



What do quality rating levels mean? Examining the implementation of QRIS ratings to inform validation[☆]



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ARTICLE INFO

Article history:

Available online 16 September 2014

Keywords:

Quality Rating and Improvement Systems
Program quality
Quality measurement
Implementation
Validation

ABSTRACT

Quality Rating and Improvement Systems (QRIS) provide a summary quality rating for early care and education settings. This paper presents findings from an in-depth study that examined the specification of quality standards and implementation of the rating process in five QRIS. We found that standards vary in specificity and rigor across QRIS but that there was greater similarity at the highest rating levels in comparison to the lowest. Intermediate levels are structured in the context of licensing standards and as accessible steps to help programs progress. We also found that competency drivers to support a well-implemented rating process need improvement. We discuss the implications of standards specification and rating structure on future validation of QRIS.

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Introduction

Quality Rating and Improvement Systems (QRIS) aim to create accessible signals to parents and providers about levels of quality in care, and guideposts to system administrators to support quality improvement among early care and education programs. QRIS rest on the core concept that quality in early care and education experiences matter to young children in setting the course for their success in school. While QRIS share five common structural elements to promote and support quality (standards, a rating process, a quality improvement process, financial incentives, and consumer education; Mitchell, 2005; Tout et al., 2010), QRIS vary in how they operationalize each element.

Despite attempts to define and measure quality (Zaslow, Martinez-Beck, Tout, & Halle, 2011) and to effectively do so on a

scale that differentiates between levels of quality, there is little consensus. The speed of QRIS implementation and expansion over the past decade has outpaced the research, creating a shortage of evidence upon which practices around quality measurement can be built. As a result, each state and municipality implementing a QRIS has conceptualized its own definition of quality and how to measure it on a progressive scale.

Advanced by requirements for validation studies included in the Race to the Top-Early Learning Challenge (RTT-ELC) Program, efforts to conduct research to validate QRIS are now in full force. Validation of QRIS is a test of the system's ability to meet its goals in defining and distinguishing between levels of quality (Zellman & Fiene, 2012). Such an exploration also tests the underlying assumptions that QRIS standards and the rating process have been implemented well and as intended. For example, results from validation studies may challenge assumptions that the quality standards, and their associated indicators, measure what they are supposed to and are assessed and scored with reliability (Lugo-Gil, Sattar, Ross, Boller, Tout, & Kirby, 2011). The findings from validation work can indicate needed revisions to quality standards, and their composition along the rating scale, but only if it has previously been established that the ratings tested were accurate and reliable in and of themselves. Examining specification of the quality standards (how concepts are turned into measures) and implementation of the rating process (how the measures are assessed and scored) provides the information necessary to determine the accuracy and reliability present in the process.

[☆] Author note: This study reflects work conducted as part of the QRS Assessment Project, funded by the Office of Planning, Research and Evaluation in the Administration for Children and Families, U.S. Department of Health and Human Services, under Contract #HHSP233200800394G. The views expressed in this publication are those of the authors and do not necessarily reflect the views or policies of the Office of Planning, Research and Evaluation, the Administration of Children and Families, or the U.S. Department of Health and Human Services.

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This paper presents findings from an in-depth study that examined the specification of quality standards and implementation of the rating process in five QRIS (two of the five structural elements of a QRIS). We detail the decisions and information sources that determined the standards and rating structures across the five QRIS and the degree of variation in the standards that result. We also draw on the precepts of implementation science to examine current practices in the rating process and identify elements that may need further attention in order to promote quality in implementation. Lastly, this study sheds light on what the experiences with standards specification and the rating process in five QRIS imply for what rating levels mean and implications for future validation work.

Validation and implementation

Validation is a process of assessing whether the QRIS is functioning as intended in defining and measuring quality in ways that create accurate and meaningful distinctions between levels of quality and, in turn, differential effects on children's outcomes (Lugo-Gil et al., 2011; Zellman & Fiene, 2012). Validation examines QRIS as a measurement framework, and, as such, draws concepts from both child development and psychometrics to assess how well QRIS measure quality. From this perspective, the utility of quality ratings rests on their ability to convey meaningful differences such that two centers with different rating levels actually differ in the quality of care and education services they provide.

QRIS validation has grown in importance because of: (1) the interest in measuring the level of quality that exists among early care and education programs, particularly those that receive public funding and, (2) the widespread adoption of QRIS to serve this function. Both these factors have, in large part, been the result of federal-level funding opportunities and policies. Through the Race to the Top-Early Learning Challenge (RTT-ELC) Program, the U.S. Department of Education identified QRIS as a key strategy for improving the quality of early learning and child development programs nationwide and requires validation as part of each grantee's evaluation (U.S. Department of Education & U.S. Department of Health and Human Services, 2011). Additionally, the Office of Child Care within the U.S. Department of Health and Human Services, which is responsible for overseeing the Child Care and Development Fund (CCDF), is moving toward including quality indicators (such as a QRIS rating level) as part of the reporting requirements to document and track quality improvement activities supported with CCDF funds (Rudisill, 2012).

The count of existing statewide QRIS (as of February 2014) has reached 37; regional QRIS are in place in two additional states (QRIS National Learning Network, 2014). CCDF and RTT-ELC funds have played a significant role in providing the support for the development and creation of QRIS across the country. As of 2011, 21 of 26 QRIS were housed in state agencies and many were supported through use of CCDF funds (Tout et al., 2011). The three rounds of the RTT-ELC program have provided grants to 20 states which will each use a portion of the funding to create or expand its QRIS (U.S. Department of Education, 2013).

As QRIS has become common practice across the country, the spotlight under which it must perform has become larger and brighter. Publicly funded programs across the board are increasingly expected to follow evidence-based practices and strategies to improve outcomes for the individuals, families, or populations they serve (Burwell, Munoz, Holdren, & Krueger, 2013; Haskins & Baron, 2011; Orzsag, 2009). QRIS has quickly gained prominence as an innovation in the early childhood arena, though not all of its components have a solid evidence base. Causal studies of QRIS that use an experimental design to examine effectiveness of the strategy as a whole in improving quality and child outcomes are as yet

non-existent, in part because of the challenge of randomly assigning children to QRIS participating and non-participating programs, or to QRIS programs at different quality rating levels. In its state of relative infancy, QRIS is still being specified and tested in smaller pieces within each system (Boller, Blair, Del Grosso, & Paulsell, 2010). As stated by Paulsell, Tout, and Maxwell (2013): "Building knowledge about how to effectively implement the five components can serve as an important step toward building the QRIS evidence-base and supporting high-quality, rigorous evaluations to test effectiveness" (p.275).

The growing body of validation work is focused on testing the specification of the standards to identify successful strategies in defining, measuring, and differentiating quality in early care and education settings. At this point in QRIS implementation, administrators and researchers approach validation cautiously; validation work is advocated as an ongoing improvement process rather than a one-time effort. The findings from current validation studies are not intended to provide a "yes" or "no" answer as to whether QRIS work in producing improved outcomes for children in relation to the quality level; rather, the findings can suggest areas for redesign or improvement in the rating approach to differentiate quality in ways that will affect child outcomes (Zellman & Fiene, 2012).

Several validation studies that have been conducted on individual QRIS across the country have yielded inconsistent associations between the QRIS rating level and a program's quality as measured by an external assessment of quality, such as the Environment Rating Scales (the Infant/Toddler Environment Rating Scale-Revised [ITERS-R], Early Childhood Environment Rating Scale-Revised [ECERS-R], and Family Child Care Environment Rating Scale [FCCERS-R]) or Classroom Assessment Scoring System ([CLASS]; Elicker, Langill, Ruprecht, Lewsader, & Anderson, 2011; Lahti, Sabol, Starr, Langill, & Tout, 2013; Sabol & Pianta, 2012; Tout et al., 2011; Zellman, Perlman, Le, & Setodji, 2008). A few of these studies have also examined the association between the QRIS rating level and child outcomes and have found limited to non-existent evidence of a link (Lahti et al., 2013). One study to date has found significant gains in social and behavioral skills, motivation, and self-control for children in the highest-rated programs over those in the lowest-rated programs (Thornburg, Mayfield, Hawks, & Fuger, 2009) and another determined that the QRIS rating is a modest predictor of growth in pre-literacy skills among preschoolers in participating programs (Sabol & Pianta, 2012). Additional limited evidence that has surfaced from validation analyses finds that distinct components within the rating—in particular the validated measures of global quality (ECERS-R) or of teacher-child interactions (CLASS)—may be associated with growth in specific child outcomes (Elicker et al., 2011; Sabol, Soliday Hong, Pianta, & Burchinal, 2013).

The results from validation studies that associate QRIS rating levels to differentiated levels of quality or to child outcomes can best be supported and interpreted by understanding implementation. Applying an implementation science lens to QRIS rating levels involves an assessment of the degree to which the systems are functioning as intended—that the standards are well-specified and the rating process is well-implemented. Implementation science is "the study of translation, replication, and scale-up of evidence-based interventions or practices into 'real world' settings" (Paulsell et al., 2013, p.275). The body of implementation science work argues that implementation is a critical part of the formula to success in achieving improved outcomes (Fixen, Blase, Metz, & Van Dyke, 2013). Improved outcomes are a function of both effective interventions and effective implementation.

Empirical evidence from both validation and implementation studies can prepare QRIS for the best test of effectiveness with a focus on both the composition and structure of the standards and the implementation of the standards and the state's rating process.

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