

**2015 CCPRC Annual Meeting
Session Template for Scribes**

File Naming Convention: E4 - QRIS 3.0 Feedback from Practice and Research on the Next Generation of QRIS - 12.3.15

1. Descriptive Information

<p>Workshop A-1 (Meeting Room) <i>QRIS 3.0 Feedback from Practice and Research on the Next Generation of QRIS</i></p> <p>Description The Quality Initiatives Research and Evaluation Consortium (INQUIRE) and BUILD Initiative are engaged in complementary projects to provide support for policymakers as they make decisions about QRIS design, revision, and evaluation. This workshop will enable participants to learn about the projects and to engage in a facilitated discussion about the implications for QRIS research, policy, and practice.</p>	<p>Facilitator • n/a</p> <p>Presenters • Iheoma Iruka, University of Nebraska (unable to attend) • Diane Schilder, EDC • Kathryn Tout, Child Trends</p> <p>Discussant • n/a</p> <p>Scribe • Jennifer Cleveland, Child Trends</p>
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2. Documents in Session Folder (Please list any electronic documents or web links used during the session.)

3. Brief Summary of Presentations

This session brings together two different strands of work. What is the national landscape for QRIS? Where are states in their implementation of QRIS and how can our current research knowledge support the development of new QRIS frameworks? We have two different yet collaborative efforts to showcase this.

Diane will talk about work initiated by the BUILD initiative about states’ models for their QRIS. What are their goals, and how do their goals align with the reality of where their QRIS currently is? Diane will share what she heard in her interviews with states. Kathryn will then talk about efforts through INQUIRE about a complete conceptual framework. How can we support outcomes beyond child outcomes? We’re putting more and more expectations on multiple outcomes. How can we think through what’s possible based on where states really are in their QRIS? What is a useful framework given so many states are new in their stages of their QRIS?

- **Summary of Presentation #1:** Diane Schilder, EDC
 - Quality Rating and Improvement: Stakeholder Theories of Change and Practice
 - Iheoma was a leader of this work though she cannot be here today. We were asked to take a bird’s-eye view of QRIS. What are we going to do in light of all the validation studies that are coming out. One of the first actions we took is to examine the existing research around quality rating and improvement systems. Harriet Dichter was helpful as a thought partner for this work.
 - Study Purpose, Timeline and Approach
 - Document current QRIS state and local purpose and theories of change/practice
 - Develop composite theories of change/practice that reflect stakeholders’ perspectives of their vision of QRIS and current QRIS.
 - March – June 2015
 - Approach: scanned QRIS compendium and licensing from 16 states
 - Interviewed 54 key stakeholders from 13 states and communities

- Analyzed quantitative and qualitative data from state and national sources
- Conducted focus groups with national experts to reflect on findings.
- MODEL 1: Theory of Change: Vision of Comprehensive QRIS
 - Conceive of...
 - Resources/inputs
 - Activities
 - Outputs
 - Outcomes
 - ALL OF THESE THINGS LEAD TO DESIRED IMPACTS
 - We started asking what is your comprehensive vision of what a QRIS is supposed to do? Then we asked, ok, what are you actually doing?
 - The comprehensive vision has a series of resources and inputs (there is human, financial and political support; state agency structures; funding for infrastructure; per child funding; time; goals/mandates; licensing; evaluation; provider commitment and expertise; community culture; continuous quality improvement processes)
 - Activities – the inputs would be engaged to support activities (initial steps of first building a QRIS – the importance of recruiting providers and preparing providers for the process; engaging providers in conversations about why quality is important so those initial steps could be incorporated into the design; Quality improvement of a QRIS – rating providers, qi supports, workforce supports, physical environment support, tailored quality improvement, re-rate providers; Disseminate ratings – communicate ratings to parents and the public and policymakers and advocates and funders; Continuous Quality Improvement – use data to tweak system and supports). It’s important to build the database, translate materials, develop a grant program for providers.)
 - Outputs (Initial – QRIS infrastructure, knowledge of QRIS, number of diversity of providers; Quality Improvement; Dissemination; Continuous Quality Improvement)
 - Outcomes (cohesive framework for QI, increase number of providers, increased number of children served)
 - THIS WAS THE IDEAL.
 - As we examined the materials of states’ materials, most stakeholders reported a vision of a QRIS based on hopes for the future. Stakeholders’ vision of a QRIS articulates many elements in the Race to the Top opportunity. The vision presumes strong inputs and a comprehensive set of activities but does not include some outcomes and impacts articulated in practice (e.g. professionalization of the workforce)
 - None of the states reported achieving these outcomes yet.
 - Where are states in regard to resources/inputs? States say they are going to improve the achievement gap. But we asked them what they are really doing? And they said they are hoping to “raise the floor.” Most of the states that used this approach is they mentioned having an evaluator who is helping them synthesize the findings.
 - Many states have a step where they actually rate the providers and the rating tools vary.
 - There are not resources specific to coursework for example, but the quality dollars may be spent on PD.
 - One of the early activities is to get the information out to parents and advocates.
 - The outputs include the knowledge of QRIS especially from child care providers, especially in states where there are a lot of providers who are not part of a formal system (unregulated providers). Ultimately they’re looking to engage providers in the system and ultimately to rerate the providers and here importantly it’s to revise the system.
 - States use the data to go to their legislator to provide a framework for funding and supports and to improve the health and safety of the environments. And ultimately to engage people to see what the current conditions are to improve quality
 - Long term impacts enhance child care licensing standards.

- Ultimately to give this information to the public. So that in the absence of improving standards, improving child outcomes may not be realistic and then they realize that perhaps the first step is to examine the licensing.
 - MODEL 2: Raising the Floor
 - States with this QRIS model:
 - Have child care licensing standards below average and have limited political and resource support for child care
 - Support activities that will raise awareness, document existing quality, and engage providers
 - Are using QRIS to address basic health and safety standards
 - This model could be used as a first step toward quality improvement.
 - Child outcomes
 - There is some resource and inputs to improve child outcomes
 - Putting sufficient resources to meet with providers before a rating was done.
 - Outcomes – almost all the states with this framework said there was a framework for thinking about the quality improvement activities.
 - Ultimately the goal is for a more seamless set of services for families and children
 - The ultimate impact for us at least in the short term is to have the data. Is there a relationship between thresholds and child outcomes?
 - The key points from this model are that stakeholders note that the systems are in development.
 - Impacts not expected for several years
 - Short-term child outcomes are not feasible and undermine intent
 - Sustaining this approach and achieving desired outcomes requires ongoing political support, support from state agencies and the ECE provider community as well as adequate funding.
 - Comparing models: Comprehensive Vision and Child Outcomes
 - Inputs and Activities
 - Outputs and Outcomes
 - Impacts
 - Reactions: Yeah, this is nothing new. Others said, “I’m shocked.” One of the issues that came up was the adequacy of funding. Examining the entire structure of supports.
 - Adequate funding for the infrastructure as well as ongoing quality service delivery and improvement is needed
 - How prevalent were the two models?
 - Almost everyone mentioned the Comprehensive Vision model
 - Child outcomes model was more prevalent for the RTT states
 - Raising the Floor was more prevalent with less robust licensing standards and with less robust supports
 - More stakeholders mentioned the Raising the Floor than we imagined.
 - What about grants?
 - Those supports and incentives were more prevalent in the child outcomes models.
 - Some states mentioned they have a framework, but didn’t have the financial supports
- **Summary of Presentation #2: Developing a Research-Based Conceptual Framework for QRIS (Kathryn Tout)**
 - Where can we as researchers come in to be helpful with a conceptual framework for QRIS?
 - This work is part of INQUIRE
 - This has been an ongoing discussion.
 - This was initially presented at a BUILD meeting, presented by Marty Zaslow.
 - We can think about outcomes beyond child outcomes. Are QRIS investing in those other goals? There were some initial workgroup discussions. Then we reunited that meeting recently to think about where do we go from here. What would that look like and how can we prepare materials that might be useful to states?

- This complete conceptual framework would be a QRIS conceptual framework that provides an organizing structure for outlining goals and how they will be achieved.
- This work could clarify the multiple goals of QRIS including but going beyond child outcomes
- Identify the activities needed to achieve the goals
 - See the gaps between expectations for outcomes and the scope and intensity of activities.
 - Plan evaluation and monitoring activities
- We are still very much in process with the work. The goal is to create research based recommendations for QRIS design that could focus on three pieces.
 - First, focus on health and safety foundations
 - Second, build a strong top tier of quality.
 - Third we need to develop recommendations of effective quality improvement supports that incentivize and promote movement.
- Then we will put recommendations in the context of other necessary system supports
- The first piece would be to focus on the health and safety foundations
 - Acknowledge the critical role of licensing in QRIS
 - Draw upon resources such as Caring for Our Children
- Second, focus on elements within a top tier of quality
 - Incorporate findings from a recent literature review of quality indicators included in QRIS
 - Emphasize new research on quality thresholds
 - Discuss new research on domain specific practices (math, literacy, supports for social-emotional development) How can these supports be practically implemented in programs and scaled?
- Develop effective quality improvement supports
 - Invest in supports that help and incentivize programs to advance toward practices at the top tier
 - Coordinate with efforts to support the early care and education workforce
 - Consider the importance of program capacity and leadership to engage in ongoing continuous quality improvement.
- Put recommendations in the context of the necessary system supports
 - Efficient coordinated monitoring protocols
 - Supportive technical assistance
 - Effective prof dev and connections with higher education
 - Financing to support reward and maintain high quality
- We don't have all the answers yet, but we can put recommendations forth about where we are and what we know now.
- Next steps:
 - Reconvene expert panel to review proposed outline
 - Draft product that will be available for QRIS meeting in July.

4. Brief Summary of Questions and Discussion

- a. Question about the position of health and safety in the conceptual framework --- it's been thought of to be the foundation of quality. Yet health and safety continue to be our lowest scores on the ECERS while Interactions subscale is high. What is that really about? I think part of that is a measurement issue. Over the years, I've thought about the steps and they don't work how we wanted it to work. It seems like our providers can do these other things well. Emotional Support on CLASS is also high and they don't meet basic health and safety standards either. Given how we measure this, no one will get above a 2.5 on the ECERS. How can we think about this differently?
 - i. The health and safety foundations are something that we don't think about as a continuous improvement. Our licensors would write citations whereas a coach would look at this as an opportunity. The example of a center that made a health and safety mistake and lost its 4-star rating.
 - ii. As researchers we thought there would be really clear lines. And in fact, states were doing all these things at one time and hoping for the best.

- b. Question about the distinctions between the QRIS models: I didn't really see differences in the three models you showed. I wouldn't throw out the complete conceptual framework. It's a framework to guide to get to desired outcomes. Maybe we need to get programs really good at the foundational things first before expecting them to do more.
 - i. The conceptual framework is a framework and not a prescription.
 - ii. RTT-ELC states may have an unrealistic expectation of outcomes
- c. Comment: we should spend more time on health and safety and how highly rated programs may not meet compliance issues. One of stories was a provider was a day late in getting in her criminal records and was out of the QRIS. We're thinking about doing less black and white and grayer because we've assumed that if you're doing these floor things and if you're highly rated, you shouldn't have any problems.
 - i. Coming at this from an educator standpoint, students don't care about health and safety.
 - ii. I used to do some work in the adult basic education area. The theory used to be you had to master all your basics before you could do anything interesting. So they've started to teach differently so you don't have to master all the basics before getting to the interesting stuff.
- d. Integrating across your two presentations, I'm not sure it's only health and safety, but also some basic structural things like ratio. This other issue of gatekeeping is very important to the allocation of quality improvement funds. We shouldn't be dealing with some of these things until we deal with the foundational aspects first.
- e. Question about the three pronged framework. Will programs have the incentives to move through the middle sections of the quality ladder ? I think it's the right conceptualization. It mirrors the Q-DOT project. It did find some evidence for thresholds of quality that showed some evidence that we don't see child outcome results unless we get to a certain threshold. What will keep the programs in? Is it tiered investments? What would it be that helps us? Helps programs? There has also been a new term used at this conference and it's "move up" to the next level.
- f. Comment: Our knowledge of early developmental science is that we can't really differentiate between the 2 and 3 and 4 level so how do we
- g. Comment: Another aspect of validity we haven't talked about is validity that is sensitive to change. Maybe when we talk to parents or policy makers we only talk about 3 levels. But then internally, we talk to programs/providers we talk about differentiation.

BUILD is having a webinar on 12/15/15.

Executive summary and final report will be posted to BUILD website and sent to Research Connections