

Meeting on Evaluation of State Quality Rating Systems

**April 23-24, 2008
Washington, DC**

Meeting Summary

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Sponsored by the U.S. Department of Health and Human Services
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Office of Planning, Research, and Evaluation
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Purpose of the Roundtable

As of February 2008, 17 states and more local communities had implemented Quality Rating Systems (QRS),¹ and many other states and communities were planning or piloting such systems. Child Care and Development Fund (CCDF) discretionary funds for quality enhancement (the required 4% and/or set aside funds) have been used in many cases to support different components of these QRSs. Identifying and communicating key issues in the implementation and evaluation of QRSs can inform the decisions of those who are still developing their systems or who want to make changes to their systems. Such communication also can identify emerging patterns of findings across evaluations now being conducted and can identify mechanisms for summarizing findings on an ongoing basis so that results can be used to inform future state and community efforts.

On April 23-24, 2008, Child Trends convened a meeting on the Evaluation of State Quality Rating Systems. The purpose of the meeting was to provide an opportunity for discussion about similarities and differences across state QRSs, a common framework for identifying evaluation goals, and an opportunity to identify and communicate key issues that have arisen in the implementation and evaluation of state QRSs. Each of these goals was selected in order to provide information to states that are interested in developing or refining QRSs.

Theory of change was the underlying theme to the meeting, with a particular emphasis on using logic models as the foundation for evaluation. Participants examined each component of the logic model in relation to the frameworks that guided the states' respective QRSs. They shared similarities and differences among states' experiences and discussed the potential for coordinating research activities across states. Participants included teams from nine states (Colorado, Indiana, Minnesota, Missouri, New Mexico, Ohio, Oklahoma, Pennsylvania, and Tennessee) represented by State Child Care Administrators and evaluators, several invited researchers, and federal partners.

Two previous roundtables set the stage for this meeting. A December 2006 meeting, *Roundtable on Measuring Quality in Early Childhood and School-Age Settings: At the Junction of Research, Policy, and Practice*, examined measurement strategies and how quality measurement is being used in policy and practice settings. That meeting highlighted the need for further investigation regarding how well measures are

¹ A Quality Rating System (QRS) is a systematic approach to assess, improve, and communicate the level of quality in child care and early education programs such as child care centers and homes, Head Start programs, preschools, and after-school programs. For more information on the components of QRSs, please see <http://www.nccic.org/topics/topic/index.cfm?topicID=44>.

functioning in state quality improvement initiatives and how well they link to positive outcomes in young children.²

The purpose of a follow-up January 2008 roundtable, *Developing the Next Wave of Quality Measures for Early Childhood and School-Age Programs*, was to gather experts who specialize in a range of topics related to child care quality and child outcomes to provide guidance to the field on possible directions for developing, refining, and strengthening measurement strategies.³

Goals and Scope

There were five goals for the April 2008 meeting:

1. To discuss states' current QRSs, including similarities and differences across states
2. To provide a common framework for identifying evaluation goals and approaches
3. To emphasize the importance specifying evaluation components in relation to the components of a logic model
4. To discuss evaluation strategies focusing on each evaluation component
5. To identify the potential for coordinating research activities across states

With these goals in mind, participants were reminded that states were in different stages in the completion of a logic model, and that researchers could serve as resources to help states develop or refine their current logic model.

The remainder of this document outlines key questions addressed at the meeting, summarizes key themes from the meeting sessions, and describes follow-up steps.

Key Questions

In addressing the five goals noted above, meeting participants focused on a set of more specific questions:

- What are the key components of a logic model, and how can they provide the basis for evaluation of QRSs?
- What work have states done toward developing a logic model for their QRS?
- What do states' logic models look like? How have states used the logic model and has it been useful?
- What has been the experience of independent researchers in developing or using a logic model?

² The full report of the Roundtable on Measuring Quality in Early Childhood and School-Age Settings: At the Junction of Research, Policy, and Practice can be found on the Early Care and Education Research Connections website at the following location: <http://www.researchconnections.org/location/ccrca12621>. The executive summary of the meeting is at <http://www.researchconnections.org/location/ccrca12699>.

³ A summary of this meeting is available on the Early Care and Education Research Connections website: <http://www.researchconnections.org>.

- How do states' research questions map onto or correspond to different components of the logic model? Do research questions focus more on some logic model components than others?
- What are the common components of the logic model that emerge across states? What are the key differences across states?
- What challenges and supports face states in evaluating QRSs?
- What are appropriate evaluation strategies for focusing on implementation and outputs? What are appropriate evaluation strategies focusing on short- and long-term outcomes?
- Can certain clusters of states work together? How can the results be synthesized across the states? What other models of collaborative, cross-state work exist and how can they inform this effort?

Themes

Program Design and Goals

There are meaningful differences across states in design. These differences make it challenging to generalize findings and lessons learned from QRS evaluations.

Dimensions of difference include:

- Whether participation in the QRS is mandatory or voluntary
- Whether the “home” agency for the QRS is within a licensing agency, a Child Care Resource and Referral agency, or a newly created entity
- How QRSs are integrated with licensing and accreditation
- Whether observations are a component of the rating and if so, which observation or observations are used and how often they are carried out
- Whether self-report data are verified by the QRS
- The extent to which quality improvement and technical assistance activities are included in the QRS
- Whether specific components of the QRS provide incentives for low-income families or their providers
- Whether incentives go to families (to purchase care of higher quality), providers, or facilities (to improve the quality of care)
- The extent to which the provision of information to parents is prioritized in the QRS

QRSs have multiple target populations. Because different pathways (within an overall logic model) and time frames may be appropriate for the various target populations, QRS evaluations can be quite complicated:

- QRSs have goals for parents, children, individual providers, programs and facilities, the child care market, and systems of early care and education.

State QRSs vary in their emphasis on different subgroups:

- Some, though not all, states articulate “problem statements” that focus on low-income families. As one example, Oklahoma includes as a problem statement the low proportion of subsidy-receiving families participating in

higher-quality care. The state structured its program to provide incentives for including subsidy-receiving families in higher-quality programs.

- Some state QRSs include school-age care and care for infants and toddlers, in addition to care for children before they start kindergarten.
- Some state QRSs have an explicit focus on culture and diversity, both in terms of measuring quality and of reaching out to families and providers.

QRSs are increasingly seen as a mechanism for systems change:

- In part, this is because they provide a “hub” for collecting and storing pilot and tracking data, managing quality improvement efforts, and providing a common basis for approaching quality improvement across different types of care.
- QRSs also involve integrating differing data systems, which can become a “driver” of systems change.
- Even in states in which systems change was not initially a goal, it is viewed over time as emerging as a goal.

QRS Evaluations

States differ in the extent to which a logic model is implicit or explicit in their QRS evaluations:

- Some states have brought together stakeholders to develop an explicit logic model.
- States that did not have an explicit logic model had implicit logic models. They agreed that distinguishing among the components of the logic model (for example, distinguishing outputs from outcomes) would be helpful in developing evaluation questions and designs.
- States also agreed that articulating an explicit logic model helped build an overall research strategy, with specific studies focusing on questions linked with differing components of the logic model. Thus, an overall research strategy might include different studies seeking to validate levels of the QRS, track participation in the QRS by providers and families, look at changes over time in quality, and assess links with children’s outcomes.

Some states’ QRS evaluations emphasize outputs, some focus on outcomes, and some cover both:

- Minnesota and Missouri are two examples of states that are already focusing on outcomes.
- States are focusing on outcomes even during pilot studies, showing that the focus on outcomes is not limited to states with QRSs that have been in place longer.

More emphasis is being placed on output data instead of outcome data:

- Many states have tracked initial output data and used these data to modify program design.

- While the use of initial or pilot data was seen as important for modifying program design, states also cautioned that too many rounds of revision of a QRS upset providers or were difficult for parents to absorb.

Some state QRS evaluations have built-in planned variation studies:

- An important example of variation is the provision of additional funding (for example, through scholarship programs in Minnesota) for low-income families to purchase care at higher-quality levels.

States highlighted the need to build in an assessment of the cost of QRSs (and QRS components) into research:

- States agreed that it is important to examine the cost of implementing state QRSs
- An additional issue is the balance of expenditures on measuring quality, improving quality, and disseminating information about quality.
- States articulated a concern not only with mounting or launching QRSs, but with paying the costs of sustaining QRSs over time.
- States expressed concern about the cost of higher quality being passed along to consumers, especially low-income families.

Common evaluation questions and methodologies included the following:

- States recognized that there are similarities among some of the evaluation questions and approaches they use.
- Many states carry out surveys asking representative samples of parents about their awareness of QRSs and use of information from QRSs.
- Many states collect information from providers about their reactions to QRSs.
- A number of states examine the levels of quality and whether they differ according to some external criteria (for example, whether an observational measure differentiated the differing levels of quality).
- Many states will be looking at fall-to-spring change scores on measures of children's development in light of quality level. This is based on the recognition that the most meaningful contrast in this area would be between the highest level and other levels, that is, that contrasts across all levels might not show differences and that there must be care at the highest quality before differences emerge. Some meeting participants suggested an alternative hypothesis, that a threshold of quality (not necessarily the highest level) could be identified as that which was related to improved child outcomes.

Participants recognized the potential to summarize studies across states:

- The logic model components provide a useful tool for thinking about ways to summarize QRS evaluations.
- For example, as studies move forward, it would be possible to summarize findings pertaining to validating levels of QRSs, findings pertaining to

parent perspectives on QRSs, findings pertaining to participation in QRSs, and so forth.

Some expressed concern about the unintended consequences of QRSs:

- There was discussion of the need for research designs to capture the unintended consequences of QRSs.
- For example, a QRS evaluation could document change over time in the quality of licensed and regulated care in a state, but fail to document the movement of low-income families or providers out of the system of licensed and regulated care.

Follow-Up Steps

The meeting's presentations, small group discussions, and panel sessions generated ideas about possible next steps in the implementation and evaluation of states' Quality Rating Systems. The follow-up steps and products described below were aimed at 1) disseminating the information from this meeting to stakeholders, including federal and state policy makers, practitioners, and researchers in the field; and 2) moving the field forward in terms of our understanding of defining and measuring quality in early care and education settings and its effects on children, families, and child care markets.

- ***Issues for the Next Decade of Quality Rating and Improvement Systems Issue Brief:*** This paper elaborates on the themes raised at this meeting and will be made available for wider dissemination through the Early Care and Education Research Connections website.
- **Presentations at Meetings:** Conveners and presenters at the meeting presented summaries to two other meetings to broaden the discussion of issues to consider in planning for QRS evaluations:
 - **State and Territory Child Care Administrators' Meeting (STAM)** (July 28-30, 2008, Washington, DC)
 - **Child Care Policy Research Consortium Meeting (CCPRC)** (July 31-August 1, 2008, Washington, DC)
- **Consortium:** The Office of Planning, Research, and Evaluation (OPRE) will provide support for a consortium of researchers, evaluators, and state administrators to develop a community of learners around evaluations of QRSs.
- **New Research:** OPRE will support a newly awarded research contract. The contract includes the following goals:
 - Convening a **panel of expert consultants** to provide guidance and review written material related to QRS evaluations
 - Preparing a **compendium of all statewide and local QRSs**, including both fully implemented and pilot programs
 - Conducting a **comparative multi-case study** of selected QRSs to explore the unique contexts and processes of planning and development, implementation, and evaluation of the various QRSs

- Conducting **comprehensive secondary analysis** of existing QRS evaluation data, for example, analyses to identify the supports and incentives that are most important for improving quality
- Producing an **analytic paper** in which the information outlined in the compendium, the data collected for the case study, and the results of the secondary analyses are synthesized and evaluated to address issues related to the design and implementation of QRSs, the relations among specific components of QRS and quality of care, and the multiple uses of evaluation
- Developing a **tool kit** for evaluating QRSs that will be a user-friendly resource for state administrators and others involved in planning and evaluating QRSs