



Child Care Quality Rating and Improvement Systems: Approaches to Integrating Programs for Young Children in Two States

OPRE Report 2011-28

August 2011

Child Care Quality Rating and Improvement Systems: Approaches to Integrating Programs for Young Children in Two States

OPRE Report 2011-28
August 2011

Mathematica Policy Research

Gretchen Kirby
Kimberly Boller
Heather Zaveri

Prepared for:

Office of Planning, Research and Evaluation
Administration for Children and Families
Department of Health and Human Services
370 L'Enfant Plaza Promenade, SW
7th Floor West, Room 7A011
Washington, D.C. 20447

Project Officers:

Ivelisse Martinez-Beck
Kathleen Dwyer

Prepared by:

Mathematica Policy Research
600 Maryland Ave., S.W., Suite 550
Washington, DC 20024-2512

Project Director:

Gretchen Kirby, Mathematica

Co-Principal Investigators:

Kimberly Boller, Mathematica
Kathryn Tout, Child Trends

This document was prepared under Contract #HHSP233200800394G with the Administration for Children and Families, U.S. Department of Health and Human Services. 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 for Children and Families, or the U.S. Department of Health and Human Services. This report and other reports sponsored by the Office of Planning, Research and Evaluation are available at <http://www.acf.hhs.gov/programs/opre/index.html>.

Suggested citation: Kirby, G., Boller, K., & Zaveri, H. (2011). *Child Care Quality Rating and Improvement Systems: Approaches to Integrating Programs for Young Children in Two States*. OPRE Report # 2011-28. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation.



MATHEMATICA
Policy Research



ACKNOWLEDGMENTS

This report was produced 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. We are grateful to our federal project officers, Ivelisse Martinez-Beck and Kathleen Dwyer, who provided valuable guidance and feedback pertaining to all aspects of this work. We also benefited from the knowledge shared by members of the QRS Assessment expert panel, which helped to shape the questions and approach for this in-depth study of the role of QRIS in the early care and education system. Our expert panel included Sheri Azer Fischer, J. Lee Kreader, Kelly Maxwell, Deb Swenson-Klatt, Kathy Thornburg, and Gail Zellman as well as members of the project team, Shannon Christian and Karen Tvedt from Christian and Tvedt Consulting.

We would like to thank other members of the QRS Assessment team, Pia Caronongan and Lizabeth Malone at Mathematica for assisting with interviews during site visits to conduct the data collection for this work and Kathryn Tout at Child Trends for her thoughtful contributions during various stages of this in-depth study. Other colleagues at Mathematica assisted in the preparation and production of this report. Amanda Bernhardt and Jane Retter provided editorial support. Donna Dorsey provided administrative and secretarial support.

Finally, this report would not have been possible without the generosity of the QRIS administrators and staff in Indiana and Pennsylvania who shared their time and insights, provided extensive documentation, and addressed follow-up questions. Specifically, we would like to thank the individuals who shared their extensive knowledge of and experience with QRIS and their time in helping to arrange our interviews with staff from multiple government agencies and private organizations during our visits. These include: in Indiana, Melanie Brizzi and Janet Deahl of the Bureau of Child Care in the Family and Social Services Administration; and in Pennsylvania, Debi Mathias, Catherine Cormany, and Philip Sirinides of the Office of Child Development and Early Learning, and Gail Nourse of the Pennsylvania Key.

ACRONYMS

BCC – Bureau of Child Care

CBK – Core Body of Knowledge
CCDBG – Child Care Development Block Grant
CCDF – Child Care Development Fund
CCR&R – Child Care Resource and Referral
CDA – Child Development Associate
CEG – Community Engagement Group
CQI – Continuous Quality Improvement

DPW – Department of Public Welfare

ECE – Early Care and Education
EI – Early Intervention
ELN – Early Learning Network
ERS – Environment Rating Scales

FSSA – Family and Social Services Administration

HSPPS - Head Start Program Performance Standards
HSSAP – Head Start Supplemental Assistance Program

IAEYC – Indiana Association of the Education of Young Children
IACCRR – Indiana Association of Child Care Resource and Referral
ID – Unique Identifier

NAEYC – National Association for the Education of Young Children
NAFCC – National Association for Family Child Care
NECPA – National Early Childhood Program Accreditation

OCDEL – Office of Child Development and Early Learning

PD – Professional Development
PDE – Pennsylvania Department of Education
PDII – Professional Development Instructor Institute
PDR – Professional Development Record
PQAS – Pennsylvania Quality Assurance System
PRPD – Professional Resources and Professional Development

QRIS – Quality Rating and Improvement System

SAS – Standards Aligned System

TA – Technical Assistance
TANF – Temporary Assistance for Needy Families
TEACH – Teacher Education and Compensation Helps
TOT – Training of the Trainer

VCP – Voluntary Certification Program

CONTENTS

EXECUTIVE SUMMARY	xv
I INTRODUCTION	1
A. Research Strategy and Questions.....	3
B. Study Methods	3
C. Analytic Approach, Study Scope, and Limitations	5
D. Roadmap to the Report.....	6
II THE QRIS ROLE ACROSS EIGHT SYSTEM COMPONENTS	7
A. Governance and Infrastructure.....	7
1. Starting from the top	7
2. System-building goals.....	9
3. System integration through the QRIS infrastructure	10
B. Provider and Program Engagement.....	15
1. QRIS participation among licensed and regulated child care facilities.....	15
2. QRIS participation beyond child care: Head Start and pre-kindergarten programs.....	17
3. QRIS participation: integration through messaging	17
C. Financing	18
1. Unifying quality initiatives to launch the QRIS	19
2. Using funding as a means of promoting program integration and advancing shared goals	20
D. Quality Assurance.....	22
1. Building on licensing	23
2. Aligning quality requirements across ECE programs	26
3. Common supports and tools for quality improvement	29
E. Early Learning Standards	31
1. Development and dissemination of early learning standards.....	32
2. Incorporating early learning standards into QRIS and other ECE programs.....	33

II (continued)

F.	Professional Development	36
1.	Developing a unified front	36
2.	Defining core training for providers	37
3.	Addressing the increased demand for professional development through education and training supports and opportunities	37
4.	Creating new credentials for program directors	40
5.	Professionalizing professional development training and TA.....	40
6.	Increasing intentionality throughout the professional development system.....	41
7.	Promoting cross-system use of common tools and resources.....	42
G.	Dissemination of Information	43
1.	Information to parents: integration in publicizing the QRIS	43
2.	Information to the public: QRIS and its links to quality awareness campaigns.....	44
3.	The QRIS as a dissemination method to support early childhood initiatives.....	45
H.	Accountability	46
1.	Cross-program accountability and responsiveness	46
2.	Reciprocal responsibility to achieve goals	47
3.	Tracking progress and results	48
III	ASSESSING THE QRIS CONTRIBUTION TO ECE SYSTEM DEVELOPMENT	51
A.	Overarching Themes About QRIS and ECE System Integration	51
B.	Defining and Measuring the Role of QRIS in the Early Stages of System Evaluation.....	53
	REFERENCES	59

TABLES

I.1	Summary Characteristics of the QRIS in Indiana and Pennsylvania.....	5
II.1	Administration of Programs and Services in the ECE System and Their Coordination with the QRIS.....	13
II.2	QRIS Program Participation, by Provider Type	16
II.3	Financial Incentives and Awards and Their Use in QRIS	21
II.4	Mechanisms for Integration Between Licensing and QRIS	24
II.5	Use of QRIS Ratings in Program Participation Requirements	28
II.6	Availability of Supports for Quality Improvement	30
II.7	Early Learning Standards and Their Use in QRIS	34
II.8	Professional Development Requirements for Licensing, QRIS, and Accreditation in Indiana and Pennsylvania	38
III.1	Potential Indicators of the Role of QRIS in ECE System Integration Based on Approaches in Indiana and Pennsylvania.....	54

FIGURES

II.1	Structure of the Office of Child Development and Early Learning in Pennsylvania.....	8
II.2	Structure of Paths to Quality (PTQ) in Indiana.....	9
II.3	Systems Approach to Early Education in Pennsylvania	10
II.4	Structure of the PA Key.....	11
II.5	Cross Program Accountability.....	46
II.6	Reciprocal Responsibility	47

EXHIBITS

I.1	Components of the ECE System for Use in Analysis.....	4
II.1	Pennsylvania's Promise for Children Quality Awareness Campaign	45
III.1	Stages of System Change.....	57

EXECUTIVE SUMMARY

As more states and communities develop and adopt child care Quality Rating and Improvement Systems (QRIS) as a mechanism to improve the quality of their early care and education programs, stakeholders are seeing opportunities for QRIS to also serve as a potential system-building agent within the fragmented early childhood care and education (ECE) system. At this time, little has been documented across states implementing QRIS about their interest and active involvement in integration of the early care and education (ECE) system or, importantly, about what such involvement actually entails and how it could be accomplished and measured. Recognizing this gap in information about QRISs, the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS) supported this in-depth exploration of the QRIS and how it functions within the ECE system through the Child Care Quality Rating System Assessment (QRS Assessment) project.¹

In the early stages of system development, definitional work is necessary in order to identify quantifiable indicators of progress that can be tracked over time. This report focuses on approaches in use by QRIS in Indiana and Pennsylvania to connect with and build on the programs and resources that exist within the ECE system. Lessons from these states about how to define and measure system development and change can help other states and stakeholders as they plan for system integration and track progress toward system goals over time. Ultimately, the evaluation of a systems-building approach would examine the degree to which redundancies have been eliminated and efficiencies gained (such as in staff time, program requirements, and funding streams) and the overall effectiveness of the approach in achieving better outcomes for children and their families.

A. Research Questions and Study Methods

We drew from prior work by the National Early Childhood Accountability Task Force (in 2007) and others, to focus on eight components of an ECE system (Exhibit ES.1). Using these components of a system as an organizing framework, this in-depth study examined the following two primary research questions:

- What role do QRISs have and to what extent do they contribute to integration through each of the ECE system components?
- How could states and localities assess the extent to which QRISs are contributing to ECE system development?

Indiana and Pennsylvania were purposefully selected for in-depth study because preliminary information suggested that the QRIS model itself was relatively well-defined in each state and that intentional goals and efforts to connect the QRIS with other ECE programs and services were in place. As such, their experiences are not reflective of all states. Nonetheless, examining these two states as possible front-runners in using the QRIS to unify and integrate early care and learning experiences for children can help define what system building looks like from the QRIS perspective.

¹Mathematica Policy Research is conducting the QRS Assessment in partnership with Child Trends and Christian and Tvedt Consulting.

The intent was to gather information about which approaches are possible and have been attempted; it is beyond the scope of the study to make any assessment about which approaches actually work.

Exhibit ES.1. Eight Components of the ECE System for Use in Analysis

Governance	Early Learning Standards
Extent to which the leadership, administration, or oversight of programs is integrated across ECE programs	Alignment of a set of early learning and program standards with curricula and child assessments across ECE programs
Provider and Program Engagement	Professional Development (PD) and Training
Range in programs and the density of their use of QRIS or similar standards in order to maintain children within a system of high quality ECE programs	Extent of coordination in defining and aligning skills, education, and training across ECE programs and ensuring PD programs are up to date and focused on early learning standards
Financing	Dissemination of Information
Ways in which QRIS funds are used to set common goals for ECE programs or support common initiatives	Extent of and coordination in efforts to inform the general public about the importance of quality in ECE programs
Quality Assurance Mechanisms	Accountability and Data Systems
Extent of shared practices in standards, monitoring, or quality improvement activities across ECE programs	Extent of integrated (or linked) data systems across ECE programs to monitor program, provider, teacher, and child outcomes

Source: Adaptation of frameworks presented by Kagan and Neuman 2003; the National Early Childhood Accountability Task Force 2007, and Tout et al. 2009.

B. The QRIS Role Across Eight System Components

The QRIS in Indiana and Pennsylvania have developed approaches to each of the eight system components that provide information about the function of QRIS in system integration. The two QRIS often have similarities in their approach, but they are pursued or implemented to different degrees given the context and resources within each state.

1. Governance and Infrastructure

From the two study states, the QRIS emerged as an organizing framework for system integration. It was not necessarily the catalyst for integration in each state, but each QRIS does now serve as an overarching governance body for quality initiatives and, perhaps more importantly, it has become the key infrastructure for delivering a wide range of services to child care providers that may benefit children and their families.

- A QRIS focuses the intention and organization of quality initiatives both from a fiscal and administrative point of view. Specifically, much of the structure and services for the QRIS in Pennsylvania and Indiana already existed; respondents in both states reported that the QRIS brought them together in a more systematic and organized way.
- The QRIS is credited by respondents in each state with pulling the strands of different programs together and housing their delivery within key partner agencies at both the state and local levels.

- The QRIS infrastructure now plays a central role in reaching child care providers and programs. QRIS specialists connect providers with technical assistance, professional development opportunities, licensing staff, subsidies, early intervention specialists, infant/toddler mental health specialists and other supports for providers or the children and families they serve. Prior to the QRIS, there was less of a sense of this “one-stop shop” nature to the services that can support early care providers.

2. Provider and Program Engagement

The role of QRIS program engagement in ECE system integration can be explicit or implicit: explicit by deepening the reach of QRIS within the child care market and, potentially, across varied ECE programs, and implicit by sending a signal about the commitment to quality through participation. Integration can also be apparent in the messaging about program participation—through: (1) the multiple avenues to reach providers and bring them into the QRIS and, (2) the goals communicated to providers about quality in care and professionalism in the workforce.

- Indiana and Pennsylvania have achieved relatively high density in the degree of participation among child care providers. The majority of licensed child care centers participate in the QRIS at 81 and 67 percent in Indiana and Pennsylvania, respectively. Participation levels among family child care providers are markedly lower at 49 and 33 percent in Indiana and Pennsylvania, respectively.
- Participation among Head Start programs is not fully known, but appears to vary from about 40 percent in Indiana to minimal in Pennsylvania.
- Administrators in Indiana believe that the key in promoting participation in QRIS is in showing respect for providers. They report that “everyone is recruiting” to bring providers into the QRIS, without being judgmental about where a provider may fall on the rating spectrum.
- It is possible that QRIS participation signals an external perception of the commitment to quality and professionalism among child care providers and, in turn, has the potential to encourage integration with other ECE programs through shared goals and equal partnerships.

3. Financing

The direction and use of funds reflects the policy priorities of administrators, law-makers, and key stakeholders. In the same way, administrators can use financing methods to achieve specific goals. In the case of QRIS, the first goal for administrators in Indiana and Pennsylvania was to find a way to launch the effort within the parameters of existing resources. The QRIS, once launched, became a vehicle in both states to advance cross-program goals through the use of financial incentives and joint funding endeavors between the QRIS and other programs.

- By identifying ways to support the QRIS with existing resources, the two states embedded an approach focused on shared system goals from the start by considering (1) what programs, initiatives and services fit together; and (2) how can they be delivered most efficiently?
- Two funding strategies used to promote program integration and advance shared goals emerged from Pennsylvania and Indiana:

- Pennsylvania uses participation in the QRIS as a gateway through which child care providers and programs can access additional funding and QRIS provider incentives are used to promote the goals of other programs.
- Both states mix QRIS and other sources of funding to support specific, joint efforts such as TEACH scholarships (in Indiana) or training around special initiatives (in both states).

4. Quality Assurance

The experience of the two states suggests three mechanisms through which to assess the degree of system integration with regard to quality assurance: (1) the use of licensing as a foundation for the QRIS, (2) aligning quality requirements across child care settings and ECE programs, and (3) the use of common supports and tools for quality improvement across ECE programs.

- The message that QRIS administrators in Indiana and Pennsylvania chose to convey was that licensing sets the initial standards; the QRIS builds on those standards and adds content to support children’s learning. The QRIS specialists in both states typically have specific training in early childhood education and/or development and, therefore, bring a different set of skills and perspective than licensing staff.
- The QRIS has emerged as a means of defining quality primarily for child care providers within an environment in which other standards already exist, such as accreditation and the Head Start Program Performance Standards (HSPPS). By involving representatives of the various ECE programs in the development of the QRIS standards, the QRIS standards in both states better reflect the common perspectives and various requirements across programs.
- Activities for quality improvement that have been implemented by the QRIS in Indiana and Pennsylvania largely stay focused within the QRIS given that ECE programs have their own sets of standards that they must meet (for example, HSPPS), and the concept of progress along a continuum is specific to the QRIS. For example:
 - financial incentives and awards to support continued quality improvement are provided only to programs participating in the QRIS
 - technical assistance is targeted toward participating QRIS programs (and to a lesser degree programs attempting to enter)
- In Pennsylvania, two tools adopted or developed for use in the QRIS are also required in other state-funded ECE programs—Pre-K Counts and Head Start State Supplemental Programs. Specifically, these programs must use the Environment Rating Scales (ERS) to assess global quality and the Continuous Quality Improvement (CQI) plans to map progress in improving quality.

5. Early Learning Standards

The use of early learning standards can build a powerful bridge between child care and early education programs in joint efforts to prepare young children for school. The QRIS is a mechanism through which early learning standards can potentially penetrate into the knowledge and practice of child care providers and in this way, the QRIS can enhance the role child care providers play in supporting early learning.

- Indiana and Pennsylvania have both developed early learning guidelines and/or standards through joint efforts by the respective state departments of education (the lead agency) and the departments that oversee social services. Both states make the guidelines or standards widely accessible to early care and education programs.
- Pennsylvania and Indiana have attempted to embed the use of early learning standards in child care settings through specific requirements for participation in the QRIS. These requirements begin with a focus on training on the early learning standards, escalate to requiring documentation of the connection between the standards and the curriculum, and ultimately address the connection between the standards and child observation and assessment.

6. Professional Development

The ECE professional development systems in place today in Indiana and Pennsylvania were largely built on infrastructure that was in place prior to the development of the QRIS in each state. These systems have always been complex with responsibilities and initiatives that span a broad range of partners, goals, and funding sources. The QRIS in each state is attributed with developing cohesive goals for professional development activities and bringing intentionality to what were viewed as fragmented professional development systems.

- While the partners in the delivery of professional development remain numerous and varied, the planning, development, and oversight of the system has become more centralized in both Indiana and Pennsylvania as a result of the creation of the QRIS.
- The QRIS in the two states provides both support and incentives to providers moving up the levels beyond licensing and in this way drives the demand for professional development among an increasing number of child care providers.
- Since the development of their QRIS, each of the two states has strengthened their structure of supports for the educational advancement of child care providers through, (1) increased funding of scholarship and tuition assistance (such as TEACH), and (2) increased emphasis on articulation agreements between specific institutions of higher education that allow individuals to apply credits from lower level credit-bearing certificates or degrees toward more advanced degrees (for example, using CDA credits toward an Associate of Arts [AA] degree, or AA credits toward a Bachelor of Arts [BA] degree.)
- QRIS requirements for program directors in each state led to the creation of formal credential programs—the Early Childhood Program Administration certificate in Indiana is the result of the highest QRIS rating that specifies business and administration requirements and the Director’s Credential in Pennsylvania was developed to meet requirements for achieving a rating level of 3 or 4.
- Beyond setting hour requirements, QRIS developers and administrators placed emphasis on defining what would “count” as PD to meet these requirements and increasing accountability and professionalism among the PD instructors and TA providers.
- Respondents in both states indicated that the creation of the QRIS brought increased purpose and use to tools and resources that had already existed in the professional development system without great effect before. For example, with staff qualifications as

an intricate part of the QRIS standards, individual providers and larger organizations have a greater need for a means of documenting completion of approved training and educational courses such as through PD registries or PD plans.

7. Dissemination of Information

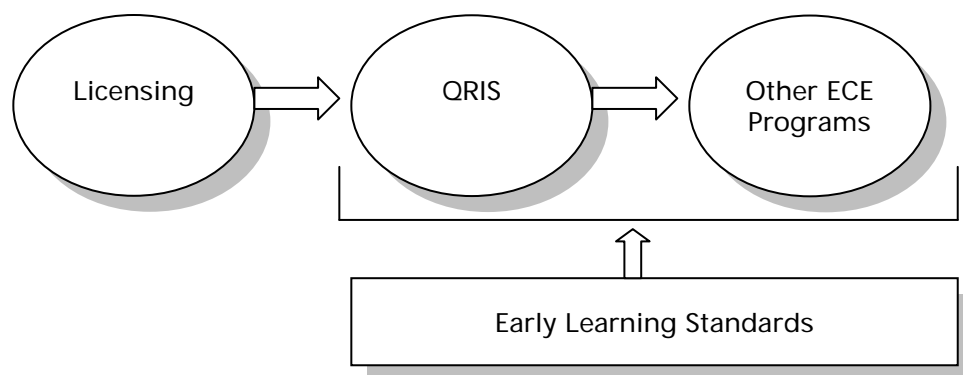
Dissemination of the ratings to the general public, and specifically to families seeking child care, is a key QRIS component that sets it apart from other quality and ECE system improvement efforts. This first objective of dissemination is specific to the QRIS—building the familiarity with the QRIS name/brand, different rating levels, and what they mean. A second objective for dissemination of information—and one that extends beyond the QRIS—is building public awareness about the need for quality in early care and education generally, and what quality looks like.

- In disseminating information about the QRIS to parents, the QRIS in Indiana and Pennsylvania rely heavily on partnerships with the child care subsidy program and local implementing partners (Child Care Resource and Referral Agencies in Indiana, and the Regional Keys in Pennsylvania).
- Respondents in both states indicated that another important route for sharing information about the QRIS with parents and the general public is through the participating providers themselves. Both states described the use of a broad array of marketing materials—signs, logos, flags, banners, brochures, certificates, pin-on badges, and window clings—that are distributed to providers.
- Other broad quality awareness campaigns may develop separately from information dissemination about the QRIS. The QRIS can link to these broader campaigns and become a readily tangible way of identifying what parents should look for in quality care. Such a campaign is present in Pennsylvania (PA Promise for Children), but not in Indiana.

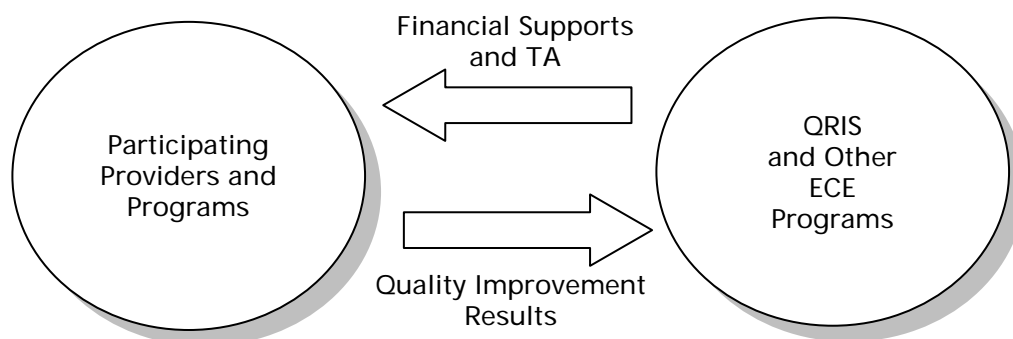
8. Accountability

Ultimately, accountability refers to defining the results a system should achieve and setting goals or benchmarks to achieve them. More broadly, accountability also refers to key agencies and staff being answerable to others concerning the work performed and the results of such work. The QRIS in Indiana and Pennsylvania incorporate accountability in ways that connect the QRIS with other programs within the ECE system. These approaches fall into three categories: (1) cross-program accountability and responsiveness, (2) reciprocal responsibility, and (3) tracking progress and results.

- **Cross-program accountability:** Building interconnectivity between different programs can be a potent method of promoting integration and accountability (see Figure ES.1). In both states, the QRIS flows from licensing requirements that define the first rating level. In Pennsylvania, in particular, QRIS requirements then flow into other programs, such as use of the ERS or the need for a minimum QRIS rating level (among child care centers) to receive state funding for pre-kindergarten or Head Start. When one program's requirements are built on or tied to another, there can be a series of effects throughout the system. For example, a change in licensing requirements or a revision to the Early Learning Standards could necessitate a revision to the QRIS standards.

Figure ES.1. Cross Program Accountability

- Reciprocal responsibility to achieve goals.** QRIS administrators in Indiana and Pennsylvania use incentives and connections with other programs to promote accountability for quality improvement through QRIS (see Figure ES.2). The underlying message throughout the QRIS in the two states is that child care providers must be accountable for quality improvement if they are to receive financial or TA support.

Figure ES.2. Reciprocal Responsibility

- Tracking progress and results.** Each state uses a series of performance measures to promote accountability within the QRIS to assess results of specific activities as well as results across ECE programs. The two states monitor activity in the QRIS and, at times across programs, at the facility-level, the activity or initiative-level, and at the contractor-level. Both states have well-developed and well-specified QRIS data systems that enable the collection and use of detailed data that supports measurable accountability about the inputs (TA, financial awards, and staff contacts) and the outputs (level changes in QRIS ratings) associated with the QRIS.

C. Assessing the QRIS Contribution to ECE System Development

It is difficult to fully assess the degree to which the QRIS serves as either a catalyst (increasing the rate of integration) or a conduit (providing the means for integration) for each component. In most cases, the QRIS could serve either function depending on the context and the circumstances within the state. The argument could be made, based on the experience of Indiana and Pennsylvania, that the QRIS serves as a catalyst particularly in the areas of professional development and quality

assurance. The purpose of the QRIS and its drive toward increasingly higher PD and program requirements necessitates an intentional and cohesive infrastructure for addressing PD needs and providing supports in the quality improvement process in a way that other programs do not.

The approaches found in Indiana and Pennsylvania could be used as potential indicators to measure progress in the integration of each of the eight system components (summarized in Table ES.1). Future evaluation of QRIS in ECE system integration could make use of these progress indicators to similarly track and assess activities. There may still be other approaches not encountered in the two states, and the details in measuring the indicators need further refinement. However, this framework could be especially useful for states or localities in the early stages of planning or implementation of QRIS. Documenting the current state of the eight system components before or just as the QRIS launches and tracking them over time would be particularly useful in fully understanding the potential changes the QRIS brings to the ECE system.

The information based on the experiences of Indiana and Pennsylvania in defining what role the QRIS may play in ECE system integration can be useful in program planning, goal setting, monitoring, and evaluation. The explanations of the approaches and the development of indicators can inform QRIS development and ECE integration efforts from the start by providing an informed picture of each of the eight components and where and how QRIS fits in. The indicators in Table ES.1 can serve both as goals and as markers of progress by setting a series of benchmarks along the way. And, ultimately, a select few may be the focus of in-depth and robust evaluation over time toward a goal of assessing the efficiency and effectiveness in the delivery of early care and education programs and services that improve child outcomes.

Table ES.1. Potential Indicators of the Role of QRIS in ECE System Integration, by System Component

System Component	Integration Indicators
Governance	<ul style="list-style-type: none"> • Explicit systems-building goals and/or conceptual framework is in place • Integrated administration and oversight at the state level of: <ul style="list-style-type: none"> ○ child care = subsidized child care, licensing, and QRIS ○ early education = subsidized child care, licensing, QRIS, plus Head Start state representative, and pre-kindergarten ○ services = early intervention, mental health and/or infant/toddler specialists • Integrated administration and/or delivery at the local level of: <ul style="list-style-type: none"> ○ QRIS, resource and referral for child care, TA for quality assurance, PD, services for young children in child care (EI, Infant/Toddler) • Use of QRIS infrastructure to disseminate a broad array of information and resources and launch initiatives focused on young children and their families • Bi-directional cross-program participation in advisory or work groups (QRIS representatives to contribute to others; others to contribute to QRIS-focused governance and advisory groups)
Provider and program engagement (scale)	<ul style="list-style-type: none"> • Density of QRIS participation rates among eligible providers, by care setting (center-based or home-care) and program-type (child care, Head Start, pre-kindergarten) • Use of performance targets to increase participation rates • Proliferation of cross-program outreach methods to non-participating providers • Use of shared messages in ECE programs about quality in care and professionalism in the workforce
Financing	<ul style="list-style-type: none"> • Examination of existing programs and uses of funds to reduce inefficiencies in overlapping and potentially disjointed purposes • Use of QRIS participation as a gateway to additional funding sources (such as increased child care subsidy rates or professional development supports) • Leveraging resources across ECE programs to support joint initiatives (such as TEACH scholarships or train-the-trainer events that lead to training on specialized topics for child care providers)
Quality assurance mechanisms	<ul style="list-style-type: none"> • Foundational role of licensing in determining the first QRIS rating level <ul style="list-style-type: none"> ○ consequences to QRIS and other program participation based on licensing status ○ common work between licensing and QRIS to align standards in their definition and to measure their presence (same sources of evidence) ○ formal cross-training of licensing and QRIS staff to establish common language in working with providers ○ defined methods and periodicity in communication between licensing and QRIS staff at the state and local levels • Degree of alignment of quality requirements across care settings and ECE programs <ul style="list-style-type: none"> ○ level of equity in the definition of QRIS standards and their measurement across care settings ○ common work between QRIS and other ECE programs to align standards in their definition and, potentially, measure their presence (same sources of evidence) ○ use of QRIS ratings as eligibility requirements for participation of child care providers in other ECE programs ○ number of partnerships between QRIS and other ECE programs (such as Head Start and child care partners) • Use of common supports and tools for quality improvement

Table ES.1 (continued)

System Component	Integration Indicators
Early learning standards	<ul style="list-style-type: none"> ○ cohesiveness and equity in planning the use of TA services ○ formality of procedures to ensure TA quality through the development of competencies or an approval process for individuals and/or organizations ○ credentialing of QRIS staff and TA providers who work directly with providers and programs ○ shared practices across ECE programs to assess quality such as use of the ERS ○ shared tools to plan and track progress among participating programs in ECE programs, such as quality improvement plans ● Involvement of a range of ECE programs and stakeholders in the development or refinement of early learning standards ● Embedding and aligning early learning standards to QRIS and other program standards ● Responsiveness of QRIS and other ECE programs to revisions in early learning guidelines in order to maintain alignment, if necessary ● Aligning (and conveying) the connection between early learning standards and core competencies for ECE practitioners ● Alignment between early learning standards, curricula, and assessments and common use of curricula and assessments in QRIS and other ECE programs ● Shared requirements across ECE programs for training on early learning standards, core competencies for ECE practitioners, and use of aligned curricula and child assessments
Professional development and training	<ul style="list-style-type: none"> ● Cohesion and integration in assessing PD needs and planning PD delivery with QRIS infrastructure at the state and local level ● Shared requirements across ECE programs for a core series of training on early learning standards, core competencies for ECE practitioners, QRIS and other quality standards, and use of common tools for planning PD and conducting quality and child assessments ● Provision of financial supports and awards for education and training necessary to achieve increasingly higher levels on a career path or ladder for individuals and QRIS rating levels for facilities ● Increase in the number of articulation agreements among institutions of higher education to ease continued progress of individuals in seeking advanced degrees ● Defining core competencies for all directors, lead and assistant teachers, PD instructors, and TA providers that apply throughout the ECE system ● Defining a shared career lattice that can apply to all ECE practitioners ● Credentialing of all directors and lead and assistant teachers across care settings ● Use of formal approval process to review training content and instructor/trainer qualifications to deliver sessions that meet in-service training requirements ● Shared access to PD and training across ECE programs (QRIS and Head Start, for example) ● Use of common tools across ECE programs to track progress toward PD goals and assess PD needs (including a PD registry for individual ECE practitioners) ● Alignment of PD tools to QRIS and other program quality standards (such as connecting PD necessary to progress up the rating levels)

Table ES.1 (continued)

System Component	Integration Indicators
Information dissemination	<ul style="list-style-type: none"> • Proliferation in and formality to cross-program efforts between QRIS, subsidy program, and resource and referral services to promote use of QRIS ratings by parents in selecting child care <ul style="list-style-type: none"> ○ Cross-training between subsidy, resource and referral services, and QRIS staff to establish common messages for parents ○ Extent of use of verbal, written, and online methods to incorporate QRIS rating levels with information on selecting child care • Shared messages and coordination in efforts across ECE programs and/or within overarching campaigns to promote community awareness of the importance of quality in early care and education programs • Common use of QRIS or other program communication devices to share information about quality in early learning with parents, providers, and key stakeholders
Accountability	<ul style="list-style-type: none"> • System/program level <ul style="list-style-type: none"> • Assessment of child risk factors and program investments to inform the use of resources across ECE programs (such as the PA Reach and Risk report) • Actions taken to promote cross-program accountability such as revising QRIS standards, policies, or processes in response to changes in other programs and services • Ability to track facility-level involvement, contacts, and history across ECE programs • Integrated or linked data systems to support cross-system analysis of program, practitioner, and child level outcomes • Contractor level <ul style="list-style-type: none"> • Rates of entry into the QRIS and progress in movement up the rating levels among providers • TA provider level <ul style="list-style-type: none"> • Performance targets to help providers achieve TA goals and meet higher QRIS quality standards • Child care provider/facility level <ul style="list-style-type: none"> • Strategic use of financial and TA supports to make quality improvements and progress up the QRIS rating levels • Practitioner level <ul style="list-style-type: none"> • Participation in PD and education programs to progress up the levels of a career lattice (ideally tracked through a PD registry across ECE programs) • Rates of retention and salary increases associated with TEACH scholarships and increased training and education • Child level <ul style="list-style-type: none"> • Ability to track child and family involvement, contacts, and history across ECE programs • Collection and tracking of child outcomes such as child assessments across ECE programs and eventual connection with K-12 system

Source: Analysis of interviews in Indiana and Pennsylvania conducted as part of the QRS Assessment project.

I. INTRODUCTION

As more states and communities develop and adopt child care Quality Rating and Improvement Systems (QRIS) as a mechanism to improve the quality of their early care and education programs, stakeholders are seeing opportunities for QRIS to also serve as a potential system-building agent within the fragmented early childhood care and education (ECE) system. Varied stakeholders have described and discussed the viability of the QRIS as a systemic approach for providing a structure that can connect existing strategies and initiatives (Mitchell 2005; Howes et al. 2008; Tout et al. 2009; Satkowski 2009).

The potential of QRIS to bring together fragmented programs for young children aligns with current system-building initiatives in early childhood and appeals to policymakers. Several national initiatives exist to promote early childhood system building, sponsored by either the federal government or private entities. For example, through the State Maternal and Child Health Early Childhood Comprehensive Systems Initiative, the Maternal and Child Health Bureau provides grants to states and communities to support the development and implementation of a plan to build a comprehensive system for delivering a broad array of early childhood services (Johnson and Theberge 2007). The Head Start Reauthorization Act of 2007 mandated the designation of state Early Childhood Advisory Councils that are to develop a coordinated early care and education system (Satkowski 2009). Similarly, the BUILD Initiative, a private endeavor funded by several foundations through the Early Childhood Funders Collaborative, directly supports the efforts of eight states to create comprehensive early care and education systems (Bruner and Stover-Wright 2009). Early childhood systems building and coordination across government agencies requires leaders who understand that early childhood is a cross-cutting issue. The current administration appointed the first ever Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development who is charged with ensuring collaboration and coordination among federal agencies as they fund programs that affect the lives of young children and their families. Federal study groups are underway in key systems-related areas, including data systems, and a number of early childhood initiatives have been jointly launched and funded by multiple federal agencies including the U.S. Department of Health and Human Services and the U.S. Department of Education (Sibeliuss 2010; Duncan 2010; Lombardi 2011; Sibeliuss 2011; Duncan 2011).

The goals and processes of QRIS overlap with a number of existing programs, providing opportunities for coordination across early childhood and education programs and initiatives such as professional development, technical assistance, licensing, and child care subsidy programs. These opportunities appeal to policymakers and practitioners interested in optimizing limited resources. Many QRIS set broad program eligibility requirements, which allow different types of programs such as child care, Head Start, and pre-kindergarten to participate in the rating system. Often these programs are under the purview of different agencies, which allows cross-agency involvement in the state or community. Additionally, stakeholders have surmised that linking databases for QRIS may emerge as a driver of system development (Tout et al. 2009). QRIS often include components that can be gathered through data reported in existing systems. For example, information on child care licensing, child care subsidy, or pre-kindergarten programs is typically captured in data systems operated by the agency responsible for these programs. The agency charged with implementing the QRIS can link them to these data.

At this time, little has been documented across states implementing QRIS about their interest and active involvement in integration of the early care and education (ECE) system or, importantly, about what such involvement actually entails and how it could be accomplished and measured

(Zellman and Perlman 2008). Much of the exploration into QRIS thus far has focused on development of the QRIS itself but not examining closely the explicit ways in which QRIS may advance or initiate integration across ECE programs.²

Kagan and Neuman (2003) provide a definition of what an ECE system is and what it encompasses: “System is a broader term that encompasses both the infrastructure of supports and the direct early care and education services that children and families receive. Systems make the parts function by eliminating redundancies and maximizing efficiencies.” They further specify eight components of a system: financing, governance, accountability, professional development, training, appropriate regulations, quality assurance mechanisms, and dissemination of information. The National Early Childhood Accountability Task Force (2007) describes primary building blocks of a system that encompass similar components, specifically, the alignment between early learning and program standards with curricula and assessments, a consistent and accessible approach to professional development for all individuals who work with young children, an inclusive program rating and improvement system, and an integrated database that tracks children’s experiences.³ Researchers who have studied QRIS specifically suggest that for a system to serve as a hub for quality improvement, extensive coordination between the QRIS and other ECE programs in the areas of standards, funding, oversight, and data systems will be necessary (Tout et al. 2009).

The building and evaluation of early care and education systems are of growing interest and importance as resources contract but expectations about the range and quality of services for young children expand. The questions ultimately focus on whether the systems’ building efforts will prove to be an efficient use of resources and an effective means of improving child outcomes. However, changes at a system level take a long time to implement and even longer to assess meaningful impacts (Hargreaves 2010). In the early stages of system development, useful evaluation information can help stakeholders better define systems as well as develop and track quantifiable indicators of progress (Walker and Kubisch 2008).

Recognizing the gap in information about QRISs, the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS) is supporting the Child Care Quality Rating System Assessment (QRS Assessment) project.⁴ The goal of the QRS Assessment is to provide information, analysis, and resources about QRISs for states and other stakeholders. This report is a product of a study conducted as part of the QRS Assessment and is intended to serve as an informational resource for national and state policymakers, state child care administrators, child care and early education practitioners, and other stakeholders on how QRISs function as part of the larger ECE system.

² Zellman and Perlman (2008) examine Keystone STARS in Pennsylvania and mention the interconnectedness between the QRIS and other ECE programs. Nonetheless, the focus of that report was on QRIS development and implementation around the key components of a QRIS, while this report examines Keystone STARS from the perspective of the broader system components.

³ The National Early Childhood Accountability Task Force included experts on early childhood assessment, program evaluation, and early childhood pedagogy and practice. It was assembled in 2005 with funding from the Pew Charitable Trusts, the Foundation for Child Development, and the Joyce Foundation.

⁴ Mathematica Policy Research is conducting the QRS Assessment in partnership with Child Trends and Christian and Tvedt Consulting.

A. Research Strategy and Questions

The strategy and scope for this study is in line with what system-building researchers have termed process learning or functional analysis that examines a set of components and how the QRIS contribute to or affect each one, or a subset of them (Sridharan 2008; Coffman 2007). While this is a linear approach to analysis, it is useful at this point in QRIS development and evaluation because it can achieve an early goal of defining systems building by focusing on a set of specific and potentially quantifiable components and indicators of progress.⁵

We drew from the components of systems described above (as defined by Kagan and Neuman 2003; the National Early Childhood Accountability Task Force 2007, and Tout et al. 2009) to focus on eight components of an ECE system (Exhibit I.1). Using these components of a system as an organizing framework, this in-depth study examined the following two primary research questions:

- What role do QRISs have and to what extent do they contribute to integration through each of the ECE system components?
- How could states and localities assess the extent to which QRISs are contributing to ECE system development?

B. Study Methods

We conducted the study in two stages. The first stage was a preliminary exploration of the system components within eight select QRIS. We selected the eight QRIS based on elements included in the Compendium of Quality Rating Systems and Evaluations (Tout et al. 2010) that suggested one or more system-building activities might be underway or an environment in which these activities might occur. Specifically, we identified six QRIS (Indiana, Minnesota, North Carolina, Oklahoma, Pennsylvania, and Vermont) that (1) indicated linkages with other early childhood programs *and* reported linkages with other early childhood databases, and (2) indicated either high program density *and/or* inclusion of a broad range of programs for QRIS participation. The final two QRIS met only one of the two elements of the first criteria (indicated linkages with programs or databases, but not both) but were included to achieve secondary selection goals: explicitly mentioning system integration as a QRIS goal (Delaware) and including a county-based QRIS (Miami-Dade, Florida).⁶

The purpose of stage one was to conduct a preliminary assessment of the relative strength of the QRIS itself with regard to the eight system components to inform site selection for stage two. The stage one data collection activities included the review and classification of information from the Compendium and other publicly available documents (specifically on state ECE system building

⁵ QRISs operate in and interact within a complex and dynamic environment that is defined by the network of programs and initiatives operating in a state or community to support young children (Hargreaves and Paulsell 2009). Gaining the full context of the policy and programmatic environment in which the QRISs and ECE systems function was beyond the scope of what could be accomplished within this study.

⁶ A county-based system was included in stage one to explore the local versus state orientation in the development of the QRIS and its role in ECE integration.

initiatives), as well as 60-minute telephone interviews with QRIS administrators and, in six interviews, other staff the administrators chose to include.

Exhibit I.1. Components of the ECE System for Use in Analysis

Governance	Early Learning Standards
Extent to which the leadership, administration, or oversight of programs is integrated across ECE programs	Alignment of a set of early learning and program standards with curricula and child assessments across ECE programs
Provider and Program Engagement	Professional Development (PD) and Training
Range in programs and the density of their use of QRIS or similar standards in order to maintain children within a system of high quality ECE programs	Extent of coordination in defining and aligning skills, education, and training across ECE programs and ensuring PD programs are up to date and focused on early learning standards
Financing	Dissemination of Information
Ways in which QRIS funds are used to set common goals for ECE programs or support common initiatives	Extent of and coordination in efforts to inform the general public about the importance of quality in ECE programs
Quality Assurance Mechanisms	Accountability and Data Systems
Extent of shared practices in standards, monitoring, or quality improvement activities across ECE programs	Extent of integrated (or linked) data systems across ECE programs to monitor program, provider, teacher, and child outcomes

Source: Adaptation of frameworks presented by Kagan and Neuman 2003; the National Early Childhood Accountability Task Force 2007, and Tout et al. 2009.

In stage one, we learned that each of the eight QRIS is engaged, to some degree, in system integration between QRIS and other aspects of the ECE system. The coordination of funding in the child care area (licensing, subsidy, and QRIS), inclusion of mechanisms to focus on early learning goals, and the incorporation of the professional development system were components most consistently implemented by QRIS. While nearly all of the respondents reported involvement in formal ECE system-building efforts, the degree of actual partnerships that exist between agencies at the state and local level had a great deal of variation and only one QRIS reported coordinated efforts on quality improvement activities across ECE programs.

Based on the information gathered during the first stage, we selected two QRIS for further study—Pennsylvania and Indiana. This decision was based on two criteria: (1) that the system components are well developed within the QRIS itself, suggesting the QRIS has the relative strength to support system building within the broader ECE field, and (2) indications that the QRIS is leading the development of one or more components of an integrated ECE system. A summary of some key characteristics of the QRIS in Indiana and Pennsylvania is presented in Table I.1.

Stage two data collection included two-day site visits to each of the two states to further explore and detail the linkages between QRIS and other ECE programs. Our primary respondents were staff that administer and are associated with the QRIS. However, to gain a fuller and potentially less biased perspective, we also interviewed a range of other stakeholders in the ECE field including representatives from the child care subsidy program, licensing, Head Start, department of education or early learning, and early intervention, as well as individuals involved with other state-level system coordination efforts. In these interviews, we focused on their perspectives of the role, participation, and contributions of the QRIS in promoting system coordination and integration.

Table I.1. Summary Characteristics of the QRIS in Indiana and Pennsylvania

	Indiana	Pennsylvania
QRIS name	Paths to Quality (PTQ)	Keystone STARS
Oversight agency	Bureau of Child Care (BCC), Division of Family Resources, Family and Social Services Administration	Office of Child Development and Early Learning (OCDEL), Department of Public Welfare and Department of Education
Starting year of statewide implementation	2008	2003
Number of rating levels	4	4
Structure of rating levels	Building block ^a	Building block ^a
Voluntary	Yes	Yes
Eligible programs	Center-based programs, Head Start/Early Head Start, licensed family child care, school-aged programs, unlicensed registered ministries ^b	Center-based programs, Head Start/Early Head Start, licensed family child care, group homes, school-aged programs, pre- K/comprehensive early childhood programs
Total number of participating programs	2,011	4,420
Total number of children served	75,335	168,530

Source: Compendium of Quality Rating Systems and Evaluations (Tout et al. 2010); QRIS participation data from Paths to QUALITY, Monthly Management Report, April 2011 and Keystone STARS Program Report, 2010

^aA building block rating structure requires that all standards included at lower rating levels be met before a child care business may progress to consideration of standards in the next highest level.

^bUnlicensed registered ministries are faith-based child care centers that are license-exempt.

We developed a master protocol organized by the system components to guide the semi-structured interviews on site. Two researchers conducted each site visit; the interviews were led by the same senior qualitative researcher in each state and were digitally recorded. Applicable sections of the protocol were selected for use with each respondent type with planned overlap to enable triangulation of the data in the analysis. Data collection in this way ensures that findings are based on mutually confirming lines of evidence (Yin 2009). Each interview was transcribed using the notes of the researchers and references back to the recordings, as needed. The interview notes became the primary tools for cross-site analysis and reporting. The cross-site analysis organized information from the interview notes together under the system component headings, organized by subtopic.

C. Analytic Approach, Study Scope, and Limitations

The eight system components described above provided a framework for gathering information and the Mathematica team used them to analyze and organize the findings from the study. Still, an important distinction must be made between the details of what specific activities are occurring within each component versus whether and how the QRIS and other ECE programs are addressing the activities together. For example, we do not detail the full range of quality improvement activities undertaken by the QRIS and other ECE programs in the two states. Rather, we describe the degree of distinction versus coordination that occurs between QRIS and other ECE programs in

developing and implementing the activities (with the use of examples). Also, this report is not intended to compare the two states but to take the lessons and experiences from each that can inform a framework for assessing the role and contribution of QRIS in ECE system development.

The purposeful selection of states for study and the analytic approach present limitations in how the findings from this research may be used. This report represents an examination into the approaches and processes of two states that we identified as potentially further along than others in their planning and coordination between its QRIS and other ECE programs. As such, their experiences are not reflective of all states, or even a subset of states implementing a QRIS. Their experiences may be wholly unique to the particular policy, political, and economic environments in each of their states. Another limitation is that while we interviewed a wide range of respondents, we cannot ensure that we captured the many perspectives that exist among different staff of the same programs that were represented in our interviews or among different programs that were not represented in our interview schedules. Also, the majority of the respondents were those who work at the state level; we cannot interpret how the actions toward integration at the state level play out in practice at the local level. Nonetheless, the findings in this report about the approaches pursued in these two states and the similarities between them can provoke thought among other QRIS administrators and stakeholders and potentially help inform steps they may take.

D. Roadmap to the Report

A discussion of the role and contribution of the QRIS in Indiana and Pennsylvania to the integration of programs and services within the ECE system is discussed for each of the eight system components in turn in Chapter II. Chapter III summarizes the overarching themes based on the experience of the two states and turns the approaches used by the two states into indicators that could be tracked to assess ECE system development and the QRIS role.

II. THE QRIS ROLE ACROSS EIGHT SYSTEM COMPONENTS

The QRIS in Indiana and Pennsylvania have developed approaches to each of the eight system components that provide information about the function of QRIS in system integration. The two QRIS often have similarities in their approach, but they are pursued or implemented to different degrees given the context and resources within each state.

In this chapter, we discuss each of the eight system components in turn. Each component section summarizes the themes and strategies gleaned from the two study states. The sections are not comprehensive in describing all that the two states have implemented in the focus area. Rather, the emphasis is on identifying and describing how the work they have done connects the QRIS to other ECE programs.

A. Governance and Infrastructure

Governance refers to the leadership, administration, and oversight of a system and its integration efforts. From the two study states, the QRIS emerged as an organizing framework for system integration. It was not necessarily the catalyst for integration in each state, but each QRIS does now serve as an overarching governance body for quality initiatives and, perhaps more importantly, it has become the key infrastructure for delivering a wide range of services to child care providers that may benefit children and their families.

A theme that prevailed in both states was the intentionality that QRIS gives to organizing quality initiatives both from a fiscal (discussed in Section C) and administrative point of view. Specifically, much of the structure and services for the QRIS in Pennsylvania and Indiana already existed; respondents in both states reported that the QRIS brought them together in a more systematic, intentional, and organized way.

1. Starting from the top

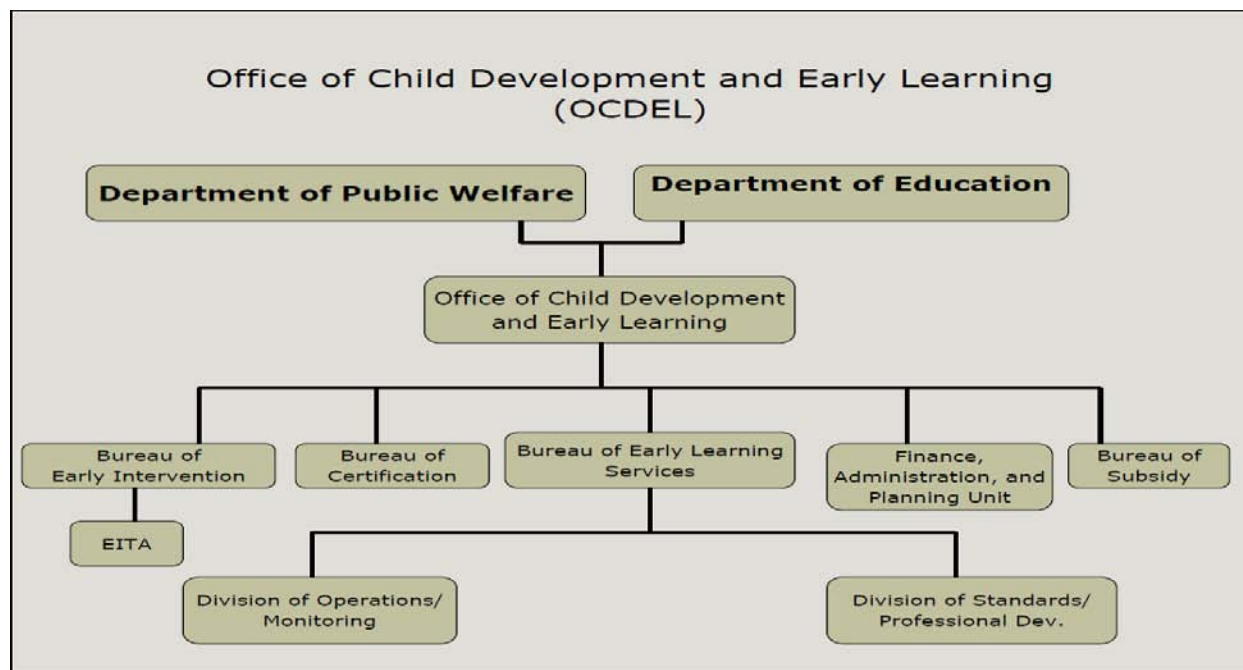
Participation in QRIS is voluntary for all providers and programs in Pennsylvania and Indiana and as such there was not a need for legislation specific to QRIS creation or administration. According to administrators, this provides them with a good deal of flexibility in specifying the governance and infrastructure of the systems, and allows for ongoing system modifications and program improvement. Program administrators do not have to seek changes in legislation to make changes to the system.

In Pennsylvania, QRIS was a part of but not the specific catalyst for the comprehensive change in the governance of ECE programs that began in 2002. According to respondents, the QRIS was not viewed as a stand-alone effort; it was viewed from the start as part of the integrated effort to improve early care and education with a specific target toward low-income families. Nonetheless, respondents indicated that the emphasis was placed on child care (and therefore QRIS) throughout the consolidation effort because child care providers serve the largest share of children in early learning settings.

Administrators of early childhood care and education programs in Pennsylvania have been at the forefront of the efforts to integrate services for young children, starting in 2003 with a state transition report written from the Schweiker administration to the Rendell administration as power changed hands in the state. The report highlighted the need for a consolidated effort to improve

quality in early childhood programs. Over the course of the following three years, creation of a cross-departmental office—the Office of Child Development and Early Learning (OCDEL)—broke through silos in service delivery by uniting administrators and supervisors of programs based on the common targeted service population of young children, particularly those in low-income families. The sharing of an office name and, importantly, physical office space across programs of the Department of Public Welfare (DPW) and the Pennsylvania Department of Education (PDE) created a shared mission and eased communication and coordination. As shown in Figure II.1, licensing (called certification in Pennsylvania) and child care subsidy from the DPW was brought together with Early Intervention and Early Learning Services, both of which pull together programs from DPW and PDE. The Bureau of Early Intervention spans the full period of birth to age 5, building a continuum in service delivery that is typically disrupted by the break in funding streams that switches from human services to education departments in states when children reach age 3.⁷ The Bureau of Early Learning Services—the hub for QRIS—also oversees early care and education programs such as pre-kindergarten (PA Pre-K Counts), infant and toddler programs (Keystone Babies and state-funded Early Head Start), the Head Start Supplemental Assistance Program (HSSAP), School-Age Child Care (SACC), and all professional development activities for individuals teaching and caring for young children.

Figure II.1. Structure of the Office of Child Development and Early Learning in Pennsylvania

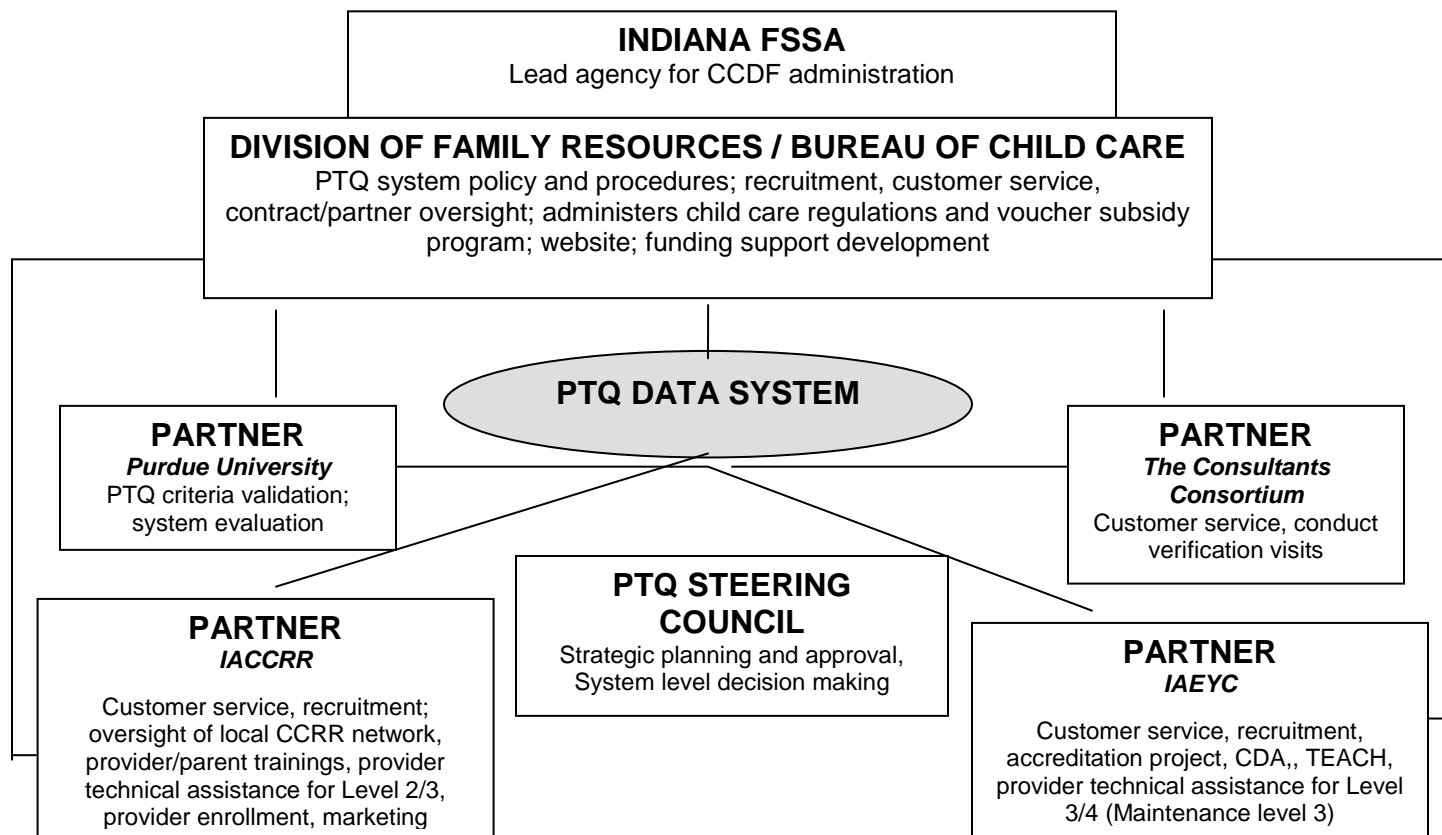


Source: OCDEL, used with permission.

⁷ The Individuals with Disabilities Act (IDEA) ensures services to children with disabilities. IDEA Part C provides for early intervention services to infants and toddlers (birth to age 2) with disabilities and their families and is typically administered within the department of health, human, or social services in each state. IDEA Part B provides special education and other services to children and youth (ages 3 to 21). Section 619 of Part B applies specifically to children ages 3 to 5 and is administered within the departments of education in each state. More information is available from the U.S. Department of Education (<http://idea.ed.gov/>) and the National Early Childhood Technical Assistance Center (<http://www.nectac.org/idea/idea.asp>).

Not unlike most states, in Indiana there is no one place for early childhood programs—not one office or even one department. The Bureau of Child Care, in the Division of Family Resources of the Indiana Family and Social Services Administration (FSSA), does have oversight over the QRIS, licensing, and child care subsidy programs consolidating the “care” piece of the early care and education system (see Figure II.2). Indiana does not have state mandated or fully-funded kindergarten; only voluntary, half-day kindergarten exists and, therefore there are also no state-funds in pre-kindergarten programs or state supplemental funding for Head Start or Early Head Start.

Figure II.2. Structure of Paths to Quality (PTQ) in Indiana



Source: Indiana BCC, used with permission.

Within this context, the QRIS is perceived by the respondents with whom we spoke in Indiana to be the mechanism through which the early learning community can come together for a common purpose; and because this purpose is “improving quality in early care and education for children” it has broad interest and ownership across state-level stakeholders. This concept was specifically noted by the leaders of two of the more prominent system-building initiatives focused on early childhood development in the state; a signal that the QRIS may be the tangible effort that can make theoretical system-building concepts a reality.

2. System-building goals

The state-level governance structures in each Pennsylvania and Indiana go hand-in-hand with their explicit goals and/or approaches related to system-building. In Indiana, the focus for integration is on child care as the way to “combine the state’s quality improvement elements into one coherent system that makes sense to parents.” (FSSA, 2010). The BCC also states that “elevating community

awareness on the importance of quality child care and early education requires a systematic approach” and one that involves parent awareness, well-trained and qualified child care and early education staff, and high quality, affordable, and appropriate early care and education experiences for children of all socio-economic statuses. The Pennsylvania approach is broader, reflecting the integration of early education programs (programs that are less prevalent in Indiana). Pennsylvania’s Bureau of Early Learning Services uses the systems approach depicted in Figure II.3. This approach can be adapted by any QRIS as it reflects the core elements typically associated with QRIS. The difference in Pennsylvania is that this approach guides all the programs of the OCDEL—QRIS and others alike. The approach also mirrors that of the Standards Aligned System (SAS) adopted by the PDE to explicitly build the connection between early learning and K-12 education (Section E discusses early learning standards as one component of the ECE system in each state).

Figure II.3. Systems Approach to Early Education in Pennsylvania



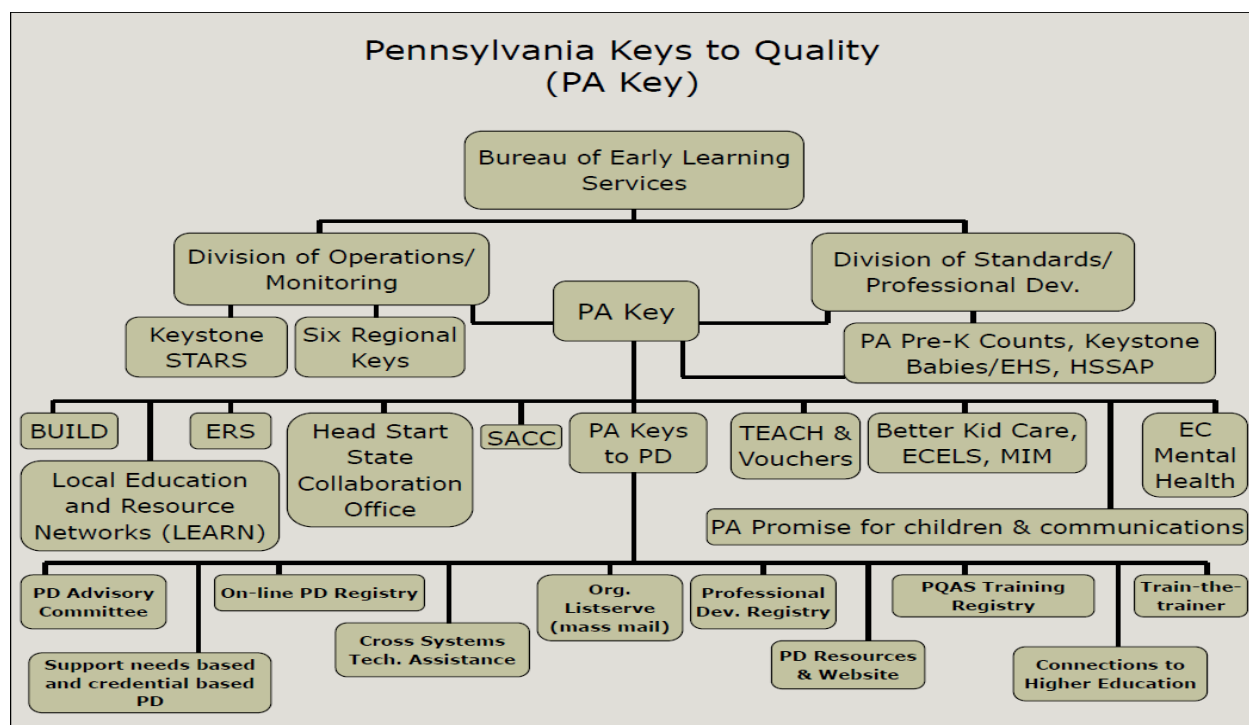
Source: OCDEL, used with permission.

3. System integration through the QRIS infrastructure

The introduction of the QRIS and efforts to integrate it with related early care and education programs has not dramatically changed the infrastructure through which services are delivered. However, it is credited by respondents in each state with pulling the strands of different programs together and housing their delivery within key partner agencies at both the state and local levels.

To deliver and implement their QRISs, both states rely on partnerships with quasi-public or fully non-profit agencies that have staff trained in early care and education and experience working with the early care community. At the state-level these partners are the entities in which the QRIS (quality assurance) and the professional development system are brought together. Indiana made use of its existing partnerships with two key early care and education associations in the state (see Figure II.2): the Indiana Association of the Education of Young Children (IAEYC) and the Indiana Association of Child Care Resource and Referral (IACCRR). The state-level Pennsylvania Key (PA Key) was newly developed during the time that the OCDEL was created as a means of further integrating early care and education funding and oversight across initiatives of the DPW and DPE. The PA Key manages 20 different budgets, by funding stream, to combine DPW, DPE, and private funding with the intention of making the best use of funds by efficiently putting different funding sources together. The result is a state-level entity with direct oversight over a broad range of ECE programs, as shown in Figure II.4.

Figure II.4. Structure of the PA Key



Source: OCDEL, used with permission.

At the local level, existing entities in both states were reorganized to align with the needs and goals of the QRIS. For example, prior to the launch of the QRIS, Pennsylvania had four Child Care Resource Developers that administered grants to child care providers that were funded through various set-asides within the federal child care subsidy funding streams (the Child Care and Development Block Grant and then the Child Care and Development Fund, or CCDF). When the QRIS was launched statewide, these four agencies were restructured as four of the now six Regional Keys that administer the QRIS along with delivering professional development. In Indiana, 11 local resource and referral agencies that existed before QRIS implementation have continued to provide child care resource and referral services (under the umbrella of IACCRR) as well as training and professional development services, but have added the local administration of the QRIS. IAEYC also plays a role in QRIS administration, providing TA and PD services to providers that receive high QRIS ratings (levels 3 and 4). Indiana has this distinction in services by QRIS rating level

because of the long-standing role that IAEYC has played in supporting providers to achieve accreditation and in increasing the number of articulation agreements within the higher education community that supports the movement of all early care professionals up the career ladder. Respondents reported that the state was interested in building on the strengths that each IAEYC and IACCRR brought to support a revised system.

Within the structures that emerged in Indiana and Pennsylvania, the QRIS is often administered within the same entity as an array of other early care and education programs and services either at the state or local level, or both as shown in Table II.1. The table summarizes the administrative oversight as well as the nature of the coordination that exists between the QRIS and other ECE programs and services in each state. The specifics of these connections and types of coordination are further described throughout the other sections of this chapter.

Regardless of the administrative structure and oversight of different ECE programs, a common theme from respondents in both states is the central role of the QRIS infrastructure in reaching child care providers and programs. For state and local administrators of programs and services targeted to young children and their families, the QRIS has become the natural go-to for getting information, services, and resources out to providers and families, according to respondents in each state. Whether services look integrated or not on an organizational chart, they tend to come together locally typically through the QRIS specialist who works directly with providers and programs. For example, the QRIS specialists in the Regional Keys in Pennsylvania, and the partner agencies of IACCRR or IAEYC in Indiana are now the hub for communicating with providers. QRIS specialists connect providers with technical assistance, professional development opportunities, licensing staff, subsidies, early intervention specialists, infant/toddler mental health specialists and other supports for providers or the children and families they serve. Prior to the QRIS, there was less of a sense of this “one-stop shop” nature to the services that can support early care providers.

This infrastructure also becomes the means of launching new initiatives quickly, and coordinating efforts across increasingly diverse offices or departments. Respondents in both Pennsylvania and Indiana reported that as the state QRIS has evolved, it has become an increasingly attractive partner. If a program or initiative from another state agency or office has the potential to intersect with the goals or target population of the QRIS, both parties are amenable to exploring collaboration—there is a continuing process in place to “widen the circle.” For example, in Pennsylvania information on recent initiatives and training opportunities connected with them such as Race Matters, Mind in the Making, and Keystone Kids GO! are disseminated to QRIS providers and all OCDEL programs. Each initiative has discrete goals such as examining classroom practices that support conversations about race and culture (Race Matters), providing 12 learning modules for teachers that support social-emotional competence (Mind in the Making), or improving nutrition and physical activity among young children and their families (Keystone Kids GO!). The commonality is the need to reach care givers, teachers, and families of young children. The structure of QRIS provides this ready avenue of access to the target populations. Similarly, in Indiana a credentialing process for child care providers on infant mental health and the training for providers to reduce the risk of maltreatment (to be discussed in Section C on Financing) benefitted from the direct access to child care providers through the QRIS.

Table II.1. Administration of Programs and Services in the ECE System and Their Coordination with the QRIS

	Indiana			Pennsylvania		
	State-Level	Local-Level	Administrative Connection to QRIS	State-Level	Local-Level	Administrative Connection to QRIS
Licensing	Integrated in BCC	Separate	Serves as foundation for QRIS; providers must be licensed. Licensing actions affect QRIS standing and awards.	Integrated; housed in OCDEL	Separate; 3 Regions	Serves as foundation for QRIS; providers must be certified. Certification actions affect QRIS standing and awards.
Child Care Subsidy Program	Integrated in BCC	Integrated resource and referral services in CCR&Rs	QRIS levels discussed as part of eligibility determination and referral services with parents.	Integrated; housed in OCDEL	Separate; 50 local agencies	QRIS levels discussed as part of referral services with parents; QRIS provider award levels determined by proportion of subsidized children served.
Head Start Collaboration Officer	Separate; housed in DOE	n/a	No alternative pathway into QRIS; recommended minimum QRIS rating for child care partners.	Integrated; housed in PA Key	n/a	No alternative pathway into QRIS; required minimum QRIS rating for child care partners.
Pre-K	n/a	n/a		Integrated; housed in PA Key	n/a	Required minimum QRIS rating for participating child care centers.
Professional Development	Integrated; oversight by BCC	Integrated in CCR&Rs	Non-credit bearing PD to meet in-service hours typically provided through CCR&Rs	Integrated; oversight by PA Key	Integrated; administered by the Regional Keys	Access to a network of PD providers contracted through Regional Keys; all must be approved by the Pennsylvania Quality Assurance System (PQAS).
Early Intervention Services	Separate division in FSSA (part C); and Indiana DOE (part B)	Integrated in CCR&Rs	Local EI staff within same agency as QRIS Specialists; deliver services in care-setting.	Integrated; housed in OCDEL (parts B & C)	Separate; 3 regions	Local EI staff coordinate with QRIS Specialists to deliver services in care-setting; QRIS provider award levels determined by proportion of EI children served; use of Ages & Stages Questionnaire to screen for delays incorporated into QRIS standards.

Table II.1 (continued)

	Indiana			Pennsylvania		
	State-Level	Local-Level	Administrative Connection to QRIS	State-Level	Local-Level	Administrative Connection to QRIS
Early Childhood Mental Health Services	Separate division in FSSA	Separate through First Steps mental health providers	May be part of monthly service coordination meetings facilitated by QRIS specialists; may be connected with providers through QRIS specialists.	Integrated; housed in OCDEL	Integrated; administered by the Regional Keys	Child-specific consultative services that address the social-emotional development of young children within their ECE program; available only to programs participating in the QRIS at the request of the director or teacher, and the permission of the child's parent or guardian.
Infant/Toddler Specialists	Integrated in BCC	Integrated in CCR&Rs	Part of monthly service coordination meetings facilitated by QRIS specialists; often connected with providers through QRIS specialists.	Integrated; coordinator housed in OCDEL	Integrated; I/T specialists in each Regional Key	Primarily target QRIS rating level 2 programs to provide a maximum of 50 hours of relationship-based TA in 10 targeted sites with I/T classrooms; additional professional development training available to I/T teachers in OCDEL funded programs.

Source: Site visits conducted as part of the QRS Assessment project.

B. Provider and Program Engagement

The degree of participation in the QRIS is important when considering the potential role and scale of the QRIS within the ECE system. Subsidized child care tends to receive the largest share of public funding in the ECE system and affects the largest proportion of children. Broad participation among traditional child care providers alone—centers and homes—can demonstrate a substantial role of the QRIS in setting goals for quality and developing a common understanding about quality among parents, providers, and other stakeholders. QRIS participation by a range of early learning programs including Head Start or pre-kindergarten can signal a broader and more unified approach in developing this common understanding and language about quality. But, whether care and education programs adopt a common rubric of standards or maintain separate sets of standards that are comparable, QRIS participation among child care providers can still support integration through the understood commitment to quality.

1. QRIS participation among licensed and regulated child care facilities

Indiana and Pennsylvania have achieved relatively high density in the degree of participation among child care providers. In both states, the majority of licensed child care centers participate in the QRIS at 81 and 67 percent in Indiana and Pennsylvania, respectively (see Table II.2), although these proportions may be overestimates based on two factors. First, Head Start centers are included in the count of the number of participating child care centers reported by each state and in Pennsylvania, Pre-K Counts classrooms would also be included in the center total. These programs are not, however, uniformly included in the denominator of licensed child care centers. Indiana requires licensing as a prerequisite to QRIS participation for Head Start centers, but Pennsylvania does not. Second, the denominator that represents licensed centers in Indiana may be higher or lower now (most recent data available are from 2008) relative to the current number of participating QRIS centers.

Respondents in both states indicated that it is more difficult to engage family child care homes for a variety of reasons. Common reasons mentioned by staff conducting outreach to family child care providers include the lack of time these providers have available to complete the necessary paperwork, training, and other requirements of the QRIS, and their hesitancy to allow someone into their home to conduct the required activities, particularly the observational component. QRIS participation levels among family child care providers are markedly lower at 49 and 33 percent in Indiana and Pennsylvania, respectively.⁸ Indiana has the additional context that a sizeable portion of child care is provided by regulated but license-exempt child care ministries (faith-based organizations that provide child care). Administrators reported that 35 of the 733 ministries in operation in December 2010 were participating in the QRIS. Overall, close to 50 percent (slightly under or over) of all licensed or regulated child care providers in each state participate in the QRIS.

The predominant message in promoting QRIS participation in each state is one of invitation. Respondents uniformly described the emphasis on participation, at any level, in order to engage providers and programs in the mission toward and focus on quality. In Pennsylvania, this approach is reflected in the use of the Start with Stars level in which providers can remain for one year receiving assistance in preparing for the QRIS process but not officially receiving a rating level. The

⁸ These estimates for Indiana are based on different time frames for licensing and QRIS participation data.

invitation is also accompanied by incentives—financial incentives that reward initial engagement as well as movement up the rating levels (discussed in Section C on financing).

Table II.2. QRIS Program Participation, by Provider Type

	Indiana	Pennsylvania
Centers		
Number licensed	605	4482
Number participating in QRIS	489	3007
Density of QRIS participation	81%	67%
Family Child Care Homes (Small and Large)		
Number licensed	3053	4251
Number participating in QRIS	1487	1413
Density of QRIS participation	49%	33%
License-Exempt, Regulated Centers^a		
Number regulated	733	0
Number participating in QRIS	35	0
Density of QRIS participation	5%	0
Total Facilities		
Number licensed or regulated	4391	8733
Number participating in QRIS	2011	4420
Density of QRIS participation	46%	51%

Sources: Licensing data for Indiana from the 2008 Child Care Licensing Study by the National Child Care Information Center (NCCIC) and the National Association for Regulatory Administrators (NARA), 2010; QRIS participation data from Paths to QUALITY, Monthly Management Report, April 2011; data on "License-Exempt, Regulated Centers" for Indiana reflect data collected on Child Care Ministries during the QRS Assessment project site visit in December 2010; licensing and QRIS participation data from Pennsylvania from the OCDEL Annual Report, 2009-2010;

^a Regulated centers must meet basic health and safety standards, but are exempt from the full range of licensing requirements (such as those pertaining to staff education and training).

In the same way that providers are offered incentives to participate, contractors are also offered incentives to increase participation and improve ratings among providers in their areas. Both states set targets or performance goals for QRIS engagement and participation that are incorporated into the contracts with the implementing partners. In Pennsylvania, targets are set for the number of new QRIS participants by type of care-setting (based on certification data about who is and who is not in QRIS), the number of participating providers that will be renewed at the same level, and the number that could move up in their QRIS rating level. Targets are set together by OCDEL and each Regional Key through a goal-setting process that occurs each year. In Indiana, performance targets are set at the state level by the Wave (or stage) in statewide roll-out; each of four Waves staggered the inclusion of different regions of the state. Performance is measured by participation goals (the number of new enrollments and participation rates by provider type), provider-level increase goals (the number and rate of QRIS participating providers that move up a rating level), and maintenance goals (the number and rate of QRIS participating providers that maintain the top level of 4). Respondents in the two states indicated that the targets are motivating and encourage the staff to be continually proactive and creative in reaching new providers such as through food program sponsor meetings, postcards, newspaper ads, cold calls, and by offering small give-away items to attract providers to informational sessions.

2. QRIS participation beyond child care: Head Start and pre-kindergarten programs

One measure of broader integration of the QRIS across ECE programs is the extent that programs other than child care centers and family child care homes participate in the QRIS. In Indiana, as of December 2010, the rate of QRIS participation among all Head Start programs was slightly lower than that of child care programs—at about 40 percent (107 of 266). However, the rate of QRIS participation among licensed Head Start programs was 87 percent (107 of 122). Because licensing is a prerequisite for QRIS participation, it is not clear if already licensed Head Start programs took the additional step of enrolling in the QRIS or if some programs sought licensing in order to participate in the QRIS. In Pennsylvania, programs with a QRIS rating level of 3 or 4 are among those eligible to apply for Pre-K Counts funding or Head Start Supplemental Assistance. The level of participation among Head Start programs, even those funded with state supplemental assistance, is reportedly minimal (exact numbers not available). It is not clear what drives the contrast—if it is a difference in licensing and/or QRIS requirements between the two states or a difference in perception. In Indiana, the Head Start leadership is strongly encouraging programs to participate so they are not left behind. (Further discussion of this topic is included in Section D on quality assurance.)

It is possible that there is some tipping point, at least perceived, about the visibility of the QRIS that comes into play in promoting even broader use—whether it is with parents or other stakeholders. This could hold true among Head Start and accredited programs that have already achieved some defined bar of quality, but that choose to participate in the QRIS as a common measure or statement about quality within the state.⁹

3. QRIS participation: integration through messaging

The level of program participation in QRIS is not the only measure of its role in ECE system integration. Integration can also be apparent in the messaging about program participation—through: (1) the multiple avenues to reach providers and bring them into the QRIS and, (2) the goals communicated to providers about quality in care and professionalism in the workforce. Ultimately, it is possible that participation in QRIS is helping to bring the care and the education side together by promoting perceptions about equity in the levels of quality and professionalism that support early learning.

Multiple partners are engaged in the effort to share information about the QRIS in the two states and multiple means are used to attract providers to participate. In both states, licensing or certification staff are often the first to introduce child care providers to the goals and process of the QRIS in pre-licensing orientations as well as throughout the licensing process. Information about the QRIS is also incorporated into, or at least available at, various professional development activities, training sessions, and early childhood conferences in the two states. In Pennsylvania, Community Engagement Groups (CEGs) serve as planning groups in each county to bring stakeholders together in achieving early learning goals. Part of the work of CEGs is focused on engaging an increasing network of early care and education programs in shared initiatives. Respondents indicated that in many counties the CEGs work closely with the Regional Keys to get information out on a variety of initiatives and programs, including QRIS, to school districts, Head Start programs, and private nursery schools. In Indiana, the integration in messaging about QRIS

⁹ Numbers of accredited programs were not collected.

was in place for the initial efforts to launch the program. Key partners at both the state and local levels were together and present at each event connected with the launch in Indiana: QRIS staff from the FSSA, local CCR&Rs, IAAYC staff, researchers, and importantly, representatives from the state’s department of education. Administrators in Indiana believe that the key in promoting participation in QRIS is in showing respect for providers. They report that “everyone is recruiting” to bring providers into the QRIS, without being judgmental about where a provider may fall on the rating spectrum.

However, the balance between respect and judgment can be difficult in relation to the second part of integration that can be achieved through QRIS program participation; that is, the shared goals about quality and the early care workforce. Providers that participate in the QRIS are essentially signaling that they understand the standards and want to work toward increasingly higher levels of quality as defined by the QRIS standards. To other stakeholders in the ECE community, this could be the signal needed for them to think about child care as part of the early learning system. The initial message to child care providers, however, can be intimidating, or at worst, insulting. Respondents in Pennsylvania suggested that the multi-faceted dimensions of quality that are embodied in the QRIS can be overwhelming for some child care providers—it can feel like a lot to pay attention to all at once. Respondents in both states reported that a difficult, and potentially judgmental, message of the QRIS standards is that content knowledge in early education is important; some providers may feel that their experience is undervalued. The approach taken in both Indiana and Pennsylvania is one that focuses on promoting professionalism in the workforce, something that providers can take ownership over and benefit from. And with growing interest and support from child care providers, as expressed through QRIS participation, the external perception of the quality and professionalism in the child care field has the potential to grow more positive and encourage integration with other ECE programs through shared goals and equal partnerships. One concrete example is the requirement or recommendation in the two states that Head Start programs seek out child care partners from among the two highest QRIS rating levels in order to offer full-day care to participating children (as discussed in Section D on quality assurance). The explicit message being that participation in the QRIS indicates a child care provider’s commitment to quality.

In summary, the role of QRIS program participation role in ECE system integration can be explicit or implicit: explicit by deepening the reach of QRIS within the child care market and, potentially, across varied ECE programs, and implicit by sending a signal about the commitment to quality through participation. Integration does not have to mean that there is one rubric for defining quality, and that the rubric is the QRIS. It can mean that there is a greater acceptance of child care as a partner in early learning if QRIS standards are perceived as setting quality on par with other prevalent standards (such as those for Head Start or accreditation).

C. Financing

Financing in public programs is not simply about the amount of funds available to develop, launch, and deliver programs and services. The direction and use of funds reflects the policy priorities of administrators, law-makers, and key stakeholders. In the same way, administrators can use financing methods to achieve specific goals. In the case of QRIS, the first goal for administrators in Indiana and Pennsylvania was to find a way to launch the effort within the parameters of existing resources. While challenging, this provided the opportunity to improve the alignment and efficiency of resources around the unifying goal of quality improvement and support integration across programs. The QRIS, once launched, has become a vehicle in both states to advance cross-program goals through the use of financial incentives and joint funding endeavors between the QRIS and other programs.

1. Unifying quality initiatives to launch the QRIS

For both Indiana and Pennsylvania, the critical aspect of financing the QRIS that relates to system-building is not the level or source of funding, but rather it is that neither state used new or additional funds at the start to launch its QRIS. By identifying ways to support the QRIS with existing resources, the two states embedded an approach focused on shared system goals from the start by considering (1) what programs, initiatives and services fit together; and (2) how can they be delivered most efficiently? We cannot determine if and to what extent efficiencies were indeed achieved in this manner; what we know is that both states found the funds in their existing budgets to support statewide implementation of the QRIS.¹⁰

In each state, administrators conducted a scan of programs and initiatives that related to quality in early care and education, primarily those funded with Child Care and Development Fund (CCDF) quality set-aside dollars to identify existing funding that could be redirected to support the pieces of the QRIS that were entirely new—conducting observational assessments and the rating process. They looked for potential areas of overlap in program goals or inefficiencies in the lack of clear, shared goals. In Indiana, for example, the BCC cut funding for the Ready Schools initiative that funded agreements between child care providers and schools to support the transition from preschool to kindergarten because it was similar in scope and goals to the existing Indiana Department of Education’s Transitions Project. In Pennsylvania, administrators believed that CCDF set-aside funds to support quality as well as those for health and safety initiatives were not being used in a focused and well-defined way that might lead to higher quality experiences for children. All of these funds were redirected to support the QRIS. This was not an easy task, but state administrators believed these actions supported the unification toward a common goal of quality improvement in child care through the QRIS, rather than many disparate initiatives. Similarly, Indiana’s statement of goals for its QRIS states, “*All the CCDF quality improvement projects have been re-examined to focus or redirect activities to support the development and implementation of the [QRIS] system.*” (FSSA, 2010).

Identifying administrative and service delivery efficiencies were also important in each of the two states in making existing funds stretch farther to take the QRIS statewide. In Indiana, state administrators requested that its primary partnering agencies—the IAEYC and the IACCRR—take a critical look at their current work and make a proposal for the most efficient role they could play in a statewide QRIS. Involving the partner agencies in making difficult funding decisions to streamline and reduce costs from the start seemed to solidify the partnership. The message was that the QRIS was an effort to accomplish together, rather than an effort the state administrators would make happen one way or another. Pennsylvania state administrators reviewed the separate administrative systems for the CCDF set-aside funds (for quality as well as health and safety) and professional development funds and funneled both funding streams through the same state- and local-level agencies with the intended goals to improve coordination and make service delivery more efficient.

¹⁰ In Pennsylvania, from 2002 to 2004, the first two years of QRIS development and implementation, state administrators did not request additional funds to support the QRIS. After that time, additional state funds were and continue to be allocated for support of the QRIS. Total funding for Keystone STARS was \$79.3 million in 2009 of which \$39 million was CCDF funds, \$38.9 million was state funds, and foundations contributed \$1.4 million. The QRIS funding level for Indiana is not known; the state’s total federal CCDF grant for Fiscal Year 2011 is \$111.9 million, \$50.1 million of which is discretionary funding (including SACC, quality, and infant/toddler set-asides) that could be directed to QRIS.

2. Using funding as a means of promoting program integration and advancing shared goals

Two funding strategies used to promote program integration and advance shared goals emerged from Pennsylvania and Indiana. The first is the use of funds within the QRIS; that is, participation in the QRIS becomes a gateway through which child care providers and programs can access additional funding and QRIS provider incentives are used to promote the goals of other programs. The second is the mixing of QRIS and other sources of funding to support a specific, joint effort. The former is used only in Pennsylvania; the latter is used in both states.

Pennsylvania is able to use QRIS financial incentives as mechanisms to promote cross-program goals. The amount of financial grants and awards provided to participating programs in the QRIS in Pennsylvania is substantial and promotes access to a range of services and supports for improving quality. Specifically, the amount of the cash award given to a provider at each QRIS rating level varies depending on the percentage of children in the care-setting that are participating in the state's child care subsidy program (Child Care Works) and/or the state's early intervention (EI) programs as shown in Table II.3. In Pennsylvania, administrators wanted to institutionalize the link between the child care subsidy program and the QRIS through the financial awards. The link advances the goals of both programs; the awards encourage providers to serve subsidized children, and they signal to subsidized providers that the state is willing to pay more for increasing levels of quality care. In addition, the subsidy program has not been able to provide an across-the-board rate increase in some time; providing the specific add-on rate that increases by QRIS level was a way of getting payment increases. Because the awards and add-ons are only available to those providers participating in the QRIS, they also provide an opportunity to promote QRIS participation as a means for providers to bring in more money.

The awards to QRIS providers in Pennsylvania also reward the inclusion of children who receive EI services. The standing approach to promote inclusion had been to participate in meetings and talk about coordination, and then hear from providers about their obstacles. The QRIS incorporated positive behavior supports into many professional development events to help providers increase their comfort level in caring for children served by EI. But, administrators also decided to provide an incentive by offering higher financial awards that promote inclusion through the provision of EI services in the child care setting. This changed the dynamic and providers become more engaged in determining how to make inclusion happen. Providing higher rewards for serving children with special needs also opened up the opportunity for higher levels of financial awards to providers that are not located in low-income areas (and therefore cannot receive a higher award based on subsidy participation).

The Pennsylvania QRIS also promotes professional development goals through financial means within the QRIS. Specifically, the QRIS provides increasing financial awards by QRIS level to reward educational attainment levels of directors and staff (see Table II.3). In addition, only QRIS participants are eligible to receive Teacher Education and Compensation Helps (TEACH) scholarships that assist child care workers in completing course work in early childhood education or voucher assistance to support pursuit of a Child Development Associate (CDA) credential.

Indiana has a lower level of funding available for its QRIS overall than does Pennsylvania and as a result, administrators acknowledge that the level of provider incentives they offer is relatively low. Instead, they have pursued avenues of leveraging resources across programs to promote shared goals. For example, TEACH is funded jointly by Head Start and CCDF funds, providing one reason why TEACH cannot be restricted only to QRIS participants. (Having a CDA is a licensing

Table II.3. Financial Incentives and Awards and Their Use in QRIS

	Indiana		Pennsylvania	
	Restricted to QRIS	Description	Restricted to QRIS	Description
Provider Incentives				
Quality Grants or Awards	Yes	Cash or in-kind awards that increase in amount based on QRIS rating level and type of facility (home, center, or child care ministry)	Yes	Cash awards that increase in amount based on QRIS rating level and type and size of facility. In addition, awards have two levels: (1) for providers serving between 5 to 25% FTE of children receiving EI services and/or child care subsidies; (2) for providers serving 26% FTE and above of children receiving EI services and/or child care subsidies ^a
Tiered Reimbursement Hourly Rates for Children Receiving Child Care Subsidies	No	Rates are higher for (1) licensed providers, and (2) accredited providers	Yes	Temporary add-on (funded by ARRA) available only to QRIS participating providers; add-on for each hour rises with QRIS level (starting at level 2)
Professional Development Incentives				
TEACH Scholarships	No	Available for CDA Training, Assessment, and Renewal; Associate's Degree; Bachelor's degree	Yes	Available for CDA Credential, PA Director's Credential, Associate's Degree, Bachelor's Degree and Teacher Certification programs.
CDA Assessment Assistance	No	Covered under TEACH	Yes	Covered under TEACH; separate voucher assistance also available to QRIS level 1 and higher staff for \$325 to cover the cost of CDA certification
College Tuition Reimbursement		n/a	Yes	Tuition reimbursement of up to \$3,000 (\$500 per credit) for credit-bearing courses in early childhood education for staff in QRIS rating level 1 and higher providers
Education and Retention Awards		n/a	Yes	Cash awards to providers based on the presence of highly qualified staff; awards increase by QRIS rating level and level of education (CDA, AA in ECE, BA in ECE)

Source: Site visits conducted as part of the QRS Assessment project.

^aThe percentage of children receiving EI services may not exceed 25% in order to support inclusive practices.

n/a = not applicable

FTE = Full time equivalent

ARRA = American Reinvestment and Recovery Act

requirement and therefore, access to TEACH is needed before QRIS entry). Head Start and CCDF funding are also brought together in support of higher education articulation agreements that widen access and opportunities for child care providers to advance along the continuum from CDA to Associate of Arts (AA) degree and on to a Bachelor of Arts (BA) degree.

The Indiana BCC also partners with multiple agencies to make training available to child care providers on topics important for the care of young children. For example, funding from the BCC, the Indiana Department of Health, Head Start, and First Steps (a systems-building initiative in the delivery of early intervention services) was pulled together to support a credentialing process for child care providers focused on infant mental health using the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health competencies developed by the Michigan Association for Infant Mental Health (MI-AIMH, 2011). Training towards the credential can be applied to meet the QRIS in-service training hour requirements. Similarly, BCC contributed funds along with the Indiana Department of Child Services, Head Start, and the Indiana State Department of Health to produce the matching funds needed to access a grant from ZERO TO THREE for the Reducing the Risk of Maltreatment in Very Young Children Project. Thirteen early childhood professionals among QRIS staff, Healthy Families, Head Start, and First Steps were trained in a train-the-trainer module; these trainers in turn trained 1,748 child care providers.

In addition to supporting joint planning and coordination, the location of Pennsylvania's QRIS within OCDEL, a larger office focused on early childhood development and learning (discussed in Section A on governance) provides opportunities to jointly contribute to initiatives. A small, but useful example of a means of using QRIS funding to promote collaboration in Pennsylvania is the Regulatory Referral program. These are small amounts of money provided to the local QRIS administering agencies to support a provider that needs assistance in getting certified (and is a non-QRIS facility). Certification representatives refer child care providers to the local QRIS administering agency to receive TA that will bring them up to certification standards. The funding is not provided in cash, but the level of support through staff and in-kind assistance can reach as high as \$20,000. The funds are intended to signal to licensing (certification) staff that the QRIS is a partner in their efforts, as well as to support a pipeline of new providers obtaining certification and, therefore, being eligible to participate in the QRIS.

D. Quality Assurance

Administrators in Indiana and Pennsylvania talk about the continuum of quality and stress the importance of a constant need to encourage new providers and programs to enter into the continuum and support others as they progress to increasingly higher standards of quality care. In both states, respondents indicated that the QRIS plays a substantial role in focusing providers, administrators, and policymakers alike on the quality continuum but the goal is not necessarily for the QRIS to be the only way to progress. It does function, however, as an accountability system that develops a common language around quality and sets common goals.

The experience of the two states suggests three mechanisms through which to assess the degree of system integration with regard to quality assurance: (1) the use of licensing as a foundation for the QRIS, (2) aligning quality requirements across child care settings and ECE programs, and (3) the use of common supports and tools for quality improvement across ECE programs.

1. Building on licensing

As in many QRIS across the country, in both Indiana and Pennsylvania licensing is the foundation on which the QRIS is built in that ECE providers and programs must be licensed to enter into the first level of the QRIS. This, in itself, does not suggest any degree of integration across the licensing and QRIS programs. What provides more information is the degree to which there is cross-program accountability, the degree to which licensing and QRIS staff are cross-trained to establish a common language and to send consistent messages to providers, and the type and level of ongoing communication at both the state and local levels.

Gaining the buy-in for QRIS from licensing can be a potential challenge given that licensing staff may already view their job as assessing quality and contributing to quality improvement. The message that QRIS administrators in Indiana and Pennsylvania chose to convey was that licensing sets the initial standards; the QRIS builds on those standards and adds a content piece to support children's learning. The QRIS specialists in both states typically have specific training in early childhood education and/or development and, therefore, bring a different set of skills and perspective than licensing staff.

There are both formal and informal mechanisms to support coordination and integration of efforts between licensing and the QRIS in the two states. We cannot measure with precision the degree of infiltration of all of these practices throughout each system; we can only describe what each state reported to be in place.

Cross-program accountability. The most formal measure of integration is the degree of cross-program accountability. On this measure, Indiana and Pennsylvania are consistent: a failure to comply with licensing standards should result in immediate repercussions throughout the system for providers—affecting the ability to participate in the QRIS, to receive a subsidy, and to offer a state-funded pre-K program. This is the clearest signal that the continuum of quality truly rests on licensing compliance. In both states, state-level administrators involved with the QRIS, licensing, and subsidy programs meet with regular frequency (weekly in Pennsylvania, monthly in Indiana) to discuss providers that have licensing issues and make decisions about next steps and repercussions (see Table II.4). In Indiana, the data system has a high-level of integration such that the record of a provider with a licensing enforcement action instantaneously is highlighted in pink in the QRIS and subsidy databases when the information is entered into the licensing database. For the QRIS, communication with that provider is suspended until the state-level committee meets to discuss all providers with licensing infringements on the Loss of Good Standing (LOGS) report and makes a formal decision about how to proceed (depending on the nature and severity of the enforcement action). While the data system in Pennsylvania does not send out an immediate signal (although this is in future plans), there is quick verbal communication at the supervisory level within OCDEL and subsequent reports and emails are distributed to staff across OCDEL programs and at the local level as appropriate.

Table II.4. Mechanisms for Integration Between Licensing and QRIS

	Indiana	Pennsylvania
Cross- program accountability		
Licensing infringements	Consequences for providers enrolled in QRIS and other programs is decided in monthly meetings in which licensing, subsidy, and QRIS administrators review the Loss of Good Standing (LOGS) report	Consequences for providers enrolled in QRIS and other programs is decided in weekly meetings of OCDEL administrators, primarily representatives of licensing, subsidy, and QRIS
Frequency of onsite visits:		
- licensing inspections	Annual	Annual
- QRIS ratings	Annual	Every two years
Developing common standards, understanding, and messaging to providers		
Role in standards alignment	Licensing staff: <ul style="list-style-type: none"> - contributed to initial development of rating checklists - participate in the QRIS Policy Committee; - essentially serve as the Level 1 raters; - ensure consistency in the types of courses and programs that meet PD hours requirements for the QRIS by maintaining a spreadsheet of approved training and educational courses and reviewing transcripts for providers applying for Level 2 	Certification staff: <ul style="list-style-type: none"> - participate in STARS Advisory Council; - co-author with ERS assessors, PA position papers that revise ERS assessment procedures based on licensing regulations
Cross-training of staff	New licensing staff spend a day at the nearest CCR&R shadowing QRIS staff to better understand the system; QRIS raters often request (but are not required) to shadow licensing staff to experience a different lens on QRIS standards	Certification staff may attend the ERS training given to child care providers
Ongoing Communication		
State-level communication	Licensing staff participate in various committees including TEACH, PRPD, non-formal CDA, and the QRIS Policy Committee	Frequent in-person and email communication within OCDEL between licensing and QRIS administrators and supervisors
Local-level communication	Monthly meetings between all licensing consultants and QRIS staff; service coordination meetings; informal communication regarding specific issues; shared case management data system documents all licensing and QRIS visits to a provider	Varies by certification region and Regional Key, but tends to be informal. Regular periodicity and formality in contact between Certification Regional Directors and Regional Key Directors; certification and QRIS staff have view-only access to each other's data systems to view history and detailed information
Information to providers		
Initial training	CCR&R staff conduct general overview sessions for any individual considering entering the child care field, and introduce the steps in the licensing process. QRIS information is presented by licensing staff during secondary orientation sessions specific to child care centers and child care ministries and by CC&R staff in sessions for child care home providers	QRIS information incorporated into pre-certification training that is standardized across the state and is a requirement to receive certification
On-site visits	Licensing staff are expected to discuss the QRIS at every visit to a provider (inspection or renewal); they specifically work with unlicensed child care ministries to participate in the Voluntary Certification Program (VCP) that is a prerequisite for QRIS participation for these providers.	None specified

Source: Site visits conducted as part of the QRS Assessment project.

PRPD=Professional Resources and Professional Development

Developing common standards, understanding, and messaging to providers. The next mechanisms that can support integration are those that focus on building a common language and understanding about the quality continuum across QRIS and licensing staff and that, in turn, can promote common messaging to child care providers. Respondents noted that licensing and QRIS staff tend to be those with the greatest frequency of contact directly with child care providers and as such it can be important from a system perspective to ensure consistency rather than conflict in the information provided. This is harder to measure in terms of actual outcomes, but from a purely process perspective the formality in these mechanisms may influence

Developing a common language and understanding begins with coordination in ensuring that standards are aligned. Licensing staff in both Indiana and Pennsylvania were involved in the initial development of QRIS standards and continue to be involved through participation on the relevant QRIS policy and/or advisory committees (see Table II.4). In Indiana, licensing staff essentially serve as the Level 1 raters, playing a combined role at this level as QRIS specialists and raters do separately at the higher levels. During licensing—or Level 1—licensing consultants review with the provider the “Interpretive Guide” for licensing appropriate to the care setting (FSSA: Laws, Rules & Policies, 2011). These guides outline the definition of each licensing standard, the intent of the standard, and the compliance threshold to achieve. This is similar to the work of the QRIS specialist in preparing a provider for their QRIS rating assessment visit. Then, the licensing consultant conducts the review (not necessarily at the same visit) to determine whether the provider has met the licensing standards—similar to the QRIS rater role at the higher levels. Licensing consultants continue to monitor all providers for licensing compliance, but an attempt has been made to have licensing set the tone and feel for the QRIS process that follows.

The coordination of cross-training local staff is relatively informal. In Indiana, licensing staff reported that as new licensing consultants are hired they are expected to spend a day at the local Child Care Resource & Referral (CCR&R) agency job shadowing the various staff involved in implementing the QRIS to better understand the program and its work with child care providers. The reverse is not an expectation; the extent to which QRIS raters shadow licensing staff is purely based on the interest and initiative of an individual QRIS rater. Staff in Pennsylvania reported that there are no formal cross-training efforts.

Ongoing communication. The level of communication again reflects a range in the formality to approaches, but two approaches are consistent in the two states. First, the state-level communication appears strong—the physical proximity of QRIS and licensing within OCDEL in Pennsylvania promotes ongoing and continuous interaction; in Indiana, licensing staff representatives participate on the key advisory committees related to QRIS and early care and education more broadly. Second, communication regarding specific child care providers is aided by shared data systems. In both states, licensing and QRIS staff have at least viewing privileges to see the status and history of any provider.

The interpersonal interactions between licensing and QRIS staff at the local level are more varied in frequency and formality across the two states. Indiana staff reported mandated monthly service coordination meetings within each local CCR&R that includes QRIS specialists, supervisors, provider mentor staff, EI inclusion specialists, infant/toddler specialists, and licensing consultants. The purpose of the meetings is to discuss broad implementation and recruitment issues, as well as provider-specific issues in order to coordinate services to use resources effectively and efficiently.

Information to Providers. The degree to which licensing staff are expected to relay information about the QRIS to providers also varies. In both states, information about the QRIS is incorporated into orientation sessions to the licensing (or certification) process. In Indiana, licensing staff and CCR&R staff share responsibility for orientation sessions that first introduce potential providers to the child care field and provide an overview of the licensing process, and then in subsequent sessions tailor licensing and other information to specific care settings. Only in Indiana are licensing staff expected to discuss the QRIS at each visit to a provider, and are requested to be proactive in working with unregulated child care ministries to promote their participation in the QRIS.

Respondents in both states recognize the difficulty in getting one program's staff to feel ownership and responsibility over another program. In general, the degree of coordination and integration between QRIS and licensing appears relatively high at the state level and the intent to build the QRIS with licensing as the foundation has come to fruition. The degree of cross-program ownership and consistent messaging to providers at the local level is less known within the scope of this study.

2. Aligning quality requirements across ECE programs

Defining quality is a difficult task, made more so by different perspectives, definitions, and standards across ECE programs. QRIS has emerged as a means of defining quality primarily for child care providers within an environment in which other standards already exist, such as accreditation and the Head Start Program Performance Standards (HSPPS). Both states have made substantial strides in developing their QRIS to be the equalizer for defining quality within child care. Respondents noted the importance of involving representatives of the various ECE programs in the development of the QRIS standards. In this way, QRIS standards can better reflect the common perspectives and various requirements across programs. If varied parties are involved in developing the standards they may be more likely to be accepted as common standards rather than something new and required by others. Both states involved an array of partners in developing the standards—provider groups, Head Start representatives, representatives from higher education, and local partners from child care resource and referral agencies and/or NAEYC. In Pennsylvania, the planning group also involved representatives from the publicly funded pre-kindergarten program (that does not exist in Indiana).

Defining quality for participation within the QRIS

For QRIS, the first step towards alignment of quality definitions is creating equity across care settings. That is, building on licensing for all types of providers (center-based and family child care) and developing standards that are distinct by care-setting but still equitable. This type of equalizing work occurred in both Indiana and Pennsylvania, but it was an intentional and noteworthy effort in Indiana given the state's child care context. Specifically, Indiana has a sizable portion of regulated care (just under 20 percent) provided by license-exempt child care ministries that provide care in faith-based settings. The state has long had in place a Voluntary Certification Program (VCP) through which ministries can receive the equivalent of licensing, less some structural and education and training requirements. The take-up rate for VCP has historically been quite low. The difficult task in Indiana was to get the VCP as close to licensing standards as possible to ensure the greatest degree of equity across licensed child care centers and the child care ministries. The VCP focuses on standards in the areas of food and nutrition, safety, health, and infant and toddler care. Still, some standards that are required for licensing but were not incorporated into the VCP were added as elements the ministries must meet to enter into the QRIS. For example, the ministry director must

meet the educational requirements (working toward a CDA within three years, have a CDA, or have an early childhood degree) and complete an approved Safe Sleep training.

Creating equity by defining the entry point for QRIS through licensing has emerged as a potentially limiting factor for the participation of Head Start programs in Indiana. Head Start programs are not required to be licensed in either Indiana or Pennsylvania. Pennsylvania accepts documentation that the HSPPS have been met in lieu of licensing for entry into the QRIS, while Indiana requires licensing. According to respondents, licensing as a prerequisite for QRIS participation in Indiana may be discouraging Head Start program participation, either because it is too time-consuming or may result in programs not meeting the licensing requirements given problems with the physical settings in which they operate. Even without the licensing requirement in Pennsylvania there is minimal Head Start participation in the QRIS. Respondents suggested that Head Start programs may perceive that the time to obtain a QRIS rating, in addition to participating in the triennial federal Head Start monitoring is not worth the potential benefit. (Head Start programs are not eligible for QRIS financial incentives and awards in Pennsylvania.)

The equity issue in the quality standards is prevalent not just at the point of entry, but also for higher levels of the QRIS. When Head Start programs are licensed and/or eligible to participate in the QRIS, the stumbling block of meeting two sets of standards—HSPPS and QRIS—remains. There is a reported perception that Head Start programs believe they qualify for the upper levels of the QRIS (in either state) and are interested in a less time-consuming process for enrolling in the QRIS. In both states, administrators (either the QRIS or the Head Start Collaboration Office representative) have created a cross-walk between the QRIS standards and the HSPPS to demonstrate areas of equivalency. Both efforts found a high degree of overlap, but not always a smooth alignment between the two. QRIS administrators in the two states have not allowed an exemption or alternative pathway for Head Start to enter QRIS because they are holding true to the equity ideal—one pathway for all types of providers and programs. They have suggested that the congruence between HSPPS and QRIS standards could readily support an accelerated process for Head Start programs wanting to participate in the QRIS in two ways. First, the presence and/or documentation of elements necessary to meet the HSPPS will also serve as sources of evidence in meeting QRIS standards. Second, Head Start programs may be able to immediately meet the requirements of the higher levels of the QRIS and, therefore, enter at those higher levels.

Accredited programs present similar issues in that they have already demonstrated that they meet one set of standards, but again accreditation on its own does not provide an automatic pathway into the QRIS in either state. In both Indiana and Pennsylvania, accreditation comes into play at the highest level of the QRIS. In Pennsylvania, accreditation is an optional method of meeting an array of standards at the highest QRIS level; in Indiana, accreditation is required to reach the highest QRIS level. However, both states have additional requirements that accredited providers must meet, primarily that the observational component must still be completed. In Pennsylvania, this means that an ERS assessment is still required; in Indiana, accredited programs must still have a QRIS rater complete the checklists for all the lower levels, including observational aspects of the environment, on-site. The two states also have a similar review and approval process for establishing a set of approved accrediting bodies for centers and/or family child care homes that the QRIS will accept (such as accreditation from the National Association for the Education of Young Children [NAEYC], the National Early Childhood Program Accreditation, [NECPA] or the National Association for Family Child Care [NAFCC]).

Use of QRIS standards as participation requirements for other ECE programs

An inclusive process in developing the QRIS standards and developing a common framework for defining quality within the ECE system can lead to use of the QRIS standards more broadly. The larger presence of state-funded early education programs in Pennsylvania, their participation in QRIS planning, and the integration of ECE programs within OCDEL has supported the broader adoption of Pennsylvania’s QRIS standards across ECE program participation requirements than that seen in Indiana. As shown in Table II.5, QRIS participation in Indiana is required only for a subset of child care centers that are contracted to provide a specified number of slots to children receiving child care subsidies. No other ECE programs incorporate the QRIS rating into participation requirements in Indiana, although Head Start programs are recommended to seek out child care partners for wrap-around care from among those centers with a QRIS rating of 3 or 4. Child care partners must meet the HSPPS standards; this may be easier for the centers at the higher end of the QRIS ratings than for others. In Pennsylvania, Head Start program child care partners are required to have a 3 or 4 QRIS rating. In addition, all state-funded infant/toddler and pre-kindergarten programs located in child care centers must have a QRIS rating of 3 or 4. The requirements for the level of QRIS rating have risen over time in Pennsylvania. For example, the initial requirement for the Pre-K Counts program included child care centers with a QRIS rating of 2 in order to have enough potential centers that could apply. As the QRIS ratings have risen among centers, the requirements have increased.

Table II.5. Use of QRIS Ratings in Program Participation Requirements

	Indiana	Pennsylvania
Child Care Subsidy	Title 20 contracted child care centers must be accredited AND participate in the QRIS	Any child receiving child welfare services and child care subsidies must be enrolled in care settings participating in QRIS
Infant/Toddler programs	n/a	Keystone Babies funds infant rooms in child care centers that have a QRIS rating of 3 or 4, and receives child care subsidies Early Head Start state funds are available only to programs with a QRIS rating of 3 or 4
Pre-Kindergarten	n/a	Pre-K Counts funding available to classrooms in centers with a QRIS rating of 3 or 4 ^a
Head Start	Recommendation to look for child care partners among centers that have a QRIS rating of at level 3 or 4, but no specific requirement	Child care partners must have a QRIS rating of 3 or 4 ^b

Source: Site visits conducted as part of the QRS Assessment project.

^aInitial requirements for Pre-K Counts allowed for QRIS participating centers with a level 2 rating or higher to apply in order to be inclusive of child care centers (not many had yet reached the higher 3 and 4 rating levels). The requirement for a minimum of a level 3 rating began in the 2009-10 school year.

^bInitially, any child care center participating in the QRIS could partner with Head Start. Over time the requirement increased to a minimum of a level 2 rating and now to a level 3 or 4.

3. Common supports and tools for quality improvement

While ECE programs in general all strive to achieve quality, QRIS promotes the idea of a continuum of quality and continued movement to increase quality. Many programs set benchmarks or standards that must be met, period. And, thus quality is a bar to achieve and to maintain, but there typically have not been different levels through which programs progress. Assuredly, established ECE programs—like Head Start—offer technical assistance based on identified needs or interests of the participating programs. And, in child care, supports and technical assistance (often funded through the state child care administrator’s office) have existed to help providers achieve the quality bar set by accrediting bodies. The point being that integration of a full spectrum of quality improvement supports across ECE programs may not be expected if, (1) ECE programs have their own sets of standards that they must meet and technical assistance is targeted as such (for example, HSPPS), and (2) the concept of progress along a continuum is specific to the QRIS.

Within this context, it is not surprising then that the activities for quality improvement that have been implemented by the QRIS in Indiana and Pennsylvania largely stay focused within the QRIS (see Table II.6). For example, financial incentives and awards to support continued quality improvement are provided only to programs participating in the QRIS—a core accountability mechanism to encourage improvement and reward progress. Similarly, technical assistance is targeted toward participating QRIS programs (and to a lesser degree programs attempting to enter) and takes two forms in both states. The first is QRIS process assistance; that is, assistance provided by program specialists to aid providers in understanding the standards, planning for improvements to move up the rating levels, and connecting with other TA and resources needed to address specific needs. In Pennsylvania, this type of assistance is also provided in other ECE programs (as shown in Table II.6) but by staff who are distinct from QRIS staff.

The second is technical assistance focused on specific content in the standards—such as the learning program (curriculum use) or environment. Importantly, prior to QRIS implementation in both states, technical assistance of this nature was not provided as systematically (in Indiana) or at all (in Pennsylvania) with the use of state funds. TA providers in each state are expected to meet a set of standards for skills and qualifications. In Indiana, QRIS administrators initiated the development of the credential for Quality Mentor and Advisors, the staff who work most closely with child care providers to meet the content requirements of the standards. In Pennsylvania, all TA providers must be approved as a Specialty Discipline Instructor/TA Consultant through the Pennsylvania Quality Assurance System (PQAS) that is further described in Section F on professional development. In addition, a regional TA work group in concert with OCDEL has started the development of a set of TA competencies to assist individuals in learning what they need to do their work effectively, as well as to assist OCDEL in identifying the state-level support that is needed to further develop TA providers.

Pennsylvania does make a distinction in the quality improvement supports that are available to federally-funded Head Start programs versus other programs: if a Head Start program participates in QRIS they have access to the TA provided by QRIS specialists and TA providers. However, Head Start programs are not eligible to receive any financial grants or awards that are available to other QRIS participating providers.

Table II.6. Availability of Supports for Quality Improvement

	Indiana		Pennsylvania	
	Description	Program Use	Description	Program Use
Financial Resources	In-kind and cash provider incentives; increases with QRIS rating level	QRIS only	Grants and Awards (cash); increases with QRIS rating level and proportion of children receiving subsidies and/or early intervention services	QRIS only; not available to Head Start programs
Program and Technical Assistance	Licensing consultants assist targeted providers in meeting Voluntary Certification Program requirements	License-exempt child care ministries	QRIS Specialists assist providers in understanding and documenting QRIS standards; connecting with specific TA and resources needed to move up in rating levels	QRIS participating providers; targeted assistance to providers seeking certification
	QRIS Specialists assist providers in understanding and documenting QRIS standards	QRIS participating providers	Preschool Program Specialists assist providers and programs in meeting quality standards	Pre-K Counts, Head Start State Supplemental Assistance Program
	QRIS Mentors provide specific TA and resources needed to move up the rating levels	Up to 25 hours per rating cycle for QRIS programs rated 1 or 2	TA providers approved through the PQAS (individuals demonstrating core competencies to provide TA in specific areas)	Up to 40 hours within 6 months for QRIS participating providers
	Quality Advisors provide specific TA and resources needed to gain accreditation and move to (or maintain) the highest rating level	Up to 25 hours per rating cycle for QRIS programs rated 3 or 4		
Tools	Level Advancement and Maintenance Plan (LAMP)	QRIS only	Continuous Quality Improvement (CQI) Plans	QRIS, Pre-K Counts, and Head Start State Supplemental Assistance Program
			Environment Rating Scales (ERS)	QRIS (Level 3 and 4), Pre-K Counts, and Head Start State Supplemental Assistance Program

Source: Site visits conducted as part of the QRS Assessment project.

In Pennsylvania, two tools adopted or developed for use in the QRIS have become standard and required to assess and improve quality in other state-funded ECE programs—Pre-K Counts and Head Start State Supplemental Programs (the latter must still meet HSPPS). In 2003, the state adopted the use of the Environment Rating Scales (ERS) as the QRIS observational measure of global quality. The Continuous Quality Improvement (CQI) plans were developed as tools for participating QRIS programs to use to create a roadmap for progressing to higher levels within the system. The CQI also helps identify areas for technical assistance or professional development. The later funding of the Head Start State Supplemental program and Pre-K Counts in 2004 and 2007, respectively, allowed administrators to structure the guidance for these programs in ways that support consistency and alignment. Therefore, the program guidance for each includes the requirement for use of the ERS assessments and CQI plans. Pre-K Counts programs are required to obtain an ERS score of 5.5 for the classroom. If they do not obtain this score overall (or for any subscale) a portion of their CQI must specifically address their plans for improvement in the areas in which the score is falling short. State-funded Head Start programs are expected to meet the benchmarks set to maintain the level 3 or 4 QRIS rating; a facility ERS score of 4.25 is required for level 3 and 5.25 for level 4.

Another aspect to the use of the CQI plans as common tools is the ability to integrate a diverse set of services within the early learning community. For example, special initiatives, such as Race Matters or Mind in the Making (discussed in Section A) can be linked into these plans to demonstrate actions that the provider has or is taking to meet specific QRIS standards. To support this type of integration, OCDEL has developed a series of templates for CQI in Pennsylvania to help providers understand how to embed different initiatives within their programs and why to do so. Each template provides an overview of each initiative, its eligibility criteria, specific focus areas it addresses, resources provided, audiences targeted, research and national resources (for example training and technical assistance available through websites developed by the Office of Head Start) to support the initiative, and the QRIS standards that it addresses, when applicable. Administrators are hopeful that making this kind of direct connection to the QRIS standards can help turn a great idea for resources and/or training into something that providers will fully pursue because it can help them achieve a tangible objective—moving up the QRIS rating levels.

E. Early Learning Standards

Early learning standards can be encompassed within standards of quality for programs, but they are directed at the child level to reflect what a child should know and be able to do at particular points (ages) along the continuum of learning. An important aspect of accountability for QRIS and the ECE system as a whole is the degree to which learning standards are understood by teachers and child care providers, guide curriculum selection, are applied in the care or program setting, and are linked with assessments of children to demonstrate progress along the learning continuum.

The use of early learning standards can build a powerful bridge between child care and early education programs in joint efforts to prepare young children for school. The development of early learning guidelines began in earnest in 2002 with Good Start, Grow Smart, a presidential initiative for early childhood (Petersen et. al, 2008). States were required to develop early learning guidelines for language, literacy, and mathematics for federally funded child care programs. The QRIS is a mechanism through which early learning standards can penetrate into the knowledge and practice of child care providers and in this way, the QRIS can enhance the role child care providers play in supporting early learning.

1. Development and dissemination of early learning standards

The first step is developing early learning standards and disseminating them widely throughout the ECE community. Indiana and Pennsylvania have both developed early learning foundations and/or standards through joint efforts by the respective state departments of education (the lead agency) and the departments that oversee social services (the Family and Social Services Administration in Indiana and the Pennsylvania DPW).¹¹ In 2002, Indiana first published the “Foundations to the Indiana Academic Standards for Young Children from Birth to Age 5.” This document specifies the skills and competencies that young children are to acquire in order to lay the foundation that will support success in school (based on the academic standards for kindergarten through twelfth grade). The Foundations are not standards, per se, in that they do not specify knowledge content and skill level by age; they are a guide to the progression in skill development in the early childhood years. Respondents indicated that training on the Foundations has now been embedded throughout the ECE system in Indiana through many forums, but prior to the QRIS such training was not readily available for child care providers, nor did it seem relevant. In 2008, a train-the-trainer module on the Foundations was developed at Ball State University and the initial group of 80 trainers were predominantly from CCR&R agencies. Each trainer had to commit to training at least 10 others. Each of the eleven CCR&R agencies now offer the Foundations training to child care providers at least once per month. Training on the Foundations is also offered in higher education and CDA courses (a common course code is used to document training completion for purposes of the QRIS and other programs). TEACH recipients are trained on the Foundations through their CDA coursework. Beyond the various training forums, there are other avenues to deliver the information on the Foundations. For example, the state has created DVDs with examples so practitioners can view the Foundations in action and hardcopies of the Foundations document are widely distributed.

The development and dissemination of specific standards in Pennsylvania has taken a good deal of time, energy, and resources and has benefitted from public-private partnerships in funding. Pennsylvania’s ELS efforts began in 2004 with development of the guiding principles that laid the framework for the early learning standards by child age. “Pennsylvania Learning Standards for Early Childhood” are communicated in a series of user-friendly documents specified for infants-toddlers, pre-kindergarten, kindergarten, first grade, and second grade. After drafting the standards in 2005, the state commissioned an alignment study (OCDEL, 2008) to examine both vertical and horizontal alignment such as the following:

- Are the standards age appropriate and do they include the appropriate content?
- Do they reflect a consistent continuum across the early childhood years?
- Do they align with standards and assessments for third grade?

¹¹ OCDEL has adopted an approach to use and integration of the Early Learning Standards mirroring that of the Standards Aligned System (SAS) used by the Pennsylvania Department of Education for kindergarten through 12th grade education. In this respect, the standards are being used not just as an integrating foundation across ECE programs, but also as a bridge to school-age education. A full description of that work is beyond the scope of this study. Further information can be accessed at: <http://websites.pdesas.org/ocdel/default.aspx>. (Accessed on June 3, 2011.)

The study identified “stop and starts” (when a standard exists at one age, skips the next, and comes back again), “mix and match pairs” (not the appropriate level of difficulty for the age), and a need to achieve a greater balance across the learning domains, among other issues. A working group revised the standards in 2009 and, importantly, the revisions included more explicit wording focused on play and the process of learning rather than content knowledge. In this way, the standards statements in the two states are very similar even while the level of detail provided by age varies.

To make the standards widely available, Pennsylvania used state funds and the support of private foundations and organizations to develop a series of user-friendly materials targeted for use by early childhood service providers and parents. These include the Learning Standards for Early Childhood documents themselves as well as Family Activity Calendars, all organized by child age. The Learning Standards and Family Activity Calendars were initially mailed out to every provider and program that participated in any OCDEL program—such as QRIS, Pre-K Counts, Keystone Babies, Head Start State Supplemental, and the child care subsidy program. They are now available online for free download from the Pennsylvania Promise for Children website (discussed in Section G on dissemination) or purchased in quantity for hard copies. (QRIS participating programs are encouraged to use their financial grants and awards to purchase the calendars in bulk.) These resources have also been distributed through libraries and school districts. And, all the resources have been translated into Spanish. To better promote the access to and use of the standards in informal care settings such as relative and neighbor care, they also developed a Learning Wheel that has color-coded pie slices by learning domain that outlines skills (in one sentence) by child age. The Learning Wheels have been widely disseminated through similar routes as noted above but with emphasis on avenues that can get them directly in the hands of parents, such as the child care subsidy program and libraries. The state is exploring ways to distribute the Learning Wheels to parents through pediatrician’s offices and in birthing packages given to new parents at the hospital.

2. Incorporating early learning standards into QRIS and other ECE programs

Getting the early learning standards into the hands of ECE practitioners and parents is one thing; the harder task is helping practitioners understand what they are and how to use them by building the connections between standards, curriculum, and child assessment. Pennsylvania and Indiana have attempted to embed the use of early learning standards in child care settings through specific requirements for participation in the QRIS. These requirements begin with a focus on training on the early learning standards, escalate to focus on the connections with the curriculum, and ultimately address the connection between the standards and child observation and assessment.

In both states, training on the early learning standards is required to achieve a level 2 rating in the QRIS (see Table II.7). Specifically, directors or lead teachers in homes, must complete an orientation and training on the learning standards, and then must train the staff. In Pennsylvania, directors (or teachers) must complete a training-of-the-trainer (TOT) series on nine modules that focus on how to apply the standards within the ECE setting. Each module includes an introduction to each standard (grouped by area), a component on “Active Learning in the Classroom” that provides a specific example of the standard, and a final component on “Putting it All Together” that talks about supporting practices. Directors that successfully complete the TOT series receive a Pennsylvania Quality Assurance System (PQAS) number so that they are certified to train their staff and the training can count toward required in-service professional development hours. To receive a level 3 QRIS rating in Pennsylvania, teachers and assistant teachers must attend professional development each year related to the learning standards—either to deepen their understanding of the age-appropriate standards, or to gain knowledge and skills related to curriculum or child assessment.

Table II.7. Early Learning Standards and Their Use in QRIS

	Indiana	Pennsylvania
Early Learning Guidelines or Standards	Foundations to the Indiana Academic Standards for Young Children from Birth to Age 5	Pennsylvania Learning Standards for Early Childhood
- available by age	No	Yes: (1) Infants-Toddlers, (2) Pre-kindergarten, (3) Kindergarten, (4) First Grade, (5) Second Grade
- resources available	One document	Learning Standards documents for each age group; Family Activity Calendars for each age group; Learning Wheels
QRIS Requirements on Access and Training	Level 2: Director (or lead teacher for homes) receives orientation and trains staff on the Foundations.	Level 1: Site obtains and maintains copies of the appropriate Learning Standards for all age groups in the program. Level 2: Director receives orientation and trains staff on the Early Learning Standards. Level 3: Teachers/Assistant Teachers must attend professional development annually on curriculum, program or child assessment, and/or the age-appropriate Learning Standards.
Curriculum	Level 3: Implement a planned curriculum that addresses the stages of child development. The curriculum includes goals for children that are consistent with the Foundations.	Level 3: Implement a learning curriculum that incorporates the Learning Standards. Level 4: Program crosswalks curriculum to the Learning Standards.
- review process	An online review tool to assess alignment is available.	Publishing companies may complete the alignment process to the learning standards for inclusion on the Summary of Curriculum Resources.
- lists of approved curriculum	No	No
Child Assessment Tool	IStar, a kindergarten readiness assessment, is available for voluntary use by ECE programs and supported by DOE. Aligned with Foundations.	Work Sampling and Ounce Assessment; data feeds into the Early Learning Network (ELN). Aligned with Learning Standards.
-required use	State required use only for developmental preschools. Not required at any QRIS level.	Level 3: Children's outcomes are reported using the Ounce/Work Sampling System's Guidelines and Checklists.
Child Observation	Level 3: Assessment is appropriate to the curriculum and focuses on children's strengths. It may include portfolios, conversations, anecdotal notes, and developmental notes	Level 2: Observation of child is completed and shared with parents within 45 days of program entry and once yearly after that.

Table II.7 (continued)

Indiana	Pennsylvania
	<p>Level 3: Observation of child is completed and shared with parents within 45 days of program entry. Observation of the child must be conducted a total of three times during the year: once in the beginning, once in the middle, and once towards the end.</p> <p>Level 3: Results from observations are used for curriculum, individual child planning, and referral to community resources.</p> <p>Level 4: Program crosswalks assessment tools to the Learning Standards.</p>

Source: Site visits conducted as part of the QRS Assessment project; QRS profiles on Paths to QUALITY and Keystone STARS (OPRE, 2010).

The initial training that accompanied the roll-out of the early learning standards in Pennsylvania, as well as the ongoing training, reportedly served as a powerful tool for bringing ECE practitioners together from throughout the ECE system. School district officials recognized the value in having kindergarten teachers receive the training on the early learning standards. As a result, the requirements for teacher certification were redesigned to require training on the early learning standards as part of pre-service training. Respondents in Pennsylvania believed it was a very big and important step to train kindergarten, pre-kindergarten, and child care teachers and staff together.

To further undergird the message that the early learning standards should create alignment for early learning across programs, administrators created the “PA Crosswalk” (OCDEL, 2010). This document is organized by strand (topic areas, such as “Constructing and Gathering Knowledge”) and then each specific standards statement is the row heading (such as “curiosity and initiative”). Across the rows, the document demonstrates the requirements in other program standards or assessments that align with the specific early learning standard; these include the NAEYC performance criteria, HSPPS, Keystone Stars Standards and/or ERS assessments, PA Academic Standards (for K-12) and the Core Body of Knowledge for teachers of young children.

Requirements around curriculum are introduced at QRIS level 3 in both states—programs must implement a curriculum that either includes the goals for children that are consistent with the learning guidelines (Indiana) or that incorporates the learning standards (Pennsylvania) (see Table II.7). At level 3 in Indiana, programs can use an online curriculum review tool to assess the alignment of the selected curriculum to the Foundations for Learning. The state does not have a defined set of curricula from which programs must choose. Similarly, Pennsylvania also does not specify an approved list of curricula that aligns with the state’s early learning guidelines. At QRIS level 4, programs must crosswalk their curriculum with the learning standards. OCDEL does provide resources that can assist providers and programs in selecting a curriculum that aligns with the age-appropriate learning standards. Publishing companies can complete an alignment process with the learning standards, and upon review and approval of OCDEL, the curriculum is included on a “Summary of Curriculum Resources.” The document is not intended by OCDEL to endorse or

require the use of the curricula listed, but to serve as a resource to providers should they choose to select a curriculum for which the alignment with the learning standards has been completed.

Both states require that providers in the upper levels of the QRIS (typically starting at level 3), conduct child observations and assessments. The observations may be less formal and are less specified than assessments in the QRIS standards. For example, in Indiana, child observations may include assembling portfolios, conversations with the child, or anecdotal and/or developmental notes made by the teacher; no specific tools or methods are prescribed. Evidence of this practice is gathered during on-site interviews conducted by QRIS raters, but the consistency and intensity of the data collection on this specific indicator is not fully known. Similarly, in Pennsylvania, by level 3 QRIS providers must conduct an observation of the child a total of three times throughout the year, and results from the observations are to be used in adjusting the curriculum and instructional planning for the individual child. At level 4, providers must crosswalk their observational assessment tools with the early learning standards.

Each of the two states have specific assessment tools to measure outcomes that have been selected by the respective departments of education for use with young children, and that align with the state's early learning guidelines or standards (see Table II.7). In Pennsylvania, these tools—Work Sampling and the Ounce Assessment—are required for use within state-funded ECE programs such as Pre-K Counts and the Head Start Supplemental Assistance Program. Starting at level 3, QRIS programs are also required to report child outcomes using Work Sampling and the Ounce Assessment system on OCDEL's Early Learning Network (ELN)—a comprehensive data collection and accountability system for programs serving children from birth to school-age. (ELN is discussed further in Section H on accountability.) In Indiana, the IStar is available for voluntary use by programs, but it is not required for any QRIS participating programs. In general, information and training on IStar has not yet been widely disseminated as there is limited funding and infrastructure to support its use. At the end of 2010, 38 QRIS participating providers were voluntarily using IStar. In time, QRIS administrators would like to promote, and possibly require, its use among accredited providers at the highest QRIS rating level.

F. Professional Development

The ECE professional development systems in place today in Indiana and Pennsylvania were largely built on infrastructures that were in place prior to the development of the QRIS in each state. These systems have always been complex with responsibilities and initiatives that span a broad range of partners, goals, and funding sources. The QRIS in each state is attributed with developing cohesive goals and bringing intentionality to the processes and to what were viewed as fragmented professional development systems. Because professional development goals and opportunities extend beyond child care providers to many practitioners in the ECE community, the contribution that QRIS makes toward system integration in this respect can be substantial.

1. Developing a unified front

While the partners in the delivery of professional development remain numerous and varied, the planning, development, and oversight of the system has become more centralized in both Indiana and Pennsylvania as a result of the creation of the QRIS. In Pennsylvania, administrators made an explicit decision to change the oversight of PD activities from one entity to another early in the development of the QRIS in order to integrate the oversight and administration of the QRIS and the PD system. The PA Key holds this administrative oversight role for both. In Indiana, the key partners in the PD system have not changed; they remain the BCC, the IACCRR, and the

IAEYC. However, the Professional Resources and Professional Development (PRPD) Committee was formed as a direct result of the advent of the QRIS and with a goal of getting all the involved partners and institutions focused on similar goals and speaking the same language. The QRIS strengthened the need for shared goals and definitions in professional development. The group includes representatives from the BCC, licensing, higher education institutions, IAEYC, IACCRR, Head Start, Healthy Families and initiatives addressing integration within the ECE system. The PRPD develops policies and procedures related to the QRIS standards for professional development and sets parameters for the training that can count toward provider requirements.

2. Defining core training for providers

All QRIS participating providers in each of the two states must complete a basic, core series of training sessions. In each of the two states, this core training includes an orientation to the QRIS as well as specific training on the early learning guidelines or standards for each state. Through these sessions, providers are introduced to the QRIS standards—the importance of each and its role in supporting early learning—as well as to the learning standards that are intended to be the foundations for any work in ECE environments. In Indiana, respondents noted that, prior to the QRIS, information on the early learning guidelines was not readily available, nor was it particularly relevant to child care providers. In Pennsylvania, the core training series also includes an introduction to the tools used to guide and plan professional development goals and training needs—the Core Body of Knowledge (CBK) and the Professional Development Record (PDR). Lastly, the core series in Pennsylvania includes a two-part training on the Environment Rating Scale (ERS).¹² The first part discusses how the ERS is used to measure quality, its role in Pennsylvania’s early learning programs, and how to score the ERS and what the scales measure and what they mean. The second part is specific to the age-appropriate scale that a center provider may use for self-assessment (the Infant/Toddler ERS, the Early Childhood ERS, or the School-age care ERS) or the scale appropriate to the family child care setting (Family Child Care ERS).

3. Addressing the increased demand for professional development through education and training supports and opportunities

The QRIS both created the demand for increased professional development opportunities among child care providers and developed ways to address the increased demand in each state. Licensing and accreditation have been in place for some time and have served to set the lower and upper bound requirements for child care providers—for education and training as well as many other factors. While licensing is necessary (to legally care for groups of young children), accreditation is voluntary and the rewards may seem illusive to providers. The QRIS in the two states provides both support and incentives to providers moving up the levels beyond licensing and in this way drives the demand for professional development among an increasing number of child care providers. For example, in Pennsylvania, center teaching staff must have 6 hours of pre-service training for licensing; by level 4 the number of in-service training hours required per year is 24 (see Table II.8). In Indiana, center directors must have 12 hours of pre-service training for licensing and then need 30 hours of in-service training to meet accreditation standards to qualify for the highest QRIS rating level. Licensing requirements on educational level in Indiana stipulate that family child

¹² Indiana does not use the ERS within Paths to QUALITY.

Table II.8. Professional Development Requirements for Licensing, QRIS, and Accreditation in Indiana and Pennsylvania

QRS Component Category	Indiana Licensing (Level 1)	PTQ level 2	PTQ level 3	NAEYC Accreditation	Pennsylvania licensing	PA Star 2	PA Star 3	PA Star 4
Director Education Level/ Credential	BA; or AA in ECE plus 3 years exp. n child care	Meets Level 1 requirements	Meets Level 1 requirements	BA with 9 credits in administration and 24 credits in ECE	AA with ECE credits	AA with 18 ECE credits	AA with 18 ECE credits	BA with 30 ECE credits
Staff Education Level/ Credential	CDA credential (Lead teacher)	CDA/EC degree or equivalent (25% of teaching staff)	CDA/EC degree or equivalent (50% of teaching staff)	CDA or working toward AA or higher in ECE related field (75% of teachers)	AA degree with ECE credits (Lead teacher)	AA degree with 18 ECE credits (50% of teachers)	AA degree with 18 ECE credits (100% of teachers)	Meets level 3; plus BA with 30 ECE credits (25% of teachers)
In-service Training	12 hours (director) 12 hours (teaching staff)	15 hours (50% of teaching staff including director)	20 hours (50% of teaching staff including director)	30 hours in past 3 years (plus AA or higher)	6 hours (all staff)	15 hours (director) 12 hours (all teaching staff)	21 hours (director) 18 hours (all teaching staff)	27 hours (director) 24 hours (all teaching staff)

Source: Paths to QUALITY Provider Professional Development Requirements, revised 9/10/09 (includes licensing and NAEYC Accreditation information); Pennsylvania Keystone STARS, QRS Profile, April 2010.

care providers (just as center staff) must hold a non-formal Child Development Associate (CDA) credential to obtain a license.¹³ As a result, demand for the non-formal CDA training has existed for some time. However, many FCCs let their CDA lapse (it is supposed to be renewed every three years). The QRIS increased the need for and relevance of renewing the CDA for FCCs, and continuing along in formal education for all providers. And, just as in Pennsylvania, the QRIS in Indiana increased the demand for in-service training hours to meet the increasingly higher requirements at the higher QRIS rating levels.

Since the development of their QRIS, each of the two states has strengthened their structure of supports for the educational advancement of child care providers. Because of licensing standards focused on the CDA, Indiana has long provided financial support to increase access to the CDA as well as formal education. Scholarship support for the non-formal CDA began in 2004 with funding from CCDF quality set-aside dollars and continues now. In addition, Indiana made an early commitment to TEACH scholarships. Since 1999, sizeable CCDF funding has supported these scholarships and, more recently, Head Start collaborative funds have been added to support the effort. In contrast, this type of financial support increased dramatically in Pennsylvania with the development of the QRIS. TEACH scholarships were in place at a low level prior to the QRIS in Pennsylvania, but the QRIS increased the focus on the CDA and its pathway into more formal, advanced education. At the Regional Keys, staff communicate with providers who complete their CDA to provide information about the next steps to help them focus on CDA renewal and continued educational growth. As a result, the state now contributes \$6 million toward TEACH scholarships. OCDEL also offers a separate tuition reimbursement program (described in Section C on financing). This program also was in place prior to the QRIS (at a lower level) but it now provides support exclusively for credit-bearing courses that were not a previous requirement.

Articulation agreements between specific institutions of higher education that allow individuals to apply credits from lower level credit-bearing certificates or degrees toward more advanced degrees have always been important (for example, using CDA credits toward an Associate of Arts (AA) degree, or AA credits toward a Bachelor of Arts (BA) degree.) These agreements gained even more emphasis and prominence as the QRIS created clear career pathways for early childhood practitioners. In Pennsylvania, guidance from Higher Education Advisory Groups (one in each region) and financial support from the BUILD initiative has led to 35 program-to-program articulation agreements and 10 more soon to be completed. Similarly, Indiana has a Higher Education Forum that provides guidance and funding support from Head Start that has resulted in 14 articulation agreements thus far.

Increasing requirements for in-service training and professional development hours with each QRIS rating level in the two states also emphasized the need for a more robust and formal structure for delivering training. The types of training now include: (1) required training, discussed above as the core series in each state, (2) support training, that helps providers meet specific QRIS standards, and (3) needs-based training (or TA) focused on special topics, such as family stressors, classroom management, or autism. Each state, with its local partners, developed an intentional approach for assessing training needs and ensuring that training opportunities are available to address those needs.

¹³ Non-formal CDA training is not credit-bearing but the number of training hours (120) to complete four courses and the final assessment needed to obtain the CDA is the same regardless of the route taken—formal (credit bearing) or non-formal.

4. Creating new credentials for program directors

QRIS requirements for program directors in each state led to the creation of formal credential programs. In both states, the credential was developed in concert with a number of partners, including representatives from the higher education community. Indiana developed the Early Childhood Program Administration certificate as a result of the highest QRIS rating that specifies business and administration requirements. Similarly, the Director's Credential was developed in Pennsylvania to meet requirements for achieving a rating level of 3 or 4. Over time, Pennsylvania phased in the requirement that directors hold this credential. At first, program directors needed to be enrolled in the credential program; now, they must have it completed to receive the higher ratings. In 2010, about 250 center-based program directors received the credential. As of June 2010, there were 779 centers at level 3 or 4 (OCDEL, 2010); presumably all of which now have directors who hold this credential.

5. Professionalizing professional development training and TA

As the demand for professional development training hours and TA increased with the development of the QRIS, administrators in each state also recognized the need for accountability within the professional development system. Beyond setting hour requirements, QRIS developers and administrators also needed to better define what would “count” as PD to meet these requirements. In doing so, they emphasized increased accountability and professionalism within the PD offerings and among the PD instructors and TA providers (the latter was discussed in Section D on quality assurance).

The Pennsylvania Quality Assurance System (PQAS) was developed out of this need. The PQAS is a system to review training content and instructor/trainer qualifications to approve individuals (and, in some cases, organizations) for different levels of training. Approval is determined through a peer review process, and upon approval, each individual is assigned a PQAS number. One of the main distinctions across levels of approval is whether the instructor is approved to prepare and conduct the training on his or her own or must have the support and presence during training of a certified instructor. The levels of approval include:

- Affiliate Instructor, who can prepare and deliver training and technical assistance only with the support of a certified instructor
- Certified Instructor, who can instruct PD or provide TA alone
- Director Instructor, who can train his or her own staff only on the specific topics for which he or she has PQAS approval (for example, training on the Early Learning Standards after attending the director's train-the-trainer sessions)
- Faculty Instructor, who can instruct alone and who has a higher level of education than a certified instructor
- Specialty Discipline Instructor/TA Consultant, who can instruct or provide TA alone on identified specialty discipline topics (such as use of curriculum)

Outside of formal college credit or continuing education units, only PD or training delivered by a PQAS approved instructor can count toward a child care provider's required in-service PD hours for the QRIS. In December, 2010 there were a total of 1,800 approved PQAS instructors. Any approved trainer or instructor can make posts to the Registry of Events (an online information and registration clearinghouse for training and PD events that is maintained by the PA Key), regardless

of whether they are funded by OCDEL. All events on the registry are cross-walked with the skills required of ECE practitioners as defined by the Core Body of Knowledge (CBK). Individuals can register on line for any training event.

Indiana has not developed the same type of PD review and approval system, possibly due to the large supporting roles that the PRPD committee and licensing staff play. The PRPD committee sets quality standards and common definitions for PD. Licensing staff review transcripts and provide guidance to ensure equity in what officially counts toward in-service training and PD requirements for the QRIS. As in Pennsylvania, credit-bearing courses toward a CAA, AA, or BA count toward the in-service training requirements in Indiana. Beyond formal course work, training is provided through the local CCR&R agency.

6. Increasing intentionality throughout the professional development system

Respondents in both states indicated that the creation of the QRIS brought increased purpose and use to tools and resources that had already existed in the professional development system without great effect before. Indiana had a provider registry at one time, but it was not widely used primarily because providers did not see the need for it—they were unclear of its purpose or benefit for them. Now that staff qualifications are an intricate part of the QRIS standards, individual providers and larger organizations have a greater need for a means of documenting completion of approved training and educational courses. The state is now considering the re-creation of a provider registry that can support the professional development system, the QRIS, and future plans for making use of data to track provider and child outcomes over time.

Pennsylvania has a number of interconnecting tools that have been in place for some time, but again, were underutilized for lack of a clear purpose. These include: (1) the Core Body of Knowledge (CBK) that defines a set of competencies that are linked to the early learning standards and that should be mastered by ECE practitioners across all programs; (2) the Professional Development Record (PDR) that tracks the progress of each individual ECE practitioner in mastering the CBK, (3) the Career Lattice that details the educational and training requirements necessary to achieve increasingly higher levels of responsibility for ECE practitioners in child care, Head Start, public and private schools, PD consultants and TA providers, and faculty of higher education institutions, and (4) the PD Registry that keeps electronic records of the educational levels and training completed by individual ECE practitioners.

The QRIS brought the focus on continued improvement and with that, continual growth up the levels of the Career Lattice for individuals and the levels of the QRIS ratings for facilities and programs. In addition, the QRIS offers financial awards based on education levels and retention rates among staff. Respondents noted that these factors give cohesion and tangible purpose and benefit to the use of the PD tools. Of all the QRIS standards, professional development of individuals in particular takes time and needs thoughtful planning. Directors and staff now receive training on the PD tools to assist them in this planning and to be accountable to the QRIS in the use of training dollars and financial grants and awards.

The QRIS folded in the existing tools to align standards with the CBK and to document professional development activities through the PDR. The CBK is organized by eight knowledge areas; the PDR checks the specific skills within each area against defined levels of competencies (1 through 3). Each staff member conducts a self-assessment using the PDR and refines it with input from their supervisor or director. The PD Registry provides a source of evidence to document competency levels in the PDR. Once all the staff complete a PDR, the director then constructs a

facility Professional Development Plan. The facility-level plans are compiled and used by the PA Key (as approved by OCDEL) to guide activities designed to meet professional development needs.

Indiana does not have a full range of tools as specified as Pennsylvania, but the concepts are similar in focusing the PD and training offerings around needs identified through QRIS participation and focused on movement up the QRIS levels. As is done in Pennsylvania, trainings or conferences that are offered by the CCR&Rs or PD/TA contractors in Indiana clearly identify the QRIS standard that the session will help to meet. In Indiana, QRIS Specialists work closely with each of their assigned child care providers to identify the professional development and training needs that must be met to move up the QRIS rating levels. These are documented on provider-level Training Needs Assessments. Each local CCR&R reviews the facility-level Training Assessments together with insufficiency reports using the data gathered through the QRIS rating process (in other words, the components of the ratings in which providers are falling short) to develop training plans for their service area as whole. These plans are then submitted to BCC to guide the planning and funding of PD and TA contracts for the coming year.

7. Promoting cross-system use of common tools and resources

The Career Lattice and CBK in Pennsylvania were developed before the QRIS for broad use and application within the ECE field, not just with child care providers in mind. The intention is that these tools can guide professional development for center and home-based child care providers, school-age programs, Head Start, early intervention, school district based pre-kindergarten, Pre-K Counts, nursery schools, and faith-based programs. These tools can also be used by PD instructors and TA providers. Because the PDR is linked to the CBK skills, it also can be readily adopted by a range of ECE programs. Reportedly, some Head Start programs are beginning to use the PDR.

Professional development and training offerings are shared across programs. In Pennsylvania, Pre-K Counts and state-funded Early Head Start/Head Start programs must also tap into PQAS training for in-service hours and must complete the core series training discussed above. Pre-K Counts teachers are also applying for TEACH scholarships and OCDEL's tuition reimbursement program in order to meet revised teacher certification requirements by December 2011. In both states, training offerings are available to Head Start programs, and vice versa; Head Start programs open up their training sessions to other practitioners as they are able. In general, the trainings listed on the Registry of Events in Pennsylvania are inexpensive, typically with registration costs of about \$5 to \$10. Because of this ease of access to training, a range of ECE practitioners often take this route whether PQAS approval is required for their specific program requirements or not.

Another shared resource in Pennsylvania is the PD Instructor Institute (PDII), which is an avenue for statewide dissemination of content in the early care and education field through train-the-trainer offerings (listed on the Registry of Events). Individuals must have a PQAS number to apply for the sessions and demonstrate expertise in the particular content area. The PDII has been a means of launching large-scale training around new initiatives such as Race Matters. For Race Matters, the PDII trained instructors from higher education institutions and TA providers who in turn agreed to train a set number of additional individuals. An anecdotal example of the potential reach of these efforts, as reported by a respondent in Pennsylvania, is that one participating faculty member incorporated the content into his undergraduate course curriculum.

G. Dissemination of Information

Dissemination of the ratings to the general public, and specifically to families seeking child care, is a key QRIS component that sets it apart from other quality and ECE system improvement efforts. In theory, parents, as child care consumers, may use the information in their decision making about which provider to select. This first objective of dissemination is specific to the QRIS—building the familiarity with the QRIS name/brand, different rating levels, and what they mean. A second objective for dissemination of information—and one that extends beyond the QRIS—is building public awareness about the need for quality in early care and education generally, and what quality looks like. The QRIS in both Indiana and Pennsylvania rely on partnerships with the child care subsidy system and their local partners to achieve the first objective. For the second, QRIS can link to broader campaigns that promote quality and become a readily tangible way of identifying what parents should look for in quality care. A final consideration about the role of the QRIS in disseminating information is its use as an infrastructure to deliver a variety of messages about new or ongoing initiatives, not just to parents and the public, but to the many and varied stakeholders associated with the QRIS.

1. Information to parents: integration in publicizing the QRIS

In disseminating information about the QRIS to parents, the QRIS in Indiana and Pennsylvania rely heavily on partnerships with the child care subsidy program and local implementing partners (CCR&Rs in Indiana, and the Regional Keys in Pennsylvania). The child care subsidy program is the clear and often first link with low-income families seeking care for their children. Respondents in both states indicated that child care subsidy staff provide families with information on the QRIS program during the first meeting with parents to determine eligibility. Multiple methods are used to deliver information to parents about the QRIS through the subsidy system and the Temporary Assistance for Needy Families (TANF) program before the formal point of resource and referral. For example, in Indiana, the TANF application packet includes information on choosing child care as well as specific information on the QRIS. In addition, the QRIS is introduced briefly during group orientations of TANF customers; videos that play at TANF intake offices include information on the QRIS; and letters that are sent out to families placed on the waiting list for child care subsidies include a paragraph on the QRIS and encourages visits to participating providers. Staff in Indiana stated that common and frequent messages delivered through multiple routes to parents are central to their dissemination efforts and that, “cumulatively, small things make a difference.”

In Indiana, respondents indicated that after eligibility is determined, subsidy staff refer families to the local CCR&R agency to assist them in selecting a provider; in Pennsylvania, different staff within the same agency provide resource and referral assistance. Regardless, the commonality in the two states is that the staff providing resource and referral services are specialized personnel who are connected within the early care and education community, often serving on the boards of local child care associations or are members in larger organizations such as NAEYC. Respondents in both states described how these staff members understand the QRIS, and importantly, how to communicate the concepts of quality to families. From the perspective of administrators in Pennsylvania, the partnership with the subsidy program and CCR&R services has shown results; they reported that in 2007, 24 percent of children in TANF families receiving child care subsidies were in regulated child care settings and now 76 percent of children receiving subsidies are in regulated care, with 48 percent cared for by providers that have a QRIS rating level of 2 or higher.

In both states, QRIS participating providers and those with high level ratings are given priority in their prominence on referral lists, whether delivered in person or accessed on line. For example, in Pennsylvania, subsidy program supervisors described that resource and referral staff make referrals when parents have not selected a provider. In these cases, staff provide the family with 12 referrals. The resource and referral information system is programmed for this purpose to generate QRIS providers that are at a rating level of 2 or above for the first six on the list; the next six are randomly generated. Online tools—through COMPASS in Pennsylvania and CareFinder.com in Indiana—provide free child care searches by zip code. Results are returned listing all providers, but are ordered by QRIS level with providers rated at the highest levels appearing first.

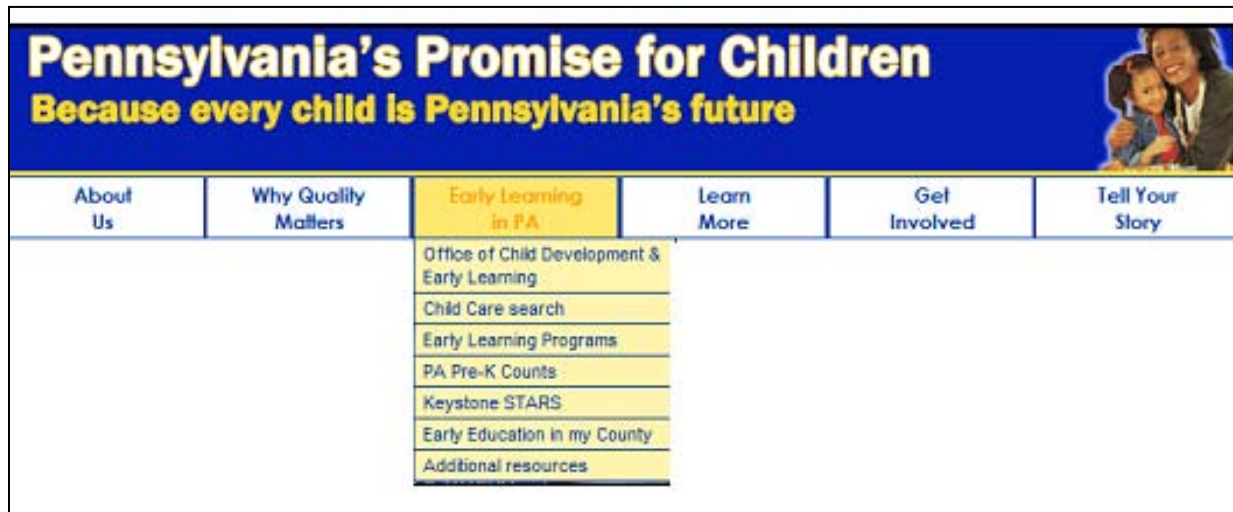
Respondents in both states indicated that another important route for sharing information about the QRIS with parents and the general public is through the participating providers themselves. Both states described the use of a broad array of marketing materials—signs, logos, flags, banners, brochures, certificates, pin-on badges, and window clings—that are distributed to providers. Each state has also developed a toolkit for providers to use in publicizing their participation in the QRIS and their rating level (if they so choose). The toolkits include electronic logos, customizable templates for letters to parents and press releases to local newspapers, flyers, postcards, as well as ideas for marketing the child care business through traditional print as well as online social marketing tools. The toolkits in both states were developed with the support of private foundations.

2. Information to the public: QRIS and its links to quality awareness campaigns

While efforts to publicize the QRIS are often accompanied by general information about what to look for as signs of quality in child care and early learning environments, other broad quality awareness campaigns may develop separately from information dissemination about the QRIS. Such a campaign is present in Pennsylvania, but not in Indiana. Pennsylvania's Promise for Children initiative is an effort to promote increased public awareness about the need for quality in early learning programs, encourage use of quality programs, and engage parents, teachers, businesses, and legislators in ongoing efforts to build the case for quality. The initiative was created and funded through a coalition of support from the BUILD initiative, other private foundations, and OCDEL. In 2005, PA Promise for Children was the main agenda item of the OCDEL Advisory Council (the precursor to the state's Early Learning Council). QRIS administrators in OCDEL have been closely linked with the activities of PA Promise for Children from the start. The PA Promise for Children website provides links to the QRIS in Pennsylvania—Keystone STARS—as it applies to the following topics included on the campaign website (shown in Exhibit II.1):

- “Why Quality Matters” that summarizes research on brain development and school success, and builds the case that quality child care supports tax savings and the promotion of jobs and a strong economy
- “Early Learning in PA” that provides program summaries and links to publicly funded early learning programs, including the QRIS
- “Learn More” that connects with external resources on simple ways to help young children learn, and that explain components of quality (such as small class sizes and the level of a teacher's education)

Exhibit II.1. Pennsylvania's Promise for Children Quality Awareness Campaign



Source: PA Promise for Children website, <http://paprom.convio.net/>

- “Get Involved” that provides ideas for volunteer opportunities as well as specific ways different members of the public can extend the messages about quality in early learning
- “Tell Your Story” that provides tips for reaching out to community groups, schools, or legislators by communicating personal experiences and building the case for quality

Online connections between the PA Promise for Children website, the Keystone STARS and OCDEL websites, and the site for child care searches through COMPASS go in every direction so that parents and the general public have access to a breadth of information about selecting a specific provider, looking for a QRIS rating, and quality in general. For example, the COMPASS site that helps families conduct free child care searches also provides links to “Fun Ideas for Families” that includes resources like the Family Activity Calendars that reference the Early Learning Standards. These types of connections are developed by the PA Promise for Children initiative.

3. The QRIS as a dissemination method to support early childhood initiatives

In Section A on governance, we discussed the QRIS as providing an infrastructure for delivering an array of services through child care providers. It can also be a means, or a part of a means, of communicating information quickly and easily to providers and key stakeholders. In Pennsylvania, for example, information about specific initiatives is distributed directly to providers through the QRIS, but OCDEL also maintains two extensive listservs—one for all staff associated with OCDEL programs statewide (a list of 6,000), and the BUILD listserv that is open to anyone interested in joining (currently a list of 10,000). Administrators note that as a result of the extensive network available through the QRIS specifically and OCDEL more broadly, any entity that wants to share information or publicize an initiative and its available resources and training related to early learning just naturally drifts to OCDEL. In the view of OCDEL administrators, the breadth and depth of OCDEL’s reach across the early learning community has supported increasing partnerships across public offices and entities.

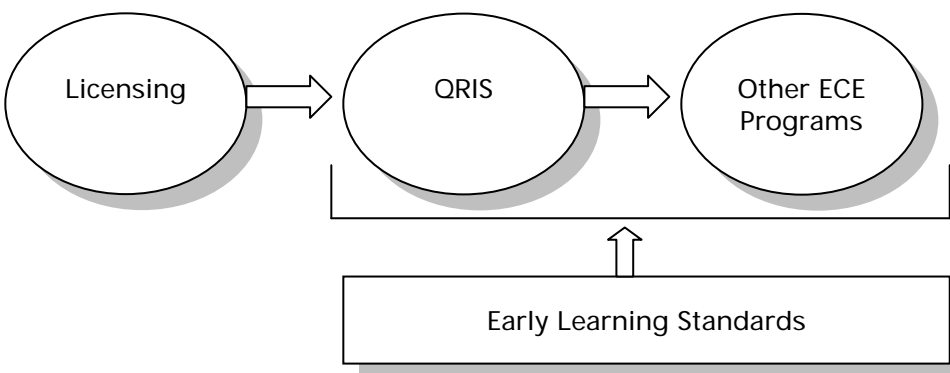
H. Accountability

There are a number of important ways of examining accountability in an ECE system and the role that the QRIS can play in promoting accountability. Ultimately, accountability refers to defining the results a system should achieve and setting goals or benchmarks to achieve them. More broadly, accountability also refers to key agencies and staff being answerable to others concerning the work performed and the results of such work. The QRIS in Indiana and Pennsylvania incorporate accountability in ways that connect the QRIS with other programs within the ECE system. These approaches fall into three categories: (1) cross-program accountability and responsiveness, (2) reciprocal responsibility, and (3) tracking progress and results. Some of the specifics of the processes have been touched on throughout the earlier sections of this chapter. In this section, we discuss the processes within the accountability framework, but provide details only when they have not been discussed elsewhere.

1. Cross-program accountability and responsiveness

Building interconnectivity between different programs can be a potent method of promoting integration and accountability (see Figure II.5). In both states, the QRIS is built on the foundation of licensing for defining the first rating level. Pennsylvania further aligns QRIS with other ECE programs by defining similar standards, training requirements, and procedures. For example, the program guidance for Pre-K Counts, Keystone Babies, and state-funded Early Head Start and Head Start State Supplemental programs was built on the existing framework that was in place for the QRIS such as, requiring that directors and staff complete the core series training (discussed in Section F on professional development), have ERS assessments conducted, and conduct child assessments using the same tools of the Work Sampling and Ounce Assessments. In addition, when the applicants for these programs are child care centers, they must be participating in the QRIS and have a rating level of 3 or 4 to qualify.

Figure II.5. Cross Program Accountability



These strategies support alignment and accountability across ECE programs, but they are not without their challenges. When one program's requirements are built on or tied to another, there can be a series of effects throughout the system when a problem arises. For example, in both states, when a QRIS participating provider is identified as being out of compliance with licensing, its QRIS status is placed on hold until the issues are resolved (or its license is revoked, in which case its QRIS participation would end as well). More problematic is when the connections extend further and can directly affect program funding. For example, if a Pre-K Counts classroom eligibility was originally based on their QRIS rating level (of 3 or 4) and they fall below the level 3 standards in the QRIS rating assessment, administrators need to determine the repercussions: do they need to revoke Pre-K

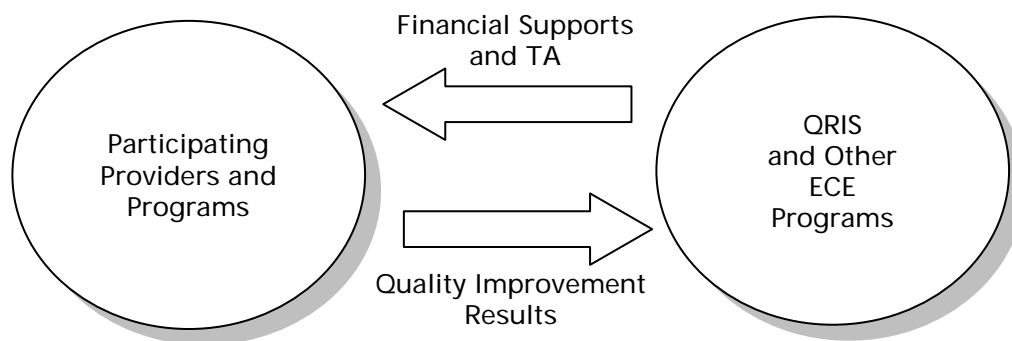
Counts funding and how disruptive would this be to the children, depending on the time of the school year.

Administrators in both states firmly acknowledge that nothing is static and that the QRIS standards or procedures will most probably change, particularly when they are so intertwined with other programs. For example, a change in licensing requirements or a revision to the Early Learning Standards or the Career Lattice could necessitate a revision to the QRIS standards. Providers may not like the constant change, particularly in standards, but administrators in these two states believe that this tradeoff is necessary to achieve and maintain alignment—and accountability—across programs or their elements.

2. Reciprocal responsibility to achieve goals

QRIS administrators in Indiana and Pennsylvania use incentives and connections with other programs to promote accountability for quality improvement through QRIS (see Figure II.6). The underlying message throughout the QRIS in the two states is that child care providers must be accountable for quality improvement if they are to receive financial or TA support. This begins with promoting entry into the QRIS to essentially get providers to take on this responsibility. In Indiana, unlicensed child care ministries are encouraged to voluntarily obtain licensing certification in order to participate in the QRIS. Ministries are not able to access the incentive awards (in-kind or cash) or technical assistance from the CCR&Rs unless they enter the QRIS. Pennsylvania similarly uses incentives within the QRIS to promote entry and movement up the rating levels, but in this state, administrators also tie access to other funding sources and technical assistance to QRIS participation. As discussed in Section C on financing, child care providers and programs must be QRIS participants to apply for TEACH scholarships or tuition reimbursement that supports professional development and to receive higher child care subsidy rates. Similarly, programs must be participating in the QRIS to access technical assistance from Early Childhood Mental Health consultants and Infant-Toddler specialists (as discussed in Section A on governance).

Figure II.6. Reciprocal Responsibility



Once enrolled in the QRIS, participating providers and programs are held accountable for quality improvement through a number of mechanisms. The most obvious progress is demonstrated through movement up the QRIS rating levels. But, along the way each of the states has methods for promoting accountability through reciprocal responsibility. The financial grants and awards in Pennsylvania function in part as incentives for quality improvement in and of themselves, but they are not given without additional requirements. Each provider must also submit written justifications of financial award use that include the rationale (the planning process that justifies decisions made), the quality standards that will benefit from the award use, and how outcomes will be assessed. The state provides guidance and tools for providers to use in this exercise, and emphasizes use of the

“Good, Better, Best” report. This report discusses the quality continuum for each QRIS standard independently and provides a guide that QRIS participants can use to understand where they fall along the continuum and what they can do to improve. In both states, participating providers must develop written quality improvement plans (discussed in Section D on quality assurance), particularly when they have regressed or stalled rather than progressed on a QRIS standard.

3. Tracking progress and results

Each state uses a series of performance measures to promote accountability within the QRIS to assess results of specific activities as well as results across ECE programs. We cannot do justice to the full range of monitoring and reporting activities that occur in each state, rather we use examples to illustrate a few key points.

Monitoring accountability of specific activities or entities

The two states monitor activity in the QRIS and, at times across programs, at the facility-level, the activity or initiative-level, and at the contractor-level. Facility-level monitoring is focused on quality improvement and has been discussed above. Here we provide examples of the other two types of monitoring to promote accountability for goals.

Accountability in TA (QRIS specific). Pennsylvania lacked a technical assistance structure to support quality improvement in child care prior to the QRIS. Since the TA structure developed under the rubric of the QRIS, there was a clear opportunity to link TA with improvement in specific QRIS standards or the overall rating level. Administrators developed the TA Action Plan that participating QRIS providers and TA consultants complete together to set specific goals for improvement and define plans for the TA needed to achieve those goals. TA providers are paid in two ways: (1) they receive a flat fee for each hour of TA provided and (2) they receive an additional payment if 80 percent of the goals identified in the TA action plan are met.

Accountability in TEACH (across programs). In Indiana, the IAEYC that administers the TEACH scholarships submits monthly reports to the QRIS administrator who tracks scholarship recipients on measures such as skill attainment, credit hours completed, retention rates, and salary increases.

Contractor accountability (across programs). Pennsylvania uses a Program Review Instrument that is a comprehensive document on which contractors (including each of the six Regional Keys and the PA Key) must report activities, uses of funds, and results. The PRI is used across all OCDEL programs.

Collection and use of data

Both states have well-developed and well-specified QRIS data systems that enable the collection and use of detailed data particularly on the number of times state staff and contractors “touched” a provider. The case management sections of the data systems in each of the two states allow all staff that come into contact with a provider to view and/or track those contacts. These include QRIS specialists (staff who serve as the primary contact with providers throughout the QRIS process), raters (staff who assess the sources of evidence for QRIS standards on-site at the provider), ERS assessors (only applies in Pennsylvania), technical assistance providers, and licensing staff. The data systems allow different levels of access for data-writing and data-viewing by the different staff positions—particularly between licensing and QRIS staff. These staff can view the history of contact

with the other program, but cannot enter or alter any data for the other program. These data are useful for examining the progress of an individual provider as well as assessing results across all providers, by provider type, or by resources (financial or TA). For example, QRIS administrators in both states can examine the financial resources that go into a facility between level changes or from the very beginning of their QRIS participation. They can also examine TA hours in the same way, by individual provider, or across providers to assess QRIS level changes by the number of TA hours invested.

This level of information and connections supports measurable accountability about the inputs (TA, financial awards, and staff contacts) and the outputs (level changes in QRIS ratings) associated with the QRIS. However, it also supports communication across different staff and different programs that can unify the message and accountability that flows from the staff to the participating providers. For example, QRIS staff in Indiana can view all the licensing consent agreements in the licensing system and can alert licensing staff of any infringements they may take note of while they are on-site. In Pennsylvania, the system promotes two-way communication between TA providers and QRIS staff. TA providers can view the characteristics of the provider and the children in their care as well as their QRIS history to better tailor their work and QRIS staff can view the TA topics, goals, and activities on the TA Action Plans (discussed above).

The data systems in each state have relative strengths in the richness of the data available and connections across programs. In Indiana, all processes associated with the QRIS rating are fully electronic. Licensing staff have long been using tech-tabs in the field to enter data gathered during provider visits into the licensing system in real-time. All information for the LAMP provider reports are also entered on tech-tabs by QRIS staff in the field; and, raters use laptops to complete the rating checklists that are then uploaded into the system. The full system updates across QRIS and licensing every day and live updates also occur. For example, as described in Section D, upon entry into the data system, a licensing infringement immediately turns a provider record the color pink across data systems. Pennsylvania has a Practitioner Registry to track PD activities as well as a Consultant/TA Registry. On the Practitioner Registry, individuals can build a profile for themselves and then when they register for a PD or training event online (through the Registry of Events), the information about the event such as the topic, the CBK codes to which it applies, the number of hours, and the date is automatically pulled into their profile. The Consultant Registry builds a profile for instructors and consultants, tracks the level of PQAS approval (discussed in Section F on professional development) and for which topics, based on the CBK, and records the training sessions they have conducted (when the session is listed on the Registry of Events).

Pennsylvania has also made progress toward the collection and use of child outcome data from assessment tools. Assessment information from the Work Sampling and Ounce assessments is stored on the Early Learning Network (ELN) with a unique identifier (ID) at the child level. While it is still in its infancy, the Early Learning Network is the state's database of early childhood programs bringing together data from all OCDEL programs. It pulls data from across data systems such as early intervention, the child care subsidy program, and QRIS to build child, teacher, and program profiles and support cross-program data uses and analyses. In a few years, the ELN will also be linked with the state's K-12 education data warehouse using common identifiers for children and for teachers. In the short-term for QRIS, the ELN will soon be able to automatically calculate the proportion of EI and subsidy children served by a provider for use in determining the level of financial grants and awards. At the moment, this process requires paper reporting by the provider with complicated guidance to calculate FTEs.

Assessing goals and use of resources

Administrators in Indiana and Pennsylvania are also mindful of the big picture and have used data to set overall performance goals and/or to monitor the use of resources. In Indiana, they have set performance goals for (1) QRIS participation, (2) rating level increases, and (3) level maintenance at the highest QRIS rating level (as discussed in Section B on program participation). The QRIS administrator receives a monthly overview report on progress toward these goals in addition to a number of other output measures. The “Bureau of Child Care PTQ Monthly Overview” provides details on measures such as the number of information sessions attended by provider type, the number of new QRIS agreements signed by provider type, and the number of providers at each QRIS level by provider type. It also details the number and type of contacts by different QRIS staff (specialists and mentors). It displays information on financial awards, rating levels, and insufficiencies in many different ways. Ultimately, it summarizes the progress toward each of the three overarching goals noted above.

In Pennsylvania, the “Program Reach and Risk Assessment” has been produced by OCDEL in each of the last four fiscal years and is widely used and referenced by policymakers, state- and local-level program administrators, and Community Engagement Groups (OCDEL, 2011). The report compiles data on the level of risk for school failure among children at the county and city level based on 10 risk factors in the areas of economic risk, maternal risk, birth outcome risk, academic risk, and toxic stress. It also reports the reach of OCDEL programs in serving children by county and city. State-level program administrators use the report to identify discrepancies between risk and reach to better target resources (through program eligibility factors or funding formulas) and to track progress over time.

III. ASSESSING THE QRIS CONTRIBUTION TO ECE SYSTEM DEVELOPMENT

While ECE system-building initiatives and their study are not necessarily new, this work brings the specific perspective of the role and contribution of the Quality Rating and Improvement System. As QRIS have taken hold in many states and continue to spread to others, there is growing interest in what they bring to the ECE system, particularly because public funding of child care through CCDF and state dollars reaches so many young children.

This in-depth exploration of the QRIS and how it functions within the ECE systems in Indiana and Pennsylvania is intended to inform a framework for future monitoring and evaluation. The first step in such a process is to define and describe what is to be evaluated—in this case, defining the avenues and approaches in use by QRIS to connect with and build on the programs and resources that exist within the ECE system. In the early stages of system development, this type of definitional work is necessary in order to lead to the identification of quantifiable indicators of progress that can be tracked over time. Ultimately, the evaluation of a systems-building approach would examine the degree to which redundancies have been eliminated and efficiencies gained (such as in staff time, program requirements, and funding streams) and the overall effectiveness of the approach in achieving better outcomes for children and their families.

As definitional work, this study was not intended to compare and contrast the role of the QRIS in the ECE system between the two states. The two states were purposefully selected because preliminary information suggested that the QRIS model itself was relatively well-defined in each state and that intentional goals and efforts to connect the QRIS with other ECE programs and services were in place. Examining these two states as possible front-runners in using the QRIS to unify and integrate early care and learning experiences for children helped define what system building looks like from the QRIS perspective. The intent was to gather information about which approaches are possible and have been attempted; it is beyond the scope of the study to make any assessment about which approaches actually work.

A. Overarching Themes About QRIS and ECE System Integration

There are some overarching themes that emanated from this study that are important to note before turning to measurement and evaluation.

Politics aside. This study did not touch on the political environment that can often set the tone either to inspire or thwart collaboration efforts through structural changes or funding priorities. While the political (and economic) environment will undoubtedly influence both the development of a QRIS and its role in the ECE system, and is important to understand for administrators and evaluators, it is a factor exogenous to the goals of this work in defining the QRIS role that can support integration. Similarly, collaborative efforts and system-change initiatives often benefit from the motivational leadership of one or a few individuals. Again, documenting this type of factor was not the intention of this study. What is relevant to these points from this work is that when the politics and personalities align such that movement toward integration is possible, the experiences in Indiana and Pennsylvania suggest that there are ways to make use of the QRIS to embed a governance and administrative infrastructure, to link funding sources and incentives to achieve multiple program goals, and to develop or make use of common tools and resources that support professional development and quality improvement across programs. And, in so doing, the parts of programs can become so intertwined that it would be difficult to undo. Respondents in both Indiana and Pennsylvania noted how the developed unity across ECE programs has held strong. For

example, when there was a budget impasse in Pennsylvania in 2008, respondents described how the ECE community held together rather than resorting to protecting discrete programs.

QRIS adds intentionality and systematic planning and focus on goals. The common message heard repeatedly and uniformly across respondents in both states was the purpose and intentionality that QRIS has brought to professional development and quality improvement activities in particular. The QRIS sets clear goals for providers through the standards giving a purpose and roadmap for progress. With defined goals comes motivation for the use of resources and tools to track and achieve the goals, such as quality improvement plans and professional development records. The existing elements of PD and TA come together in a more logical and unified fashion within the rubric of the QRIS standards.

QRIS provides an infrastructure to readily reach an array of providers and programs. The QRIS in both states have also emerged as a mechanism to promote new and existing initiatives focused on young children with increased reach and potential effect than existed before. The QRIS serves as a central hub for services and information relevant to child care providers. For example, connecting early intervention or infant/toddler specialists with child care providers is accomplished more readily through QRIS staff who have ongoing relationships with providers. And, new initiatives have potential to take hold if they can be connected to the attainment of QRIS standards. For example, the Mind in the Making training in Pennsylvania that supports social-emotional competence among teachers has relevance for providers in meeting in-service training requirements and gaining applicable skills that could improve the learning environment.

Consistency in approaches. While this was not an endeavor to compare the two states, it is apparent that there are similarities in their approaches. For example, both states pursued the integrated oversight of PD with the QRIS and used the newly developed or refined QRIS infrastructure to align PD activities with the identified needs of providers and programs and the goals set by QRIS standards. Administrators in both states similarly responded to the development of early learning standards or guidelines by aligning QRIS standards, embedding training for directors and staff, and requiring the use of an aligned curriculum at the higher QRIS levels. Pennsylvania has more fully developed and funded early education programs such as state-funded Head Start, Early Head Start, and pre-kindergarten than does Indiana. That Indiana has adopted similar approaches as Pennsylvania (such as the support for and emphasis on early learning standards in the QRIS) demonstrates that a state can make progress toward each of the eight system components within the existing parameters.

One approach does not fit all. Different levels of resources available and different contexts for child care will influence the type and extent of integration that can be accomplished. The QRIS in Pennsylvania has influence in advancing common ECE goals and setting an agenda for quality improvement based on reciprocal responsibility; meaning that the QRIS serves as the gateway to varied services and resources. In Indiana, there is no state funding for the QRIS, so funding parameters are tighter making the need for partnerships for PD and quality supports necessary. This limits the ability of the QRIS to restrict access to resources in exchange for the commitment to quality expressed through QRIS participation. In addition, the presence of unlicensed child care ministries in Indiana is important in shaping the agenda for quality improvement. Administrators do not want to close any avenues through which these ministries may increase staff education levels (such as through TEACH) or pursue licensing (to receive a subsidy rate increase).

Not afraid of change. Administrators in Indiana and Pennsylvania stressed the importance of a willingness for and openness to change if the QRIS is to be integrated with other ECE programs. The interconnectedness between standards, program requirements, resources, and tools means that a change in the system anywhere could require changes across multiple programs. In addition, as the system becomes more robust and defined, new elements will be added such as the requirements for an Early Childhood Program Administration certificate in Indiana and the Director's credential in Pennsylvania. Early studies of QRIS implementation suggested that changes in standards could discourage provider participation if they perceive that the target goal is constantly moving. Administrators in the two states believe that the evolution of the QRIS and its connection with other ECE services and programs overshadows the need for constancy and that changes can be phased in over time to minimize the effect on providers. In Pennsylvania, administrators subscribe to the same theme of continuous quality improvement for the QRIS (and ECE system) as a whole in the same way as they promote it with individual providers and programs.

B. Defining and Measuring the Role of QRIS in the Early Stages of System Evaluation

The sections of Chapter II discuss the role of QRIS in system integration in Indiana and Pennsylvania based on each of the eight components of an ECE system. The approaches described within each component define the "what" to track and evaluate. In Table III.1, we summarize these approaches as potential indicators that could be used to measure progress in each component. It is difficult to fully assess the degree to which the QRIS serves as either a catalyst (increasing the rate of integration) or a conduit (providing the means for integration) for each component. In most cases, the QRIS could serve either function depending on the context and the circumstances within the state. The argument could be made, based on the experience of Indiana and Pennsylvania, that the QRIS serves as a catalyst particularly in the areas of professional development and quality assurance. The purpose of the QRIS and its drive toward increasingly higher PD and program requirements necessitates an intentional and cohesive infrastructure for addressing PD needs and providing supports in the quality improvement process in a way that other programs do not.

Future evaluation of QRIS in ECE system integration could make use of these progress indicators to similarly track and assess activities. There may still be other approaches not encountered in the two states, and the details in measuring the indicators need further refinement. However, this framework could be especially useful for states or localities in the early stages of planning or implementation of QRIS. Documenting the current state of the eight system components before or just as the QRIS launches and tracking them over time would be particularly useful in fully understanding the potential changes the QRIS brings to the ECE system.

Another way of using the component indicators is to map them to system goals at the start in order to assess progress through the stages of system change as summarized in Exhibit III.1. Use of the indicators in planning can help states move from the awareness to the transition stage, and then over the course of implementation, track each of the eight components to identify trends toward the emergence of new infrastructures and ultimately assess the point at which the predominance of a new system has come to fruition.

Table III.1. Potential Indicators of the Role of QRIS in ECE System Integration Based on Approaches in Indiana and Pennsylvania

System Component	Integration Indicators
Governance	<ul style="list-style-type: none"> • Explicit systems-building goals and/or conceptual framework is in place • Integrated administration and oversight at the state level of: <ul style="list-style-type: none"> ○ child care = subsidized child care, licensing, and QRIS ○ early education = subsidized child care, licensing, QRIS, plus Head Start state representative, and pre-kindergarten ○ services = early intervention, mental health and/or infant/toddler specialists • Integrated administration and/or delivery at the local level of: <ul style="list-style-type: none"> ○ QRIS, resource and referral for child care, TA for quality assurance, PD, services for young children in child care (EI, Infant/Toddler) • Use of QRIS infrastructure to disseminate a broad array of information and resources and launch initiatives focused on young children and their families • Bi-directional cross-program participation in advisory or work groups (QRIS representatives to contribute to others; others to contribute to QRIS-focused governance and advisory groups)
Provider and program engagement (scale)	<ul style="list-style-type: none"> • Density of QRIS participation rates among eligible providers, by care setting (center-based or home-care) and program-type (child care, Head Start, pre-kindergarten) • Use of performance targets to increase participation rates • Proliferation of cross-program outreach methods to non-participating providers • Use of shared messages in ECE programs about quality in care and professionalism in the workforce
Financing	<ul style="list-style-type: none"> • Examination of existing programs and uses of funds to reduce inefficiencies in overlapping and potentially disjointed purposes • Use of QRIS participation as a gateway to additional funding sources (such as increased child care subsidy rates or professional development supports) • Leveraging resources across ECE programs to support joint initiatives (such as TEACH scholarships or train-the-trainer events that lead to training on specialized topics for child care providers)
Quality assurance mechanisms	<ul style="list-style-type: none"> • Foundational role of licensing in determining the first QRIS rating level <ul style="list-style-type: none"> ○ consequences to QRIS and other program participation based on licensing status ○ common work between licensing and QRIS to align standards in their definition and to measure their presence (same sources of evidence) ○ formal cross-training of licensing and QRIS staff to establish common language in working with providers ○ defined methods and periodicity in communication between licensing and QRIS staff at the state and local levels • Degree of alignment of quality requirements across care settings and ECE programs <ul style="list-style-type: none"> ○ level of equity in the definition of QRIS standards and their measurement across care settings ○ common work between QRIS and other ECE programs to align standards in their definition and, potentially, measure their presence (same sources of evidence) ○ use of QRIS ratings as eligibility requirements for participation of child care providers in other ECE programs ○ number of partnerships between QRIS and other ECE programs (such as Head Start and child care partners)

Table III.1 (continued)

System Component	Integration Indicators
Early learning standards	<ul style="list-style-type: none"> • Use of common supports and tools for quality improvement <ul style="list-style-type: none"> ○ cohesiveness and equity in planning the use of TA services ○ formality of procedures to ensure TA quality through the development of competencies or an approval process for individuals and/or organizations ○ credentialing of QRIS staff and TA providers who work directly with providers and programs ○ shared practices across ECE programs to assess quality such as use of the ERS ○ shared tools to plan and track progress among participating programs in ECE programs, such as quality improvement plans • Involvement of a range of ECE programs and stakeholders in the development or refinement of early learning standards • Embedding and aligning early learning standards to QRIS and other program standards • Responsiveness of QRIS and other ECE programs to revisions in early learning guidelines in order to maintain alignment, if necessary • Aligning (and conveying) the connection between early learning standards and core competencies for ECE practitioners • Alignment between early learning standards, curricula, and assessments and common use of curricula and assessments in QRIS and other ECE programs • Shared requirements across ECE programs for training on early learning standards, core competencies for ECE practitioners, and use of aligned curricula and child assessments
Professional development and training	<ul style="list-style-type: none"> • Cohesion and integration in assessing PD needs and planning PD delivery with QRIS infrastructure at the state and local level • Shared requirements across ECE programs for a core series of training on early learning standards, core competencies for ECE practitioners, QRIS and other quality standards, and use of common tools for planning PD and conducting quality and child assessments • Provision of financial supports and awards for education and training necessary to achieve increasingly higher levels on a career path or ladder for individuals and QRIS rating levels for facilities • Increase in the number of articulation agreements among institutions of higher education to ease continued progress of individuals in seeking advanced degrees • Defining core competencies for all directors, lead and assistant teachers, PD instructors, and TA providers that apply throughout the ECE system • Defining a shared career lattice that can apply to all ECE practitioners • Credentialing of all directors and lead and assistant teachers across care settings • Use of formal approval process to review training content and instructor/trainer qualifications to deliver sessions that meet in-service training requirements • Shared access to PD and training across ECE programs (QRIS and Head Start, for example) • Use of common tools across ECE programs to track progress toward PD goals and assess PD needs (including a PD registry for individual ECE practitioners) • Alignment of PD tools to QRIS and other program quality standards (such as connecting PD necessary to progress up the rating levels)

Table III.1 (continued)

System Component	Integration Indicators
Information dissemination	<ul style="list-style-type: none"> • Proliferation in and formality to cross-program efforts between QRIS, subsidy program, and resource and referral services to promote use of QRIS ratings by parents in selecting child care <ul style="list-style-type: none"> ○ Cross-training between subsidy, resource and referral services, and QRIS staff to establish common messages for parents ○ Extent of use of verbal, written, and online methods to incorporate QRIS rating levels with information on selecting child care • Shared messages and coordination in efforts across ECE programs and/or within overarching campaigns to promote community awareness of the importance of quality in early care and education programs • Common use of QRIS or other program communication devices to share information about quality in early learning with parents, providers, and key stakeholders
Accountability	<p>System/program level</p> <ul style="list-style-type: none"> • Assessment of child risk factors and program investments to inform the use of resources across ECE programs (such as the PA Reach and Risk report) • Actions taken to promote cross-program accountability such as revising QRIS standards, policies, or processes in response to changes in other programs and services • Ability to track facility-level involvement, contacts, and history across ECE programs • Integrated or linked data systems to support cross-system analysis of program, practitioner, and child level outcomes <p>Contractor level</p> <ul style="list-style-type: none"> • Rates of entry into the QRIS and progress in movement up the rating levels among providers <p>TA provider level</p> <ul style="list-style-type: none"> • Performance targets to help providers achieve TA goals and meet higher QRIS quality standards <p>Child care provider/facility level</p> <ul style="list-style-type: none"> • Strategic use of financial and TA supports to make quality improvements and progress up the QRIS rating levels <p>Practitioner level</p> <ul style="list-style-type: none"> • Participation in PD and education programs to progress up the levels of a career lattice (ideally tracked through a PD registry across ECE programs) • Rates of retention and salary increases associated with TEACH scholarships and increased training and education <p>Child level</p> <ul style="list-style-type: none"> • Ability to track child and family involvement, contacts, and history across ECE programs • Collection and tracking of child outcomes such as child assessments across ECE programs and eventual connection with K-12 system

Source: Analysis of interviews conducted as part of the QRS Assessment project.

Exhibit III.1. Stages of System Change

Stage	Description	Indicator
Awareness	Stakeholder perception of need; unclear of next steps	Vision building and discussion among stakeholders
Exploration	Information gathering from other places that are trying new approaches; attempting change in small ways	Planning and implicit logic model developing
Transition	Commitment by key stakeholders; goal setting and collaboration	Explicit logic model or strategic plan
Emergence of new infrastructure	Some components are operating in line with system goals; general acceptance of operations	Action toward goals
Predominance of new system	Most components are operating in line with system goals; vision for further improvements	Multiple, relevant linkages and reduction of redundancies

Source: Stages and descriptions are adapted from “The Stages of Systemic Change” by Beverly Anderson, accessed from the BUILD Initiative website, February 2010. Indicators developed by project team.

Other efforts to track ECE system change are in place, most notably with the BUILD Initiative, with which Pennsylvania is involved. This initiative supports innovative and evolving approaches to ECE system integration within select states with the ultimate goal of coordinating policies and services across the areas of children’s health, mental health, nutrition, early care and education, family support, and early intervention. The BUILD initiative tracks indicators of progress across the states involved, but at a higher level than those discussed in this report and not with the specific lens of the QRIS perspective. For example, the indicators related to QRIS track those among the seven participating states that have developed a QRIS (seven states), implemented a QRIS (three states), and increased funding and expanded access of a mature QRIS program (three states) [Bruner and Stover-Wright 2009].

Administrators in Indiana and Pennsylvania use specific methods and indicators to assess the development and growth of the QRIS, some of which was discussed in the section on accountability in Chapter II. Pennsylvania has developed methods of tracking ECE system developments because of the integration of a number of programs within OCDEL, which makes use of its sphere of influence over many care and education programs to gather data relevant to many of the eight system components. For example, OCDEL has tracked the development and integration across programs of the state’s early learning standards and will track progress in completing the soon-to-be-revised standards based on the adoption of the Common Core standards in K-12 education. Since 2002, OCDEL has also tracked changes in the following (OCDEL, undated presentation):

- governance reform (starting in 2002)
- teacher certification that affects early learning programs
- the development of specific credentials for program directors and school-age child care professionals

- participation rates among providers in the QRIS as well as the number of children served in each QRIS rating level

The information based on the experiences of Indiana and Pennsylvania in defining what role the QRIS may play in ECE system integration can be useful in program planning, goal setting, monitoring, and evaluation. The explanations of the approaches and the development of indicators can inform QRIS development and ECE integration efforts from the start by providing an informed picture of each of the eight components and where and how QRIS fits in. The indicators in Table III.1 can serve both as goals and as markers of progress by setting a series of benchmarks along the way. And, ultimately, a select few may be the focus of in-depth and robust evaluation over time toward a goal of assessing the efficiency and effectiveness in the delivery of early care and education programs and services that improve child outcomes.

REFERENCES

- Anderson, Beverly. "The Stages of Systemic Change" BUILD Initiative website. Accessed February 6, 2010.
- Bruner, Charles, and Michelle Stover-Wright. "The First Seven Years: The BUILD Initiative and Early Childhood Systems Development, 2002 to 2009." Accessed from the BUILD Initiative web site, February 2010. <http://www.buildinitiative.org/>
- Bureau of Child Care, Indiana Family and Social Services Administration. "Paths to QUALITY Monthly Management Report, April 2011." Accessed June 6, 2011. <http://www.in.gov/fssa/pathstoquality/4087.htm>
- Coffman, Julia. "A Framework for Evaluating Systems Initiatives." Accessed from the BUILD Initiative web site, February 2010. <http://www.buildinitiative.org/>
- Duncan, Arne. "Opening Remarks." Plenary address presented at the Early Childhood 2010: Innovation for the Next Generation meeting, Washington, DC, August 3, 2010.
- Family and Social Services Administration (FSSA), Paths to QUALITY website. "Our Goals." Accessed December 7, 2010. <http://www.in.gov/fssa/pathstoquality/3723.htm>
- Family and Social Services Administration (FSSA). Laws, Rules, and Policies website. Interpretive Guides for licensing rules for different care settings. Accessed June 6, 2011. Full series available from: <http://www.in.gov/fssa/carefinder/2734.htm>
- Hargreaves, Margaret and Russell Cole. "Building Infrastructure Capacity to Support Evidence-Based Home Visiting Programs: Incorporating Systems Thinking into Mixed Methods Intervention Research." Presentation at the meetings of the Society for Prevention Research, Bethesda, MD, June 3, 2011.
- Hargreaves, Margaret. "Evaluating System Change: A Planning Guide." Princeton, NJ: Mathematica Policy Research, April 2010.
- Howes, C., R. Pianta, D. Bryant, B. Hamre, J. Downer, and S. Soliday-Hong. "Ensuring Effective Teaching in Early Childhood Education through Linked Professional Development Systems, Quality Rating Systems and State Competencies: The Role of Research in an Evidence-Driven System." Charlottesville, VA: National Center for Research in Early Childhood Education, 2008.
- Johnson, Kay, and Suzanne Theberge. *Short Take No. 5.: State of the States' ECCS Initiatives*. New York, NY: Project Thrive, National Center for Children in Poverty, 2007. http://www.nccp.org/publications/pdf/text_748.pdf. Accessed December 23, 2009.
- Kagan, Sharon, and Michelle Neuman. "Integrating Early Care and Education." *Educational Leadership*, vol. 60, no. 7, 2003, pp. 58–63.
- Lombardi, Joan. Testimony before the U.S. Senate Subcommittee on Children and Families Committee on Health, Education, Labor and Pensions. Hearing on Quality Early Education and Care, June 9, 2011.

- Michigan Association for Infant Mental Health (MI-AIMH). “MI-AIMH Endorsement (IMH-E®)” Accessed June 6, 2011. <http://www.mi-aimh.org/endorsement>
- Mitchell, Anne W. “Stair Steps to Quality: A Guide for States and Communities Developing Quality Rating Systems for Early Care and Education.” Alexandria, VA: United Way of America, 2005.
- National Child Care Information Center (NCCIC) and the National Association for Regulatory Administrators (NARA). “2008 Child Care Licensing Study.” 2010.
- National Early Childhood Accountability Task Force. “Taking Stock: Assessing and Improving Early Childhood Learning and Program Quality.” Washington, DC: Pew Center on the States, 2007.
- Office of Child Development and Early Learning (OCDEL), Pennsylvania Departments of Education and Public Welfare. “Annual Report 2009-2010.” Harrisburg, PA: Pennsylvania Department of Public Welfare, 2010.
- Office of Child Development and Early Learning (OCDEL), Pennsylvania Departments of Education and Public Welfare. “Demonstrating Quality: Pennsylvania Keystone STAR 2010 Program Report.” Harrisburg, PA: Pennsylvania Department of Public Welfare, 2010.
- Office of Child Development and Early Learning (OCDEL), Pennsylvania Departments of Education and Public Welfare. “Executive Summary of Pennsylvania’s Early Learning Standards Alignment Studies.” Based on the unpublished work of Kagan, S. L., Scott-Little, C., Reid, J., & Greenberg, E. (2008). Pennsylvania’s early learning standards alignment studies: A working memo on short-term vertical alignment data analyses and observations. New York: National Center for Children and Families. Received during site visit, January 12, 2011.
- Office of Child Development and Early Learning (OCDEL), Pennsylvania Departments of Education and Public Welfare. “PA Crosswalk.” September, 2010. Obtained during site visit in January 2011 for the QRS Assessment project.
- Office of Child Development and Early Learning (OCDEL), Pennsylvania Departments of Education and Public Welfare. “Program Reach and Risk Assessment, State Fiscal Year 2009-2010.” February, 2011. Available from: http://www.pakeys.org/pages/get.aspx?page=EarlyLearning_Reach
- Office of Child Development and Early Learning (OCDEL), Pennsylvania Departments of Education and Public Welfare. “System Elements and Cost Outs for PA Office of Child Development and Early Learning. Keystone STARS/Keys to Quality.” Undated presentation.
- Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services. “Indiana Paths to Quality: QRS Profile.” Washington, DC: Child Trends, April 2010.
- Office of Planning, Research, and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services. “Pennsylvania Keystone STARS: QRS Profile.” Washington, DC: Child Trends, April 2010.

- Petersen, Sandra, Lynn Jones, and Karen Alexander McGinley. "Early Learning Guidelines for Infants and Toddlers: Recommendations for States." Washington, DC: ZERO TO THREE, 2008.
- Satkowski, Christina. "The Next Step in Systems-Building: Early Childhood Advisory Councils and Federal Efforts to Promote Policy Alignment in Early Childhood." Washington, DC: New America Foundation, 2009.
- Sibelius, Kathleen. "Opening Remarks." Plenary address presented at the Early Childhood 2010: Innovation for the Next Generation meeting, Washington, DC, August 3, 2010.
- Sridharan, Sanjeev. "Making Evaluations Work: A Commentary on the Case Study." *American Journal of Evaluation*, vol. 29, 2008, pp. 516–519.
- Tout, Kathryn, Martha Zaslow, Tamara Halle, and Nicole Forry. "Issues for the Next Decade of Quality Rating and Improvement Systems." Washington, DC: Child Trends, 2009.
- Tout, Kathryn, Rebecca Starr, Margaret Soli, Shannon Moodie, Gretchen Kirby, and Kimberly Boller. "Compendium of Quality Rating Systems and Evaluations." Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. 2010.
- Walker, Gary, and Anne Kubisch. "Evaluating Complex Systems-Building Initiatives: A Work in Progress." *American Journal of Evaluation*, vol. 29, 2008, pp. 494–499.
- Yin, Robert. *Case Study Research: Design and Methods, Fourth Edition*. Sage Publications: Thousand Oaks, CA, 2009.
- Zellman, Gail L., and Michal Perlman. "Child-Care Quality Rating and Improvement Systems in Five Pioneer States: Implementation Issues and Lessons Learned." Santa Monica, CA: Rand, 2008.

