The Relationship of Licensing, Head Start, Pre-K, QRIS, Accreditation, and Professional Development and their Potential Impact on Child Outcomes

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ABSTRACT

This short paper will provide some thoughts about the various public policy initiatives/systems to improve early care and education, such as licensing, Head Start, Pre-K, QRIS, accreditation, and professional development and their potential impact on child outcomes. Early care and education is at a major crossroads as a profession in attempting to determine which quality initiatives have the greatest impact on children. Results are starting to come in from early studies which may provide some guidance as policy makers begin making decisions about where to focus their limited funding resources.

Improving early care and education programs has a long public policy history as we attempt to find the most cost effective and efficient means for attaining this lofty goal. There have been many ups and downs over the years where funding was adequate and when it was not, but our desire to accomplish this goal has always been front and center. Now, as a profession, we are at somewhat of a cross-roads in determining which of the many quality initiatives appear to have the greatest impact on children's development. When I refer to children's development, I am looking at the whole child from the perspective of a child's developmental status as well as the child's health and safety.

Presently we have many quality initiatives to look at which is a very good thing since at times in the past we did not always have so many choices. Probably the one constant throughout the history of early care and education in the past century has been licensing or regulations/rule formulation. Some many argue that licensing is not a quality initiative but I would suggest that licensing has many of the structural aspects of quality that have been identified in the research literature. The other quality initiatives I will discuss have really started and been implemented in the very later part of the 20th century so we are talking about a relatively new science when we think about having its intended impact on children. Also, I am talking about large public policy initiatives rather than highly structured, single focused research studies involving small samples of children.

Let's start with licensing since this system has been present for the longest period of time. The purpose of licensing is to act as the gatekeeper to the early care and education field in which only those providers who meet specific standards, generally called rules or regulations are permitted to operate and care for children. The rules are dominated by health and safety concerns with less emphasis on curriculum planning and staff-child interactions. The rules measure more structural aspects of quality than the process aspects of quality; dealing with what attorney's call the "hard data" rather than the "soft data".

Since licensing rules allow entry into the early care and education field to provide services usually the rules are not overally stringent with the majority of providers being in high compliance if not full compliance with all the rules. This would be expected since these are basic health and safety standards. And in fact when one looks at compliance data, it is extremely skewed with the majority of providers having very high compliance scores with relatively few violations of the rules. However, this does introduce a certain difficulty in using these data for decision making purposes at an aggregate level because so many providers score at a high level it becomes increasingly difficult to distinguish between the really excellent providers and the somewhat mediocre providers. Another way of looking at this skewing of the data is to term it as a plateau effect in which there is very little variance at the upper ends of the compliance spectrum. This is a major issue with skewed data and basic standards which is an important consideration with licensing but will also be an important consideration when one looks at the other quality initiatives to be addressed shortly.

Because of this plateau effect with licensing data, it may explain much of the lack of relationships found between compliance with rules and any types of outcomes related to children's outcomes and provider's overall quality. However, with licensing data and making comparisons to children's outcomes we should be looking at general health data such as immunization status and safety data such as the number of injuries at programs with varying levels of compliance with health and safety rules.

A significant development over the past two decades has been the development of national health and safety standards with the publication of Caring for Our Children (CFOC3) and Stepping Stones (SS3). Although these standards are not required but are only recommended practice that provides guidance to states as they revise their rules, these two documents have been embraced by the licensing/regulatory administration field. Although unlikely, if not impossible, to comply with all the CFOC3 standards, it would be interesting to compare states on this set of standards which may add a good deal of variance to the basic health and safety data that has been missing with licensing rules.

The next system to look at is the national Head Start program. Out of the major programs that are national in scope, Head Start has a long history of providing services to low income children and their families. Head Start Performance Standards are definitely more stringent than licensing rules but not as stringent as accreditation standards. Based upon Head Start's more stringent

standards and the additional supports that are part of its program, Head Start generally scores higher on program quality tools (e.g., CLASS or ERS) than licensed child care in states.

With Head Start programs, we at times find skewing or plateauing of data when we compare compliance with the Head Start Performance Standards (HSPS) and program quality tools such as the CLASS. However, this is dependent upon the various subscales within the CLASS in which the plateauing of data does not occur all of the time. I think that has a lot to do with the HSPS being fairly stringent standards as compared to state licensing rules in general.

A program that has gotten a good deal of support at the state level are Pre-K programs. These programs come with stricter standards than licensed child care with an emphasis on the professional development of staff. There is more concern about the process aspects of quality which focus more on teacher-child interactions. This emphasis on teacher-child interaction has paid off in which these programs generally are high performers when you compare Pre-K funded classrooms to licensed child care classrooms. In fact, Pre-K funding appears to have a positive impact on licensed child care in raising overall quality scores on the ECERS-R for all classrooms in programs that receive Pre-K funding even if some of the classrooms are not the direct beneficiaries of the funding. This is a very significant finding because we knew that Pre-K funding increased the quality of care in classrooms receiving those funds, but now, it appears that there is a spillover effect to all classrooms co-located with Pre-K funded classrooms. I must admit that I was initially skeptical when Pre-K funding was first proposed because I thought it would take funding and the focus away from improving licensed child care at the state level; but it appears that the advocates for Pre-K were right in their assertion that Pre-K would increase the quality of all early care and education which includes licensed child care.

A more recent entry into the state funding scene are QRIS (Quality Rating and Improvement Systems) which build upon licensing systems, are voluntary, and have substantial financial incentives for participating in this quality improvement system. It is too early to really determine if QRIS is having the intended impact because the program is so new (50% of states have a QRIS), and the penetration rate is usually below 50% in any given state (remember the system is voluntary). However, in the few studies done, the results are mixed. It does appear that programs which move up the various star levels do increase the quality of care they provide; but in a most recent study looking at child outcomes, no relationship was found between increasing levels of compliance with QRIS standards and how well children did in those programs with the exception of CLASS scores in which teacher-child interactions were measured and emphasized – here there were significant relationships between higher scores on the CLASS and child outcomes.

Accreditation systems come in many varieties but there are only three that I know of in which empirical studies have been done to validate their systems: NAEYC, NECPA for centers and NAFDC for homes. Also reliability testing has been done in each of these systems. Accreditation is a rigorous self-study that really improves programs through the self-study

process. This should come as no surprise because we have known for some time that program monitoring all by itself leads to program improvements. Now when you couple that with technical assistance you see even more improvement. Accreditation is usually the other pillar of a QRIS system with licensing being the first pillar. The QRIS standards fill the gap from licensing to accreditation. Accreditation is a voluntary system just as in most cases with QRIS. However, in accreditation we are reaching less than 10% of the programs with the majority of these attaining NAEYC accreditation. NECPA and NAFDC have much smaller market shares.

The last system to be addressed is the professional development systems that have been established in all states. This is one quality improvement initiative that has 100% penetration in all states. It is usually tied to QRIS through technical assistance and mentoring (coaching). When it focuses on mentoring rather than workshops, it has demonstrated its effectiveness in changing teachers behaviors in how they interact with children in their care in a very positive fashion. This is very important because the research literature is clear about the importance of the teacher-child interaction when it comes to child outcomes. Professional development runs the gamut from pre-service (University based programs) to in-service (training, technical assistance, mentoring, coaching) programming for teachers and directors.

So where does this leave us when policy makers begin to try to determine which quality improvement initiatives should be invested in to start with, which to increase in funding, and maybe even which ones should be defunded. I think there are some trends we need to begin to look at, such as the following:

1) Having stringent and rigorous standards is very important. The more that we do not, the more opportunities for mediocre programs to score artificially higher on whatever scale that is used. This is evident with licensing data where the data are significantly skewed with a major plateau effect at the upper end of compliance rules/regulations.

2) Emphasis on teacher-child interaction needs to be paramount in our quality improvement initiatives. Working with teachers through mentoring/coaching appears to be most effective in changing teachers' behaviors in interacting more positively with children.

3) Making sure we are measuring the right outcomes. Match health and safety standards with health and safety outcomes for children. Match developmental outcomes for children with standards that emphasize positive teacher-child interactions.

4) Building upon #1 above, find what the key indicators are with all the data that we collect. We are spending too much time in looking at too many things which in many cases are simply just not the right things to look at. As states' data systems become more sophisticated, and they are, this will be easier to do. Let's begin to utilize the data we have already collected.