



Associations among tiered quality rating and improvement system supports and quality improvement



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ABSTRACT

This descriptive study investigated the associations between change in quality and quality improvement supports among center-based programs and family child care homes within Miami-Dade County, Florida's tiered quality rating and improvement system (TQRIS), Quality Counts. The TQRIS supports included grants and financial awards for materials and equipment, educational scholarships for staff, and on-site technical assistance to raise quality. Data were extracted from a TQRIS information management system on 412 programs (342 center-based programs and 70 family child care homes) participating in the TQRIS from 2008 to 2013. Results indicated that across both types of care (centers and homes), quality increased over time. Duration, or amount of time in the TQRIS, was significantly related to quality change. Scholarship amounts received were also significantly related to quality change for centers. Interactions between dosage and supports suggested that some supports were associated with quality change for programs that were in the TQRIS for a shorter duration. The consistent findings regarding duration in the TQRIS and scholarships suggest the importance of supporting programs and their staff. Policy implications related to building TQRISs are discussed.

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Introduction

Pioneering longitudinal studies of model early education programs, including Abecedarian (Campbell & Ramey, 1994), Perry Preschool (Schweinhart, Barnes, & Weikart, 1993), and Chicago Child-Parent Centers (Reynolds, Temple, Robertson, & Mann, 2001), suggested that high-quality early education can improve achievement outcomes, particularly for children from low-income families. In addition to these older randomized studies, more recent observational studies, such as the Cost, Quality and Outcomes in Child Care Centers Study (Peisner-Feinberg et al., 2001) and the Study of Early Child Care and Youth Development (Dearing, McCartney, & Taylor, 2009; NICHD ECCRN, 2002) also showed relations between high-quality early care and education (ECE) and improved school readiness skills. Motivated in part by this link between high-quality ECE and children's outcomes, along with research on parent choice from the child development and economics fields (Cryer & Burchinal, 1997; Hofferth & Wissoker, 1992), states have implemented tiered quality rating and improvement systems (TQRISs) as

a systems-level strategy for enhancing the quality of ECE programs. Oklahoma initiated the first state-wide system in 1998, and since then, TQRISs have been established as either statewide or county-level endeavors in at least 32 states and the District of Columbia (DC), with additional states contemplating or planning to implement such systems. In fact, the recent Federal Race to the Top-Early Learning Challenge grant competition for the states required that states design and implement statewide TQRISs if they had none; 38 states, DC, and Puerto Rico have applied for these funds.

A TQRIS is an approach "to assess, improve, and communicate the level of quality in early care and education settings" (Mitchell, 2005, p. 4), although the systems often are applied to school-age care settings as well. TQRISs aim to improve the quality of the child care market through three primary processes: (a) quality assurance, provided through research-based quality standards that are monitored regularly; (b) supply-side interventions, including technical assistance, professional development, and financial incentives, to improve quality or maintain higher quality; and (c) demand-side interventions, including the use of straightforward, publicly-available quality rating symbols, usually stars, that may be tied to financial incentives to consumers who choose higher quality (Mitchell, 2009). This study uses administrative data from Quality Counts, Miami-Dade County, Florida's TQRIS, to examine the associations among the supports for quality improvement provided

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within the context of the TQRIS, quality, and quality improvement over time.

Background

TQRISs are system-level interventions designed to improve the quality of child care through quality assurance and quality improvement processes, using both supply-side and demand-side interventions. The quality assurance process of a TQRIS involves setting tiered standards and determining programs' achievement of the standards through regular monitoring. States and localities have defined quality standards differently, although there is much overlap in categories. The majority of systems include standards related to environment, staff qualifications, family partnership, and administration and management for both centers and family child care homes, and half or more include curriculum and ratio/group size for centers (Tout et al., 2010). Most of the TQRISs that use an observational tool to measure environmental quality include the family of Environment Rating Scales (ERS), including the Early Childhood Environment Rating Scale-Revised (ECERS-R; Harms, Clifford, & Cryer, 2005), the Infant Toddler Environment Rating Scale-Revised (ITERS-R; Harms, Cryer, & Clifford, 2006), and the Family Child Care Environment Rating Scale-Revised (FCCERS-R; Harms, Cryer, & Clifford, 2007). Other aspects of quality (e.g., staff qualifications, ratios, family partnership, administration and management, curriculum) are measured through a process that may include verified or unverified self-report, submitted documentation, observation, or a combination of these processes.

The quality improvement strategies (i.e., supply-side interventions) employed in a TQRIS may include trainings and onsite technical assistance linked to the quality standards; improvement grants aligned with the TQRIS; and incentives to encourage and reward higher quality, such as tiered reimbursements, quality awards, scholarships, wage enhancements, and retention bonuses. Demand-side interventions include the use of readily understandable quality rating symbols, such as stars, and outreach and marketing of such systems to inform parents, providers, and the public. Tax credits for parents choosing higher-quality care are another example of a demand-side intervention (Blank & Stoney, 2011).

After more than a decade of experience with TQRISs, several systems are now in the process of revisions ("second generation" systems), and, as mentioned above, additional states are planning to implement TQRISs. While there has been some research and evaluation conducted on TQRISs to guide these system overhauls and expansions, the research base on effective design elements of the systems is relatively small. Research findings on TQRISs are much needed to guide policy decision making, especially how design elements within the three primary mechanisms for quality improvement (quality assurance, supply-side interventions, demand-side interventions) are associated with quality and with quality improvement. This paper focuses on the second mechanism, namely supply-side interventions aimed at quality improvement, and examines quality levels, TQRIS supports, and quality improvement within Quality Counts, Miami-Dade County, Florida's TQRIS.

Literature on program supports

The research base on effective TQRIS supply-side interventions that support quality improvement or maintenance is sparse. Most TQRIS research and evaluation activities have been directed at validating quality standards (Elicker, Langill, Ruprecht, Lewsader, & Anderson, 2011; Zellman, Perlman, Le, & Setodji, 2008). These studies have focused on the quality assurance process of a TQRIS and have examined the extent to which rating components and summary ratings can be relied on as accurate indicators of program

quality. Validation is essential particularly because of the high-stakes nature of TQRIS, in which decisions about reimbursement rates and the provision of incentives as well as reputations of programs may rest. In addition, validation ensures that providers are able to use ratings to accurately target quality improvement efforts, that technical assistance and other supports can be appropriately matched to provider needs, and that parents are able to trust ratings in selecting care. Without validating the TQRIS quality ratings, the quality improvement supports (e.g., financial incentives, technical assistance) may not be well aligned and thus money may be wasted addressing aspects of care that do not relate to quality.

Much of the research information available on TQRISs exists in reports or briefs, and not in peer-reviewed journals. This reflects both the relative newness of TQRISs and the policy-oriented nature of the endeavors. We review here evidence related to quality improvement supports within the early care and education field more broadly as well as specifically within the context of TQRISs.

Financial incentives

A variety of direct financial incentives, or monetary awards, may be included in a TQRIS to encourage participation in the system or to support quality improvement efforts. Some of the financial incentives that are built into current statewide systems include quality improvement grants (either direct monetary awards or tax credits) to support activities designed to improve quality; quality achievement grants (either monetary or through the tax system) to recognize programs for reaching higher levels of quality; wage and retention awards (monetary or tax credits) to recognize staff credentials and promote continuity of staffing; and tiered subsidy reimbursements, which may be either flat amounts or percentage increases in rates paid for enrolled children whose families have secured child care subsidies. (Scholarships are another type of financial incentive in some systems; these are described separately below.) Gormley (2002; Gormley & Lucas, 2000) has studied the effects of tiered reimbursements within states that offered increased rates for national accreditation and found that differential reimbursements of at least 15% seemed to facilitate accreditation, while rates less than 10% did not seem to have any effects on accreditation attainment. While Gormley's work examined accreditation, evidence suggests that reimbursement differentials are also important within a TQRIS context, although very little is known about the effects of financial incentives in TQRISs. One purpose of offering incentives is to increase participation in voluntary TQRISs, and evidence suggests that the generosity of financial incentives is associated with greater participation (Mitchell, 2012). A recent small-scale, non-representative interview study of 48 child care center directors from 9 states revealed that the rate differentials and total reimbursements received were often seen as insufficient to achieve and maintain TQRIS quality levels (Schulman, Matthews, Blank, & Ewen, 2012). The current Early Learning Challenge grant activities in the states and their evaluations may provide evidence related to the impact of financial incentives; at least one of the states (Washington) has proposed to study this issue (Stoney, 2012).

Scholarships/other supports for increasing credentials

Scholarships and other supports designed to increase an individual's credentials or qualifications may also be included in TQRISs. Typically, these supports take the form of scholarships for training or courses that lead to recognized credentials or college degrees. Other supports may include release time or substitutes for staff pursuing training or education. Some TQRISs may target such scholarship supports only for credentials or degrees. Studying the associations between these supports and quality improvement has

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