

**Roundtable on Measuring Quality
in Early Childhood and School-Age Settings:
At the Junction of Research, Policy and Practice**

**December 4-6, 2006
Washington, DC**

Executive Summary

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Executive Summary

**Meeting Summary:
Roundtable on Measuring Quality
in Early Childhood and School-Age Settings:
At the Junction of Research, Policy and Practice
Sponsored by the Child Care Bureau¹
U.S. Department of Health and Human Services
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Purpose of the Roundtable

Quality measures were originally developed for research aimed at describing the settings that children spend time in and identifying the characteristics of these environments that contribute to children's development. Increasingly, however, measures of quality are being used for further purposes. In particular, they are being used to guide improvements in practice and as components of state policies.

Regarding practice, in many initiatives to improve the quality of early and school-age care and education, a starting point is the completion of an observational measure of the quality of the environment. Results are then used to identify specific areas in need of strengthening and to develop a plan for quality improvement.

Regarding policy, states are dedicating funding to improve the quality of early and school-age care and education, often going beyond the required four percent set aside of Child Care and Development Fund to allocate further state and federal funds to this goal. One increasingly prevalent approach across states is the development of quality rating systems. These systems provide summary information (for example, with five stars indicating the highest overall quality) regarding the quality of all licensed early and school-age care and education settings, or a subset that chooses to participate in a voluntary system. The intent is to increase consumer information and awareness, and to improve quality through the provision of technical assistance and resources, and through increased demand for quality settings.

State quality rating systems reflect a state's consensus on defining and measuring quality. Most state quality rating systems include the direct observation of quality as a major component of the summary rating of quality. They often include other measures of quality as well, including such structural measures as educator/caregiver education and training and group size or ratio.

The widespread use of quality measures in practice and policy as well as in research is raising a new set of questions and challenges for the early and school-age care and

¹ The Research Team of the Child Care Bureau, which sponsored the Quality Roundtable, is now part of the Office of Planning, Research and Evaluation, U.S. Department of Health and Human Services.

education field. A roundtable was convened in December, 2006, in Washington, DC to bring together representatives of the research, policy and practice communities to engage in a dialogue about issues that are emerging with the increasing use of quality measures for differing purposes.

Key Questions Addressed at the Roundtable

- Using observational measures of quality to guide improvements in practice rests on the assumption that the measures are capturing the most important facets of quality for children’s experiences and their development. What does the research say about the strength of our existing measures of quality? Are these measures zeroing in on the aspects of quality that need to be emphasized if we are interested in strengthening children’s school readiness and progress in school? Are we missing any important facets of quality in our current measurement approaches?
- Is there good agreement across different states in terms of what measures of quality should be included in state quality rating systems? Do states agree on what is “good” quality?
- Are states willing and able to update their quality initiatives when and if new information about the measurement of quality emerges from research?
- Are states encountering challenges in the application of quality measurement when the measures are used for policy and practice purposes? How are states deciding on such issues as how often quality needs to be observed and in how many classrooms in order for a quality rating to be valid?
- What protections are needed to preserve the integrity of the rating process from bias?
- What steps are states taking to help assure that low-income families have access to early and school-age care with higher quality ratings?
- What approaches are states using to evaluate whether and to what extent the measurement of quality for practice and policy purposes actually results in improved quality, both within particular groups or classrooms, and in the number of high-quality settings within a state?

Themes That Emerged During the Roundtable

The components of quality

- Each state that is formulating a quality rating system must go through a consensus building process with key stakeholders to reach agreement on how quality will be defined and measured within the system. With 14 states now having put statewide quality rating systems in place, and at least 20 more states developing them, it is

interesting to note that there are both similarities and differences in the components states have chosen for their systems and how one level of quality is distinguished from another. For example, most states include direct observation of quality in their rating systems, but some states rely entirely on self-reported measures (for example of group size and caregiver education and training).

- Research on the measurement of quality is moving forward and reaching some important new conclusions even as states are moving forward with their quality improvement initiatives and ratings systems to increase consumer awareness of quality. State representatives present at the Roundtable were clear that they are open to new information that can be used to adapt and update their quality initiatives and rating systems.
- As one example of emerging research, findings are pointing increasingly to the need to go beyond general or global measures of quality to include also components focusing on instructional practice, such as supports for early language and literacy development. These extensions of our well-established measures of quality appear to be stronger predictors of academic adjustment and progress than global measures of quality. State representatives at the roundtable were open to the concept of including newer, more in-depth measures of quality related to instructional practices, as well as more global measures of quality, in their rating systems and to guide practice.
- State representatives were also clear that health practices provide a critical foundation for quality (on which global measures and the newer more focused measures targeting instructional practices build). There was consensus at the meeting that quality rating systems should include a specific focus on health to help assure that this fundamental component of quality is rated and reported on to consumers. In some states, the licensing system suffices to monitor this aspect of quality, but there were concerns that in others the quality rating system provides a needed opportunity to complement more limited monitoring and reporting on health issues.

Implementation Issues

- A body of knowledge is emerging within states about the application of quality measures for policy and practice purposes. For example, states have looked at such questions as whether the same summary ratings of quality are arrived at when settings are observed more or less often and when more or fewer classrooms are observed. They are also looking at whether the same person can provide the summary rating of quality for the quality rating system and for the provision of technical assistance, or if these observations need to be kept separate. It will be important to share this important information on the implementation of quality measurement on a broad scale. Participants expressed interest in a consortium that could share new research and information on implementation issues.

- At the same time, practices are emerging across states that pertain to assuring the integrity of rating systems. For example, states are developing practices to assure high levels of reliability in those who observe quality as part of the ratings system, they are carrying out periodic checks of self-report information that contributes to the ratings, and they are putting in place formal procedures for early and school-age care facilities to challenge a rating. Participants at the meeting discussed the potential of documenting not only the components of quality rating systems, but the practices that are needed to assure their fairness.

Effects of quality initiatives and widespread measurement of quality

- We do not yet know whether quality rating systems and other quality improvement initiatives can and do result in system-wide improvement in quality. Participants in the meeting agreed that it will be very important to design and carry out research focusing on this critical issue. We need to understand whether there are key differences in the approaches states and communities are taking. For example, do we see an increase in the proportion of higher quality care settings when initiatives involve the investment of substantial resources not only in completing and publicizing quality ratings, but also in providing guidance and help to care settings to improve quality? Do we see differences in effects when participation in state quality rating systems is mandatory as opposed to voluntary? Coordinated research across multiple states was recommended, addressing the effects of widespread measurement and reporting of quality.
- Participants at the meeting discussed the key issue of whether quality rating systems would have the effect of increasing access to high-quality care in low-income communities. Some concern was expressed that the price of high-quality care might increase with increased demand once a quality rating system was put in place, making high-quality care less rather than more accessible to low-income families. Some states have put in place incentives or requirements to help assure participation in quality rating systems by those providing care in low-income communities. While the overall effects of quality rating systems on demand need to be studied, a specific focus on low-income communities will be critical.
- We have a body of knowledge on what types of care different groups of families tend to utilize, but much less explicit focus on how the choice of a particular care setting is made. A critical opportunity now exists to study whether and how parents make use of summary ratings of quality in choosing care, and the extent to which there are constraints on their use of such information.
- Participants discussed the importance of understanding how quality initiatives are affecting child outcomes. Some state representatives raised concerns about the pressure to document improvement in child outcomes in order to receive continued funding for their quality initiatives. Participants discussed the challenges of conducting statewide assessments of child outcomes including, for example, the expense of sending trained assessors to collect data from children across the state.

Follow-Up Steps

The discussions at the Roundtable generated a number of issues and questions that will be addressed through new research, literature reviews, research briefs, and a second Roundtable supported by OPRE. Specifically, OPRE is supporting:

- A series of papers that will review different components of quality and its measurement. These papers will address the following topics:
 - The dimensions of quality that have and have not been captured adequately in the measurement of quality and in the research literature
 - The functioning of quality measures designed to assess both center-based and home-based settings
 - The role of quality measures in policy and practice contexts
 - The status of culture in the measurement of quality
 - The measurement of health and safety as a component of quality
 - The measurement of quality in settings serving children across the age range, including infants and toddlers and school-age children
- A Research-to-Practice Brief series based on the literature reviews described above
- A compendium of quality measures with descriptions that facilitate comparison of constructs that are covered and psychometric properties of different measures
- Commissioned analyses of existing datasets to identify the components of quality that are the strongest predictors of child outcomes
- A second Roundtable to go into greater depth on the issues identified in the literature reviews and new analyses of quality and child outcomes