

## **QRS Evaluations: Challenges and Opportunities**

### **Description**

On April 24–25, 2008, teams of Child Care and Development Fund State administrators and researchers from nine States with quality rating (and improvement) systems (QRS) met with more than 30 researchers, evaluators, and Federal staff members in Washington, D.C. to discuss issues related to the implementation and evaluation of QRS in States and localities across the Nation. Through panel presentations and group discussions, participants identified key issues and needs in two main areas: (1) program design and goals and (2) QRS evaluations. The first goal of this session was to share with researchers and State administrators who did not attend the roundtable some of the event participants' conclusions regarding issues around QRS evaluation. Thus, the session was a follow-up to both the earlier, invited roundtable and the plenary session that introduced the topic to the larger group. The second goal of the session was to provide session attendees with an opportunity for in-depth discussion of their own experiences with planning or conducting QRS evaluations and to hear about the challenges and opportunities that have arisen for others.

### **Moderator**

Ivelisse Martinez Beck, Office of Planning, Research and Evaluation, ACF/HHS

### **Panel Members**

Kimberly Boller, Mathematica Policy Research, Inc.  
Richard Brandon, University of Washington  
Carolyn Drugge, Maine Department of Health and Human Services  
Kathryn Tout, Child Trends

### **Scribe**

Patti Banghart, Research Connections, National Center for Children in Poverty,  
Columbia University

### **Documents in the Session Folder**

- QRS Evaluations: Challenges and Opportunities
- QRS Evaluation Design and Measurement Issues (Boller)
- QRIS Evaluation: Challenges and Opportunities (Brandon)
- Measuring child outcomes in QRS evaluations: A brief consideration of options (Tout)

### **Discussion Notes**

#### Kim Boller—Design and Measurement Issues (From April Meeting)

- Identify clear evaluation goals and research questions, match a design to these objectives and required rigor (high stakes versus low stakes to determine), and

determine what components matter the most for children (e.g., Colorado Qualistar). The stage of the quality rating system (QRS) can determine the research design (pilot or small scale meaning random assignment with midstage or mature implementation using random assignment as refinements or enhancements). (The Head Start design options framework can be useful.)

- Are infants and toddlers being addressed, and does QRS address their development? Struggled with that in Washington State—planning to use random assignment, but currently deciding to focus on one age group (preschool) and then addressing other age groups later. Need to communicate to parents and stakeholders that findings focus on preschool-age children and not all ages. Missouri has treated each age equally—evaluating across age groups.
- Need to think carefully about random assignment and outcome studies for QRS considering the money available for the States to invest in QRS. The States may not have enough providers, or they may also be involved with other early care and education (ECE) systems. Hard to know when and at what stage of QRS that it is time to test the child outcomes, especially because it takes resources to bring QRS to scale.
- Issues raised by session participants: Maryland is struggling with when parental demand will improve quality. Cost-benefit of evaluation—takes a lot of money for evaluation. Easier to understand child-level quality rather than classroom-level or small-scale changes that are not necessarily statistically significant. Also, need to avoid setting up false negatives because State legislatures will not understand the difference.
- How are children with special needs being incorporated into QRS?
- QRS are only one way to address quality in child care. States are aware of this, and we need to address professional development (PD), other system investments, or all quality initiatives when considering child outcomes. QRS investments are coming from the Child Care and Development Fund program, although the States are drawing from other sources.
- Value of process evaluations and the scale design issue for evaluation. Is it reasonable to have that much control with random assignment? Indiana settled on a more descriptive study, particularly because States implement QRS so quickly.

#### Kathryn Tout—Child Outcomes in QRS Evaluations

- In Minnesota, there was pressure to include child outcomes as a component of its QRS. Validation studies and impact studies are different. Impact studies take time to see the effects. Decided on a descriptive study because it was more realistic. Limited availability of assessment tools for English-language learners or children with special needs with the burden on assessors, it may be more informative to examine children's progress of change over time—e.g., expense, sustainability; age of children in preschool versus infants and toddlers; and the process of how to make rules to select children for study (decided to select low-income children).
  - Mandates from the legislature can drive evaluation. (For example, in Minnesota informing parents was a mandate.)

- Are we going to see children in higher economic levels in higher STAR programs? Will or do low-income families have access to high-STAR programs? How are the States dealing with this? Indiana is interviewing parents about access and subsidy use. Are the States combining QRS evaluations with other evaluations of child care supply and demand, cost, and subsidies? The Massachusetts universal prekindergarten (preK) program provides quality bonuses. There is a study to examine that program and investments in quality rating improvement systems (QRIS). Pennsylvania is trying to gather data across ECE services and is trying to link the systems (e.g., PD, parent education, preK) back to Keystone STARS. The integration of the systems was important considering the longevity of Pennsylvania's QRS, and this process probably includes looking at low-income families.

#### Rick Brandon—Evaluating a Market-Based Intervention

- In Washington, measuring who participates and why, as QRS is voluntary; testing wage-and-price effects not only in participating programs but in the overall market; measuring parent knowledge, demands, and behavior; and sampling implications. (How do we measure this?) The data sources include program questionnaires, staff questionnaires, and rater data—environmental rating scales, checklists of quality, parent surveys, and site operations information. Washington sampled nonapplicants and QRIS applicants (was hard to get both) and was focused on quality outcomes but not child outcomes, including looking at changes in the percentage of subsidized children.
  - Struggle with needing to sample every participating classroom. Mississippi was lucky enough to have sample data on every classroom. It was random, and half sampling each age group was useful. Reason for the evaluation should drive sampling techniques. If the purpose is to evaluate the success of QRS and you randomly assign programs, you will have more power to select classrooms in the program and then can evaluate more programs. If you are testing the program, sampling each classroom may need to be looked at.

#### Carolyn Drugge (Maine)

- Used concept mapping and solicited feedback from parents and providers on how they defined quality. Created standards as a result and piloted them. Have them for school-age, family care, Head Start, and center-based care. Hoped for 20 sites at each level but only obtained 69 programs overall. Teachers in QRS have to participate in the PD registry. The application assigns a step level. Used the Early Childhood Environmental Rating Scales for observations. Have limited funds to put into QRS. Had a difficult time getting providers into the pilot. Have a tax credit for parents if their child is enrolled in a QRS program. Would like to study the impact that the credit had.
  - Linking of subsidy data with QRS data. Maine is thinking about involving all subsidy providers in QRS, so they will be able to track data to obtain the

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- percentage of subsidy children in QRS. Pennsylvania QRS tracks the percentage of subsidy children and other systems, such as early intervention.
- Family, friend, and neighbor (FFN) care. Maine does not involve FFN care in QRS because there is such a small percentage of children in FFN (12 percent).
- Cultural competence and special needs could be a focus of QRS.

#### Need for Further Research

Participation by low-income families, the ways that QRS addresses infants and toddlers and children with special needs, and FFN care.

#### Evaluation Issues

Process evaluations versus experimental techniques, sampling techniques, and the linking of data with other systems.