation Report*. Minneapolis, MN: Child Trends. https://s3.amazonaws.com/Omnera/VerV/s3finder/38/pdf/Parent_Aware_Year_4_Final_Evaluation_Technical_Report_Dec_2011.pdf (accessed on March 15, 2013).

Tschanz, J. M. and C. O. Vail. 2000. "Effects of Peer Coaching on the Rate of Responsive Teacher Statements During a Child-directed Period in an Inclusive Preschool Setting." *Teacher Education and Special Education* 23(3): 189-201.

Valcasti, M. R., J. R. Ogawa, and others. 2011. *First 5 Merced County Annual Evaluation Report FY 2010–2011.* Merced, CA: First 5 Merced County.

Vandell, D. L., and B. Wolfe. 2000. *Child Care Quality: Does It Matter and Does It Need to be Improved?* Report prepared for the United States Department of Health and Human Services, Office for Planning and Evaluation.

WestEd E3 Institute. 2007. *5 Years of Learning: A Report on the First Five Years of Santa Clara CARES 2002–2006*. San Jose, CA: WestEd.

WestEd E3 Institute. 2011. *Power of Preschool in Santa Clara County: Making the First Five Years Count*. San Jose, CA: WestEd.

Whitebook, M., F. Kipnis, and others. 2011. *Learning Together: A Study of Six B.A. Completion Cohort Programs in Early Care and Education: Year 3*. Berkeley, CA: Center for the Study of Child Care Employment.

Whitebook, M., D. Phillips, and others. 2004. *Two Years in Early Care and Education: A Community Portrait of Quality and Workforce Stability*. Berkeley, CA: Center for the Study of Child Care Employment.

Whitebook, M., L. Sakai, and others. 2008. *Learning Together: A Study of Six B.A. Completion Cohort Programs in Early Care and Education. Year 1 Report.* Berkeley, CA: Center for the Study of Child Care Employment, University of California at BerkeleyXue, Y, S. Atkins-Burnett, and E. Moiduddin. 2012. *Informing the Performance-Based Contract Between First 5 LA and LAUP: Child Progress in the 2011–2012 Program Year.* Princeton, NJ: Mathematica Policy Research.

Yoon, K. S., T. Duncan, and others. 2007. *Reviewing the Evidence on How Teacher Professional Development Affects Student Achievement.* Washington, DC: U.S. Department of Education, Institute of Education Sciences.

Zaslow, M., K. Tout, and others. 2010. *Toward the Identification of Features of Effective Professional Development for Early Childhood Educators: Literature Review*. Washington, DC: Child Trends.

Zellman, G. L., and R. Fiene. 2012. *Validation of Quality Rating and Improvement Systems for Early Care and Education and School-age Care,* Research-to-Practice Brief, OPRE. Washington, DC: Office of Planning Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Zellman, G. L., and A. S. Johansen. 1988. *Examining the Implementation and Outcomes of the Military Child Care Act of 1989.* MR-665-OSD. Santa Monica, CA: RAND Corporation.

Zellman, G. L., and L. A. Karoly. 2012. *Moving to Outcomes: Approaches to Incorporating Child Assessments into State Early Childhood Quality Rating and Improvement Systems.* OP-364. Santa Monica, CA: RAND Corporation.

Zellman, G. L., and M. Perlman. 2008. *Child-Care Quality Rating and Improvement Systems in Five Pioneer States. Implementation Issues and Lessons Learned*. Santa Monica, CA: RAND Corporation.

Zellman, G. L., M. Perlman, and others. 2008. *Assessing the Validity of the Qualistar Early Learning Quality Rating and Improvement System as a Tool for Improving Child-Care Quality*. Santa Monica, CA: RAND Corporation. http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG650.pdf (accessed on March 15, 2013)

Zwart, R.C., T. Wubbels, and others. 2008. "Teacher Learning Through Reciprocal Peer Coaching: An Analysis of Activity Sequences." *Teaching and Teacher Education* 24(4): 982–1002.