Session # <u>C-2</u>

Title: <u>Research-Based Quality Measures in Quality Rating Systems</u>
    **Moderator: J. Lee Kreader, Ph.D., Director, *Research Connections*, national
    Center for Children in Poverty, Columbia University
    Barbara Goodson, Ph.D., Principal Scientist, Abt Associates, Inc.
    Toni Porter, M.A., Director, Bank Street College of Education
    Priscilla Little, M.A., Associate Director, Harvard Family Research Project
    Kathryn Tout, Ph.D., Senior Research Scientist, Child Trends, Inc.
    Deb Swenson-Klatt, M.A., Director, Community Partnerships, Department of
    Human Services, Minnesota**

SUMMARY OF PRESENTATION

Kathryn Tout:
Overview of QRS Systems;
 	
Creating A Meaningful Rating In QRS
       Program context indicators
+   Children's environment observations
+   Children's experiences observations
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=   program rating
 	
Key issues
       How much are each indicator weighted
       Cost of collecting and verifying indicators
       Creating information for parents
Issues To Consider:
       Does the rating predict meaningful differences in child outcomes
       Can the rating be assigned fairly
       Does the rating have face validity for parents and staff
 	
Goodson:
Issues of language and social development key in creating programs that positively influence outcomes for children.
 	
Which children – children at risk. If we measure school readiness s child outcomes for children from middle/upper middle class – then programs are likely to look like quality because those children are going to hit that expectation almost regardless of the quality of the programs they attend. Need to focus on children at risk – those are the children that differences in quality will most likely then leverage differences in outcomes.
 	
Porter:
Children are in multiple systems so do not believe that only child care is the lever to improve outcomes.

Majority of family home measures actually based on measures developed for centers. Need to create something specific to this setting – different from home, different from center, yet with aspects of both.

With observational measures must bear in mind difference between observation and inference. How often do measures call for an inference rather than a measure?

Little:
School Age: children have very different developmental needs (multiple developmental places considering care ranges from Kindergarten to grade 12); children are in multiple sites and settings, work force varies more than the ECE work force because of those settings… real need with this age group to coordinate with broader community contexts because children likely to be involved with multiple community settings. Children in settings not typically addressed by QRS or child care systems: sports, recreation, community libraries, etc. How does this factor into outcomes?

Swenson-Klatt:
Summary of the Minnesota pilot (St. Paul, part of Minneapolis, 2 rural counties, and 1 suburban county) created with a deliberate emphasis to look at child outcomes, and therefore looking with intention at issues related to curriculum and instruction.

SUMMARY OF DISCUSSION

Social emotional development is the engine for language development; language is the engine for cognitive development. If we are going to consider child outcomes, these areas cannot be overlooked.

What materials/equipment are we funding/buying/selling to programs with respect to an emphasis on child outcomes and what we know influences those outcomes? Much of what is sold/much of what programs look like does not seem to reflect that emphasis on language and social development.

If we are going to talk about child outcomes, do we know what the trajectory of development is for children – do we have baseline information on what children are like now and can we track changes that QRS systems may bring about? (MA starting to do some child outcome tracking).

How does culture affect not only the measures of quality – does it affect the baseline of quality? Are there aspects of quality that need to be defined differently for immigrant children due to cultural impacts?

Push is to stop measuring inputs, which most of the existing systems measure and observational measures like ERS measure. Push is to begin looking at outcomes – hear this from state, from funders. This changes the system.

KEY POINTS

The first generation of QRS was not focused on child outcomes. Some of those states are now in the process of re-doing their systems and having to change to incorporate the findings, research and approaches that have emerged in the last decade (for example, early learning standards, current research findings and questions, focus on child outcomes rather than access to quality).

What is most consistent seems to be variability -- in what measures are used, in how measures are used, in how measures link up the state's QRS levels. How do we know what actually leads to qualitatively different levels of care to create those steps?

How well do the measures we have match the outcomes we are want for the QRS systems? ERS measures seem to address baseline measures of global quality such as health & safety and child choice. Other measures may be better able to address more refined aspects such as language interactions and exposure to print. At this time, there are no measures to look at high end quality indicators such as the extensive exposure of children to vocabulary or explicit instruction in self-regulation.

Different approaches are going to be necessary to consider quality QRS measures – for infants/toddlers, for non-center based care, for school age/out-of-school-time care. Each has very different needs from the current emphasis that seems to be essentially preschool/center-based programs. How can we recommend/mandate curricula for home based when there is no research on how those curricula work in home-based programs?