

**Child Care Quality Rating and Improvement  
System:  
Considerations for Development in  
Washington State**

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## I. Introduction

*“How can we call for stronger standards and more competitive salaries to attract and retain highly qualified teachers for our nation’s elementary schools and then turn around and tolerate inadequate training and poor compensation for the providers of early care and education throughout the important preschool years? Who came up with the idea that the quality of the learning environment and the skills of the supervising adults don’t matter for our youngest kids? That not only flies in the face of decades of research, but it also makes no sense.”*

Jack P. Shonkoff, Council on the Developing Child

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This report is about Washington state’s embryotic Quality Rating and Improvement System (QRIS), including:

- A synthesis of recent recommendations made by various public and private entities
- An examination of QRIS experience in selected states
- An analysis of QRS issues based on both experience of states that have implemented it as well as questions which Washington state might want to address.

The National Institute of Child Health and Human Development looked at the effects of early child care on development and described the bottom line regarding quality care:

The quality of child care is modestly linked to the cognitive development of children across the infant, toddler, and preschool years. Quality is also modestly linked to social development during the infant and toddler years. Children who receive higher quality care show slightly more positive outcomes than do those in lower quality care (National Institute of Child Health and Human Development, 2006, p. 15)

Although quality is defined differently among countries, even among those that are politically, culturally or geographically similar, some common components of quality programs emerge. These include safety, good hygiene and nutrition, appropriate opportunities for rest, promotion of equal opportunity regardless of gender and other differences, opportunities for play and development of motor, social, language and cognitive skills, positive interactions with adults, encouragement and facilitation of emotional growth and support of positive interaction among children (Friendly, Doherty and Beach, 2006).

QRIS initiatives around the country define levels of child care quality based on research and then support providers with funding and technical assistance to increase the quality of care. Each program is assessed and given a number of “stars” or tiers to indicate to parents what level of quality the program has reached.

The Washington state Legislature mandated \$5 million in state funding for QRIS during the 2007-09 biennium. Governor Christine Gregoire's Washington Learns report recommended the phasing in of a quality five-star rating system by the Washington State Department of Early Learning (DEL) in collaboration with Thrive by Five, a public-private partnership. Implementation is to be guided by the Early Learning Council's proposed Quality Rating and Improvement System and Tiered Reimbursement recommendations; development of pilot programs in King, Yakima and Kitsap counties; and further development of the Spokane Tiered Reimbursement Project, in which providers receive financial incentives for participation. The Spokane project:

- Engages participating child care centers and family child care homes in and completing formal accreditation from either the National Association for the Education of Young Children (NAEYC) or the National Association for Family Child Care (NAFCC).
- Provides training and professional development to providers.
- Develops and/or enhances the local early childhood system.

The need to improve child care quality is great. Almost half of Washington's children ages birth to 5 are in some form of licensed child care. Additionally, thousands of children spend time in unlicensed or exempt care. A 2004 Kindergarten Readiness Survey conducted by the Washington State Office of the Superintendent of Public Instruction found that only 44 percent of Washington's children are ready for school when entering kindergarten. Clearly, these numbers point to the fact that large measures are needed to increase the quality in child care and address school readiness in our state. (Thrive by Five, 2006).

Current Washington state child care licensing standards omit some of the more important measures of quality such as learning environments that enhance development and whether child/teacher interactions are caring and supportive. In large part, minimal licensing standards focus on basic safety issues. When considering a five-tiered system with licensing compliance as the first tier, few licensed centers or family child care homes would meet the higher tiers. In fact, it is estimated that only 8 percent of centers and 0.3 percent of family child care homes would meet high tier level quality in our current system (Thrive by Five, 2006).

## II. Quality Rating and Improvement System Policy Studies in Washington State

*“For our children to be successful, they must enter school with a rich experiential base. These experiences occur within the family and early care and education programs.”*

Framework for Achieving the Essential Academic Learning Requirements:  
Reading Writing Communication Birth to Five Years,  
Washington State Superintendent of Public Instruction

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A flurry of QRIS reports, recommendations and surveys have been made recently by various entities in Washington State. They include:

- **Washington Learns**, a formal report with comprehensive, long-term recommendations for creating a world-class, learner-focused, seamless education system for Washington state. The report stemmed from the 2005 Legislature which created the Washington Learns Steering Committee. Co-chaired by Governor Christine Gregoire, the group included advisory committees in early learning, K-12 and higher education.
- **Early Learning Council**, one of three subgroups of a larger Comprehensive Education Study Steering Committee directed by the Legislature to examine birth through college. The group finished its charge with recommending birth-to-five benchmarks and conducting QRIS parent and provider surveys resulting in informal policy recommendations.
- **Governor’s Summit on Early Learning**, which generated reports and data on statewide early learning coordination, collaboration and communication needs. Some of the data have been analyzed and compiled into informal summaries and most recently, community reports on \$2500 for Early Learning Partnership (ELP).
- **Thrive by Five**, a public-private partnership pledging \$100 million over the next decade for early learning investments. The group compiles and distributes issue briefs and reports synthesizing and highlighting early childhood developments.
- **Minimum state health and safety standards for child care licensing** as established in the Washington Administrative Code and administered by DEL and the Department of Social and Health Services (DSHS).
- **ECEAP** performance standards, as prescribed by the state government.
- **Office of the Superintendent of Public Instruction**, which issues early learning goals relating to school readiness, voluntary developmental benchmarks and Essential Academic Learning Requirements.

In its 2006 report, DEL recommends that the development and structure of QRIS follow the recommendations made by Washington Learns and the Early Learning Council, namely that QRIS be a voluntary, five-level system, starting with licensing or Head Start/ECEAP performance standards, with significant incentives and supports to attract a majority of providers (Report to Governor Christine Gregoire and the Washington State Legislature, Department of Early Learning, 2006).

## **Findings of Washington State Groups**

Strong themes that emerged from statewide QRIS discussions include providers' desire for QRIS training, tiered reimbursements, funding, recruitment and retention, public awareness, improved quality of care and child outcomes, and increased professionalism. There was also concern about lack of funding for QRIS, loss of child focus, bureaucracy, assessment process, definition of quality and the lack of impact on unlicensed care, according to a provider survey (Early Learning Council QRIS Technical Advisory Committee, 2006).

However, discussions have been lacking in parent input regarding QRIS. Parent participation was not actively sought, and there was a lack of representation by parents. An exception is one limited survey on child care regulations, but not QRIS specifically. Of the 175 parents surveyed, 57 percent said that health, nutrition and safety needed to be licensed. Nearly a third said staff training is important, and 20 percent said staff skill and quality activities are of high priority. The majority of parents said they have never talked with a provider about licensing, and only a few checked to see that their provider was licensed. Parents were most concerned with facilities having a friendly environment, quality activities, safety, curriculum and being a good fit for their child (Early Learning Council Regulatory Technical Advisory Committee, 2006).

How QRIS might align with existing systems, such as Washington State Early Learning Benchmarks, are outlined in the Early Learning Council's Quality Rating and Improvement System, Early Learning Council Technical Advisory Committee – QRIS and Tiered Reimbursement, June 28, 2006. Further discussion is found in the report "Five Big Ideas," two of which deal with QRIS (Early Learning Council Proposal to the Steering Committee, 2006).

## **Components of QRS Design**

The National Child Care Information Center (2004) defines quality rating systems based on information from the states who are currently implementing designs.

Quality Rating Systems (QRS) are a method to assess, improve and communicate the level of quality in early care and education settings. QRS are systematic, addressing multiple aspects of early care and education through a uniform approach that is available throughout a State. QRS are part of a State's broader quality improvement continuum, and have the following five common elements: 1) standards; 2) accountability; 3) program and practitioner outreach and support; 4) financing incentives specifically linked to compliance with quality standards; and 5) parent education. (NCCIC, Quality rating systems: Implementation guidelines, 2004, p. 1)

A wealth of resources for QRIS design, implementation and assessment are available from federal agencies, such as the Health and Human Services' Child Care Bureau (<http://www.acf.hhs.gov/programs/ccb/>), national organizations such as the National Child Care Information Center ([www.nccic.org](http://www.nccic.org)) and, states that have already

implemented QRIS (for more information, see chapter 3, Quality Rating and Improvement System Comparisons by State).

States use different criteria when designing and implementing a quality rating system. States that have a Quality Rating System in statute may choose this route because this is a common program methodology or the state lacks regulatory power over all pieces of the QRS. More specific information on how various states have set up their Quality Rating Systems can be found at <http://nccic.org/poptopics/index.html#qrs>. (NCCIC, Quality rating systems in statute, 2004)

Following are common categories of criteria that tend to be used in the 13 states with a QRS (Colorado, District of Columbia, Iowa, Kentucky, Maryland, Montana, New Hampshire, New Mexico, North Carolina, Oklahoma, Pennsylvania, Tennessee and Vermont). Categories are used to assign quality levels. Also included within categories are examples of requirements for quality levels. Although categories and requirements are typically based on research, there is considerable variance in the organization and requirements within the components of quality levels.

**Administrative Policies and Procedures:** Annual performance evaluations, monthly staff meetings, planning time allotted to staff, written job descriptions, written personnel policies.

**Learning Environment:** Children are read to at least 15 minutes a day, developmentally appropriate materials and weekly lesson plans, minimal transitions children have throughout the day, space arranged in interest areas.

**Parent/Family Involvement:** Parent advisory board, bulletin board or newsletter, conferences and meetings, parent handbook/written program policies and resource center, parent satisfaction survey, families welcomed at all times, written system for sharing daily happenings.

**Professional Development and Training of Providers, Directors and Staff:** Child Development Associate credential, additional credit hours in early childhood education, associate of arts degree, bachelor of arts or master of arts in early childhood education or relevant field, increased minimal staff/director qualifications, increased training hours or level on a state career path, membership in a professional organization, professional development/growth activities, professional development plans in place.

**Program Evaluation:** Environment rating scales, parent and staff surveys, retention, goals, reducing staff turnover, self-assessment, written improvement plans.

**Staff Compensation:** Child care benefit/discount, health insurance, list of staff positions, salary, tenure, paid family leave, paid sick leave with annual increments, paid vacation/holidays, retirement plan/fund, salary scale based on

level of education, experience, tuition reimbursement. Additional common categories of criteria include licensing status/compliance, staff:child ratios, group size, and accreditation.

A study by the University of Washington's Human Services Policy Center found similar categories in states that have QRS as the NCCIC recommendations in addressing systemic child care issues, such as varying quality and education standards among teachers and providers, and supply-and-demand (Brandon and Scarpa, 2006). These investigators listed five elements to consider:

- “Standards for individual teachers and provider organizations and rating systems built around observation of the quality of interaction between teachers and children.
- Direct linkages between quality and cost, such as performance pay and tiered reimbursement, considering improvement as well as level of quality.
- Capacity for professional preparation and development by higher education institutions and community based organizations.
- Information and financial support for families to make them effective consumers of high quality early learning services.
- Organizational structures to monitor quality, analyze impact of evolving efforts and modify strategies as necessary.” (Brandon and Scarpa, 2006, p. 3-4).

However, currently, there is still no empirical research that specifically links effectiveness of QRS programs throughout the nation to child outcomes and whether children are better prepared for school as a result of QRS models.

### **Provider Education Levels and Incentive Pay**

In researching links between educational level and quality of care, Brandon and Scarpa (2006) contend that teachers should be asked to show their abilities to care for children through field evaluation. While higher levels of education have been correlated with increased levels of care, there are many factors that could explain this general trend. For example, two questions to consider include whether caregivers who seek more education have certain characteristics that lead to quality interactions and/or whether centers with more money and resources can better train providers. There is a push for ECE teachers to attain a higher level of education, even though we cannot directly correlate education level with quality. With this knowledge, it is important that we look at what can be done to alleviate the gap of setting higher educational standards in a state with low numbers of teachers who have attained BA or AA degrees (Brandon and Scarpa, 2006).

Further, low levels of compensation keep both new qualified teachers from entering the field as well as retaining quality staff currently employed in the ECE field. Designing new pay structures has been historically problematic in the ECE field. The amount of money that either families would need to pay or agencies would need to supplement for increased wages is a daunting figure. One successful approach to raising salary levels has been demonstrated with the Military Child Care Act. Rather than using wage

supplementation, this program increased pay levels in response to increased qualifications (Brandon and Scarpa, 2006).

Brandon and Scarpa (2006) point to positive features of the elementary school system when reviewing options for performance pay scales. One feature that promotes training in the K-12 school system is that when teachers obtain higher education levels, they are met with salary increases already built into the state funding plan. However, education alone does not equate with high quality care. The task for the ECE field is to attract qualified teachers in a system where there is a balance between measures used to retain staff while still evaluating teacher effectiveness. Additionally, assessment measures that were traditionally used to evaluate centers might need to be looked at for evaluating individual teacher performance. These observational measures, such as the widely used Early Childhood Environment Rating Scale (ECERS) and the Infant/Toddler Environment Rating Scale (ITERS), could be leveraged to look at individual performance for merit increases (Brandon and Scarpa, 2006).

Another important consideration with provider education and pay levels is that low quality facilities do exist and demand regulation for the health and safety of young children. Brandon and Scarpa (2006) confirm research that links higher regulations to higher quality of care. While raising licensing standards may create a new minimum threshold, it is important to consider how to motivate providers to increase overall quality. It is imperative to also consider the large number of children who are in unlicensed situations and who would not be impacted by raising licensing guidelines. Friends, Family, and Neighbor care (FFN) is one of the most common forms of child care, especially for infants and toddlers. Parents often use friends and relatives to care for their children as a flexible solution when attempting to balance financial and time constraints. QRS is one way to look at increasing quality of care within communities and in collaboration with state regulations (Brandon and Scarpa, 2006).

### III. Quality Rating and Improvement System Comparisons by State

*“There’s a policy locomotive chugging through the states in the name of ‘quality rating systems,’”*

Dana Friedman, project director, Early Care and Education, Long Island

As of spring 2006, 13 states reported having a multiple-level QRS. Another 29 states are studying implementation.

Like any train – or bandwagon – there are drivers, locomotives, cabooses that are improving the quality of child care programs. There are also derailments and blocked signals and other obstacles. This section examines some of each.

Little comprehensive data exist assessing QRS efforts across the nation. Evaluations of selected states can be found at the U.S. Department of Health and Human Services Child Care Information Center site, “Quality Rating Systems and the Impact on Quality in Early Care and Education Settings.” [www.nccic.org/poptopics/qrs-impactqualitycc.html](http://www.nccic.org/poptopics/qrs-impactqualitycc.html)

However, isolated studies have been conducted on QRS programs in states such as Colorado, Pennsylvania and Tennessee. A dozen center directors interviewed in those three states were generally enthusiastic about QRS, and believe it makes a difference in program quality (Friedman, 2007).

**Fig. 1 Comparison of QRS Systems by State**

	Colorado	North Carolina	Oklahoma	Pennsylvania	Tennessee
<b>Name</b>	Qualistar	Star Rated License	Reaching for the Stars	Keystone Stars	Report Card/ Star-Quality
<b>Date Launched</b>	1999, went statewide 2001	1999	1998	2002	2001
<b>Number of Levels</b>	4	5	4	4	3
<b>Type of System#</b>	Tiered reimbursement (county option), quality rating system	Tiered reimbursement, rated license, quality rating system	Tiered reimbursement, quality rating system	Quality rating system	Quality rating system and tiered reimbursement
<b>Programs Include</b>	Centers, family child care homes, Head Start, public pre-K	Centers, family child care homes, school-aged, Head Start, public pre-K	Centers, family child care homes, school-aged, Head Start	Centers, family child care homes, school-aged	Centers, family child care homes, school-aged, Head Start

	<b>Colorado</b>	<b>North Carolina</b>	<b>Oklahoma</b>	<b>Pennsylvania</b>	<b>Tennessee</b>
<b>Evaluation Criteria</b>	Learning environment, family partnerships, training and education, adult-to-child ratios, accreditation	Program standards, staff education, compliance history with child care regulations	Annual staff professional development; early childhood credential or degree with hours in child development for family child care home providers and center master teachers; weekly lesson plans for centers; parental involvement; providers and teachers read to children daily	Staff qualifications and professional development, early learning program, family/community partnerships, leadership and management	Director qualifications, professional development, compliance history, parent/family involvement, ratio and group size, staff compensation, program assessment
<b>% of Centers Participating</b>	16%	N/A Note: faith-based child care programs operate with a notice of compliance but do not receive a star rating	N/A Note: One-third of licensed child care facilities are two- or three-star	68%	74%*
<b>How Often Rated?</b>	Annually	N/A	N/A	Annually	Annually
<b>% of Classrooms Assessed</b>	100%	N/A	N/A	1/3 of classrooms; at least one classroom I each age group; required of programs at 2-star level and above	1/3 of classrooms; at least one classroom I each age group

	Colorado	North Carolina	Oklahoma	Pennsylvania	Tennessee
<b>Funding Sources</b>	CCDF, state, private, other	CCDF, state, TANF, other	CCDF	CCDF, state	CCDF, state
<b>Technical Assistance</b>	Local agencies provide training, on-site TA and liaison			On-site TA, mentoring, coaching, training	On-site TA, targeted to programs with low ERS, free training
<b>Accreditation (NAEYC and/or others)</b>	Extra 2 points; highest star= 34-42 points	No	Yes	Highest star level, but alternative paths available	One extra point
<b>Assessment Tool Used for Child Care Facility</b>	Yes (statewide), No (county option)	Yes	Yes	Yes	Yes
<b>Web site</b>	<a href="http://www.qualistar.org">www.qualistar.org</a>	<a href="http://ncchildcare.dhhs.state.nc.us/parents/prsn2_ov_sr.asp">http://ncchildcare.dhhs.state.nc.us/parents/prsn2_ov_sr.asp</a>	<a href="http://www.okdhs.org/programsandservices/cc/stars/">http://www.okdhs.org/programsandservices/cc/stars/</a>	<a href="http://www.dpw.state.pa.us/child/childcare/KeystoneStarChildCare">http://www.dpw.state.pa.us/child/childcare/KeystoneStarChildCare</a>	<a href="http://www.tnstarquality.org">www.tnstarquality.org</a>

\*100% of regulated providers participate in the Report Card, but 74% of centers participate in the Star Quality Program.

**Tiered Reimbursement** (a funding strategy):

The most common Tiered Quality Strategy is tiered reimbursement. In tiered reimbursement systems, states provide higher rates of pay for child care centers and/or family child care homes that participate in the subsidy program and achieve one or more levels of quality beyond basic licensing requirements.

**Rated License** (a licensing strategy):

In a rated license system, the quality criteria for each particular level are embedded in the state’s requirements for obtaining one of the multiple child care licenses. In this type of system, the state provides a rating for all facilities. A rated license may or may not be tied to different funding levels, but is embedded in the licensing structure. A significant difference between this system and other tiered quality strategies is that each individual rated license is a property right and is based in statute.

**Quality Rating Systems** (a consumer strategy):

In a quality rating system, a state and/or county develops and markets a quality rating indicator for use as a child care consumer guide. A quality rating system is often considered a report card for child care facilities. Symbols, which represent varying quality rating levels, are easy-to-understand indicators of quality such as a three-star or gold level. These quality ratings can stand alone without being tied to a funding standard, such as tiered reimbursement. For an updated definition of QRS, visit the Quality Rating Systems topic in the Popular Topics section of NCCIC’s Web site at <http://nccic.org/poptopics/index.html#qrs>

**QRS and Quality of Child Care**

States with a substantial QRS history, such as those noted in the table above, all experienced increased overall child care quality in both licensed centers and family homes since the establishment of QRS (National Child Care Information Center, 2007). In Oklahoma, 75 percent of children on subsidy receive two- or three-star care, up substantially from 46 percent in 2003. Center directors say increased financial support is good incentive to participate, and that quality has improved programs, as well as the

education levels of teachers and directors. Higher subsidy rates are the primary incentive. As a result, most facilities that primarily take children on subsidies are highly ranked, and are much more varied than programs that take primarily private-pay children. Oklahoma is now looking at ways to create participation incentives for programs that do not serve many subsidized children, as well as higher wages for employees who take subsidies (National Child Care Information Center, 2007).

In Pennsylvania, the state invested in QRS rather than a universal state-funded pre-K program. QRS was created with incentives for providers to participate by aligning with the QRS subsidy rate structures, other grants and all professional development funds. QRS was piloted and evaluated with significant stakeholder involvement before launch, and a parents council created. QRS clearly is helping child care programs improve overall quality, and reversed the negative trend in child care quality evident in the late 1990s when 80 percent of early care and education programs scored only minimal or adequate quality (University of Pittsburgh Office of Child Development and Pennsylvania State University Prevention Research Center, 2006). The quality of child care is improving for non-QRS programs as well. Key Findings from an evaluation of Pennsylvania's Quality Rating System (University of Pittsburgh Office of Child Development, 2006) show that:

- Quality Rating System sites are improving in quality
- Programs with defined curriculum score higher on measures of quality
- Teachers with at least an associate's Degree score higher on during observations of quality than teachers without this educational status

Limitations to Pennsylvania's QRS study included no data on type of college degree of providers, thus no determination on the value of an early childhood education degree can be made. On some rating scales, non-QRS family child care providers had higher scores than their QRS colleagues who entered at the lowest tier level. This could be due to increased paperwork demands and time demands on QRS caregivers, because QRS caregivers tend to have more subsidized children. Also, QRS has only been open to family child care providers since 2005 and therefore did not have the level of support in place given to center-based QRS sites at the time of review (University of Pittsburgh Office of Child Development, 2006).

### **QRS Cautions**

Several concerns regarding QRS also emerged among the child care center directors, teachers and home child care providers interviewed (Friedman, 2007). Among them:

#### **Mandatory Participation.**

States have different ways of working with programs regarding licensing, QRS, and publishing information for the general public. Friedman's article (2007) talked about the voluntary nature of QRS. Some directors noted that QRS does not feel voluntary due to the fact that funding is reserved for QRS programs.

**Usefulness to parents.**

The degree to which parents are aware of ratings systems and base their child care decisions on them is doubtful. One director from Tennessee remarked:

These parents could care less whether we are a 1-, 2- or 3-star center as long as we take care of their children. We've improved the center. We've left postcards by the door telling parents about our star rating. No parents asked about it. I put it in the newsletter, but we got no feedback from parents (Friedman, 2007, p.4)

A Pennsylvania director discussed, "*Why parents choose child care has to do with location. Up the block from me is one of the worst centers in the state. It's full because we are full and parents still need care.*" (Friedman, 2007, p. 4).

**Overlapping roles of QRS and national accreditation associations.**

QRS systems may have emerged as a stepping stone between licensing and accreditation by a national entity, such as the National Association for the Education of Young Children (NAEYC). In the Friedman article (2007), all directors who were interviewed stated that there was motivation to participate in QRS instead over accreditation because QRS has been better marketed to parents and the system comes with technical assistance and monetary incentives for improving quality. In fact, some centers have found that continuing toward accreditation is not worth the energy and money when their customers, parents, are knowledgeable about the QRS system over NAEYC accreditation (Friedman, 2007).

## IV. Conclusion

*“Protecting and ensuring the health and well-being of all young children is an important objective in its own right, independent of whether measurable financial returns can be documented in the future. This should not be a choice between social justice and return on investment – both are essential”*

Jack P. Shonkoff, Council on the Developing Child

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Community teams who attended Washington State Governor Gregoire’s Summit on Early Learning in November 2006, provided direction and feedback for state and community planning around early learning. From this participation, recommendations emerged which include building quality improvement initiatives such as QRS from existing networks and systems that are successful, engaging stakeholders, creating new partnerships, balancing expectations and realities with multiple and sometimes competing agendas, assessing community needs and challenges and potential solutions when planning, and getting at least three core planning folks on board with adequate dedicated project or release time.

### Research Study Findings

Some of the most useful suggestions on how to implement QRS recommendations, and some pitfalls and how to avoid them may be found in a Human Services Policy Center document on strategies to increase quality in early learning programs (Brandon and Scarpa, 2006).

1. **Whole system approach.** One reason that QRS systems are appealing, is the consideration of multiple pieces of the ECE puzzle. For instance, Quality Rating Systems involve parents and teachers as well as compliment the licensing system to improve quality in incremental steps (Brandon and Scarpa, 2006).
2. **Lack of QRS assessment and analysis.** To date, no empirical data has been released on whether Quality Rating Systems have an impact on child outcome. Colorado’s Qualistar program is releasing an empirical study on their program in the near future (Brandon and Scarpa, 2006)
3. **Need for designing an equitable system.** One potential concern for QRS comes when only those providers who work toward higher ratings participate in the system, while those who need the most support are not motivated to improve quality. QRS seeks to establish baselines of quality and move providers toward higher levels of care through community support, financial incentives, and technical assistance. Additionally, parents are more likely to begin to demand higher quality of care when providers at all levels are invested in the system (Brandon and Scarpa, 2006).
4. **Child care cost considerations.** Questions remain over how tiered reimbursement might work effectively in Quality Rating Systems given the costs to providers and families when raising rates and increasing staff wages. Higher

costs for an increase in subsidies might result in higher tuition rates for families not receiving subsidies resulting in differential services (Brandon and Scarpa, 2006).

5. **Questionable utility for parents.** If parents face obstacles such as financial limitations or barriers in their daily schedules, they might choose programs that meet family needs based on flexibility rather than quality. Additionally, children in Family, Friend, and Neighbor care represent a large portion of children. Many of these people do not necessarily consider themselves early educators, and may identify with caring for children as a family favor or friendly gesture. This limits the likelihood that Family, Friends, and Neighbors will participate in QRS (Brandon and Scarpa, 2006).
6. **Need for capacity to train child care providers.** Another challenge for QRIS will be developing system-wide frameworks to produce and track qualified, licensed providers (Brandon and Scarpa, 2006) Washington State may need to establish guidelines for meeting requirements at various levels of defined quality. This would entail attracting larger numbers of providers to obtain professional degrees and certificates, assessing quality through observation of child-teacher interactions, tracking data on qualified providers, and helping parents and the general public access this information in an informed manner (Brandon and Scarpa, 2006).

In addition to strengthening training and administrative capacities, QRIS has a parallel commitment to supporting children and promoting their optimal development. Nurturing children's socioemotional development is critical as well as supporting the development of children's cognitive skills.

Knowing the alphabet on your first day of school isn't enough if you can't sit still or control your temper in the classroom. Providing early literacy training without attention to a child's emotional health is like fertilizing a prized rose bush while neglecting to water its roots.  
(Shonkoff, p. 6, 2006)

### **Observations of QRS Participating Directors, Teachers and Providers**

While center directors in Colorado, Tennessee and Pennsylvania were generally enthusiastic about QRS, they too offered the following recommendations (Friedman, 2007):

1. **Get providers on board to see benefits.** They need to understand the benefits of QRS to want to participate.
2. **Invest in marketing to parents.** Be aware, however, that parents generally choose child care based on location and price. Develop ways to encourage parents to choose quality, such as through dependent care tax credit, employer vouchers, subsidies. Even without QRS, Maine doubles state's tax credit for programs defined as high quality.

3. **Be able to articulate long-term benefits.** Why providers should participate in QRS needs to be thought through and articulated so that parent and provider interest does not wane after a few years.
4. **Provide time for reflection and assessment.** Providers need time and opportunity to reflect on services and how to improve them.
5. **Invest in teacher/provider education and training.**
6. **Explain both QRS and national accreditation.** Providers will want to know the pros and cons of both systems, particularly if QRS includes an expectation that providers become accredited by a national body, such as through NAEYC.
7. **Establish consistency among validators.** Be sure that folks assessing QRIS standards are on the same page.

### **Considerations for QRS Development**

Below are a variety of questions to consider that were published in a document created by the National Child Care Information Center (NCCIC) in 2005. For the full list of questions, see <http://nccic.org/pubs/qrs-questions.html>.

1. Are the goals for implementing QRS clearly identified?
2. Are all the potential stakeholders, such as the early childhood workforce and licensing staff, at the table for the development and ownership of the system?
3. Are the demographics of the early care and education profession known?
4. Is there a strong licensing program in place?
5. Are financial incentives and supports sufficient to encourage programs to participate in QRS?
6. If tiered reimbursement is used as a financing incentive, can early care and education programs be paid the higher reimbursement rate without impacting the rates of private-pay parents?
7. Are the differences in the tiers too great? Are the steps too big?
8. If accreditation is included in QRS, how will it be included? If yes, which accrediting programs will be honored and how will that determination be made?
9. Is there an infrastructure in place to facilitate and support QRS?
10. Are compliance standards for maintaining a quality level or tier clearly identified? How will compliance be monitored?
11. Are expectations for participation realistic?
12. Have legal implications been considered as they relate to QRS?

13. How will the system be evaluated?

## V. Bibliography/\*\*Suggested Reading

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