Equity, Improvement, and Supporting Parents in Quality Rating and Improvement Systems

Insights from Experts

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Across the country, states are examining their quality rating and improvement systems (QRIS, also known as quality improvement systems, or QIS), which rate and support improvements to child care programs. Some states are considering ways they can support greater equity within their systems, strengthen the focus on improvement, and better support parents. The Georgia Department of Early Care and Learning (DECAL) asked us to gather information on these topics from a small group of experts to inform DECAL's considerations. We asked experts to discuss how QRIS could be improved in each of these areas based on their knowledge of research and state systems.

This brief presents our findings from our conversations with the experts, describing insights about how quality rating and improvement systems can be improved to best accomplish these goals. Despite choosing respondents to provide diverse perspectives on these issues, we found many areas of agreement. For a summary of the key takeaways, see box 1.

The respondents to our interviews agreed that there are critical questions facing the QRIS field. There was widespread agreement that to advance these systems, it is essential to establish realistic goals, prioritize equity, and move toward an improvement-focused system. Many respondents discussed how these changes were complex and will take significant time and resources, though a few asked whether it might be more impactful to simply use the significant funds invested in quality rating and improvement systems to invest directly in improving compensation and quality. Several

respondents noted that a new approach to QRIS would take a radical change in thinking and the design of current systems, such as eliminating ratings as currently used, reorienting funding, changing the role of state staff members and program administrators, and directly investing in the workforce. No one suggested that changes would be easy, but all agreed that it was essential for states to take steps to better meet the needs of children and families and the providers that serve them.

BOX 1

Key Findings and Areas of Agreement

- State systems should clearly articulate the quality improvement system's goals and theory of change and ensure that funding and other resources are adequate and appropriate to meet those goals.

- Equity comes from an intentional approach to funding, the inclusion of families and providers in every step of design and implementation, and an understanding that change takes time; yet because these critical pieces are not in place, many quality rating and improvement systems seem to perpetuate inequities in the system.

- States should move toward systems focused on growth and improvement, including measurement to support these goals, and away from a framework focused on using measurement to support ratings and compliance. States should not hold providers accountable for meeting standards beyond health and safety that they do not have the resources to achieve. Rather than withholding resources from providers who are unequipped to meet higher standards, states should use resources to help providers meet these higher standards.

- States should consider creating simplified standards that outline the desired outcome, such as high-quality teacher-child interactions or environments that support children's developmental needs. These standards should work for all providers, regardless of setting, and acknowledge that implementation may look different based on the specific needs of each provider and the communities they serve.

- Simplifying the system can promote equity if it allows for multiple paths to achieve quality and is adequately funded.

- Standards and implementation strategies should be designed with providers and families to ensure that the perspectives of those who have been historically or are currently marginalized are fully represented.

- Implementation will look different across all programs and providers, as implementation resources and supports are customized to their individual needs based on observation, self-assessment, formal assessment, and other measures and metrics.

- Accountability metrics should measure actions at the state system level and should be based on whether the state system takes appropriate actions so that providers have sufficient resources, supports, and time to support their ability to reach system goals.

Background

In summer 2023, as part of a comprehensive review of their QRIS (box 2), the Georgia Department of Early Care and Learning asked us to gather insights from experts across the country on four important questions:

1. How should a state define the goals of their QRIS or QIS?

2. How can states build an equitable QRIS or QIS?

3. What are the components of an improvement system?

4. How can QRIS support parents?

To explore these questions, we identified national experts and state agency staff members representing diverse perspectives, including states implementing QRIS with an equity lens or otherwise revising QRIS, equity in early childhood systems, technical assistance for QRIS implementation, assessments, national accreditation for centers and family child care, and understanding of needs of children with disabilities and other special needs. (For a list of respondents, see the acknowledgments.) We developed a protocol focusing on the key questions above and then conducted virtual interviews. These individuals shared rich insights from their familiarity with systems around the country, from efforts in their own state, or both.

We are aware that the child care field uses both QRIS and QIS. Our respondents used these terms interchangeably, and we did not differentiate between them in our discussions. But several respondents focused on the improvement aspect of these systems as they articulated needed changes in the system.

BOX 2

Georgia Department of Early Care and Learning's Review of Their Quality Rated System

In 2022, the Georgia Department of Early Care and Learning (DECAL) celebrated the 10-year anniversary of Quality Rated (QR), its quality rating and improvement system. In 2023, DECAL began a comprehensive review of QR and partnered with the Urban Institute to gather data from child care providers and parents of young children about what is working well in the system and what could be improved.[a] As part of this review, DECAL asked Urban to interview QRIS experts across the country about key questions they wanted to learn about. This brief presents the findings from those interviews. The experts are listed in the acknowledgements.

[a] Findings from this review were summarized in Teresa Derrick-Mills, Elly Miles, and Anna Farr, *Key Insights and Recommendations for DECAL's Comprehensive Review of Quality Rated* (Washington, DC: Urban Institute, 2024).

Findings

This brief shares several key insights from our interviews with experts. The key findings are generally organized by the research questions mentioned above.

How to Define the Goals and Key Elements of QRIS

We asked respondents for their perspectives on how a state should define the goals of a quality rating or quality improvement system. In their responses, they highlighted the importance of understanding how design and implementation realities have undercut QRIS goals historically and how they are evolving, issues states should consider as they consider their QRIS goals and design, and some of the goals that seem important to consider.

WHAT GOALS DID RESPONDENTS SUGGEST FOR QRIS?

Respondents identified several related overarching goals that could be adopted for a rating or improvement system. They also highlighted that achieving some of these goals is dependent on QRIS being designed and funded to be transformative of the overall child care market and being part of larger systemic investments.

The goals respondents identified were a blend of overarching goals and goals for specific elements that were necessary to achieve those overarching goals:

- Ensure that all children have access to programs that support their healthy development.

- Create mechanisms and supports, including financial supports, for continuous quality improvement for all programs, regardless of location, size, setting, or community served.

- Accurately measure the quality of early childhood programs, and sort programs by quality to prioritize resources and supports for programs that most need it.

- Provide clear and tangible measures of program improvement.

- Gather only information that is needed for accountability for improvement—what one respondent called "responsible measurement."

- Identify and implement clear standards for practitioners and others in early education to use when working with children and setting up environments so children are in nurturing, healthy, developmentally appropriate care.

- Provide financial resources and other supports directly tied to the stated outcomes to help programs engage in quality improvement; programs should not be held accountable for outcomes beyond basic health and safety that they do not have the resources to achieve.

- Provide information to parents about programs, including measures directly related to quality and growth or improvement. One respondent noted, "QRIS on its own shouldn't be the only communication metric [parents] use to make determinations about the program they choose."

EQUITY, IMPROVEMENT, AND SUPPORTING PARENTS

Themes emerged among expert insights on these issues. Specifically, to implement a successful QIS that supports children's well-being and meaningfully supports the workforce, experts suggested that states should

- create clear quality standards,

- provide all necessary supports to providers,

- focus efforts on demonstrating progress toward improvement, and

- ensure the system supports families' ability to choose the setting that best meets their needs.

UNDERSTANDING THE HISTORY AND RECENT TRENDS IN QRIS GOALS AND DESIGN

In discussing QRIS goals, several respondents described the trajectory of quality rating and improvement systems and how their goals have evolved. We describe many of these issues in greater depth in later sections.

Key ways the realities of QRIS historically undercut system goals. Respondents identified several ways the design and implementation of quality rating and improvement systems have undercut these systems' ability to reach their goals. Although described in the past tense here, respondents noted that many of these are still true. Specifically, they noted the following were often true:

- **Systems were unrealistic.** Nearly all respondents noted that historically, the goals and expectations of most quality rating systems were unrelated to the standards put in place. One interviewee noted, "The field created a definition [of a rating system] that was wildly unrealistic." States expected programs to improve, but the individual standards for which they were accountable were not tied to quality improvement.

- **Systems included standards not aligned with stated outcomes.** Several respondents noted that the standards embedded in various quality rating and improvement systems were not related to the outcomes for programs, individual providers, or children. This led to concerns from policymakers that the system was not working or that programs were not invested in outcomes, making it difficult to advocate for additional funding.

- **Systems were chaotic and often incoherent.** State quality rating and improvement systems often have dozens of standards at each level—related to classroom design, environments, professional certifications and degrees, and business operations—and programs were required to meet all the standards in each tier before they could move to the next, even when missing standards were unrelated to quality or improvement in quality. One reviewer noted that "[s]tates often collapse[d] many goals into one global rating—for example, combining indicators that address the goals of supporting child development, the workforce, and family engagement. This ends up with multiple—not necessarily related—constructs being measured at once." It also results in measures and ratings that do not necessarily show impacts on child outcomes.

- **Systems focused on compliance rather than alignment with children's needs.** Another suggested that the goals of traditional quality rating and improvement systems were

"unfortunately not about what is good for kids; it's about what works with government." Another respondent noted, "We are a culture that is overprescriptive—part of it is funding, part of it is our culture, but we want to control for everything. [We need to] go back to basic principles of child development, to have goals in mind for how children are having the best experiences."

- **Systems were underfunded and inequitable.** All respondents discussed how quality rating and improvement systems were typically underfunded and how that created and supports significant inequities and leads to systems' failure to make transformative change. Respondents also often commented about how rating systems' goals were not aligned with the funding provided, also limiting their ability to succeed.

- **Systems appeared designed to address the lack of access to high-quality programs for families receiving subsidies, though implementation and investments undercut this goal.** Several respondents linked the development of QRIS to issues within the broader subsidy system. One respondent noted there was "not...a lot of investment in early years [of the subsidy system], so quality improvement systems were a way to transcend licensing standards—[that] many felt were not high enough. [States were] aiming for stronger early learning for subsidized children."

Insights on how perspectives on QRIS are changing. Respondents also noted that significant changes are needed in QRIS design and highlighted three important shifts in perspective that have recently emerged:

- **Moving from a focus on ratings that are about compliance with participation to a focus on what providers need to improve quality** (including technical assistance, coaching, mentoring, information sharing, and substantial and stable financial resources).

- **Moving from a top-down approach to a system designed with input from providers and families and representing different settings, cultures, languages, and preferences.** This focus includes a growing emphasis on equity and ensuring the system supports historically underresourced communities and providers to ensure they have access to resources to support quality.

- **Moving from a system with many unrelated standards to one focused on key standards clearly tied to children's experiences in a particular setting.** Respondents noted that the current system's complexities contribute to inequity, as providers and parents may not always have the information or resources they need.

HOW SHOULD A STATE APPROACH RETHINKING QRIS GOALS AND DESIGN?

As states review their existing systems, respondents noted important points they should keep in mind:

- **Change is difficult.** Respondents noted that shifting the design of a QRIS will not be easy and will take time. The mindset adjustments needed at every level—from state staff members to

technical assistance providers to program staff members—will require time to develop and be absorbed. Implementation will require piloting, review, reevaluation, and redesign.

- **Design the QRIS to closely align with what the state wants to accomplish,** including by ensuring that the goals, standards, and assessment tools are aligned with each other. For example, if the system's overall goal is to promote high-quality interactions between adults and the children in their care, the assessment tool should focus on those interactions. Interviewees also noted that assessment tools should provide clear direction for the technical assistance, resources, and other supports providers need to improve their practice.

- **Focus on equity, including when thinking about accountability**. Equity should be centered in all decisions—from developing the QRIS goals to identifying standards to developing supports— and should include thinking about how providers show improvement and what happens if they cannot do so. One respondent noted, "Be clear about the purpose of the system and what it is capable of. What happens when there aren't enough resources? Who gets punished? What does accountability for us as a system look like?"

- **Focus on creating a simplified system in which providers have what they need to create appropriate environments where young children can thrive.** One respondent said, "A goal of QRIS [should be] primarily intended to support the quality of experiences that young children have, to open doors for educators, to have more access to high-quality professional development."

- **Use the implementation process to tailor simplified standards to be relevant, inclusive, and accessible to different types of providers.** One reviewer said states should think about "standards, not standardization." All respondents agreed that as states move toward more simplified standards, they can be the same or similar across various settings, but implementation—including technical assistance, coaching, mentoring, information sharing, and financial resources—defines whether and how the system's goals are met. Also, implementation needs to be tailored to the realities and contexts of the providers and their services. In other words, all programs are implementing a common set of simplified standards that outline the desired outcome (e.g., high-quality teacher-child interactions or environments that support children's developmental needs) but may use different implementation strategies to show growth toward those standards, depending on setting type, population served, and so forth.

- **Recognize the importance of fiscal accountability and data.** Respondents also agreed there is a fiscal accountability component to rating and improvement systems and that states need data to demonstrate that funds are used in a way that is meaningful and effective.

- **Focus on growth toward quality improvement rather than a static rating.** Most respondents suggested that a system's goals should be focused on growth toward quality improvement rather than a static rating, that the interaction between the provider and children is critical, and that standards and measures should be directly related to what children and providers need to be successful and to thrive.

Respondents agreed that accountability and compliance were important but should be a more limited or secondary focus, with primary goals focused on how to help providers make progress toward and measure growth and improvement in program quality rather than toward a rating derived from assessment tools.

One respondent said,

> Assessment should always be a passport, a door opener. I see assessment as a way to provide information about how a program, an educator, a system should be supported. Program-level data and aggregate-level data should be used to make decisions about, generally, what type of professional development should be provided, is the quality experience of children adequate, and [what] should be the starting point of an improvement system. I don't think it should be measurement and then we're done.

- **Use licensing to establish basic health and safety, and use QRIS to focus on relationships and teacher-child interactions.** Several respondents suggested that licensing should be the system that ensures programs meet basic health and safety measures and that quality standards and measures in the QRIS or QIS should focus on relationships and child-provider interactions. Any contradictions between licensing and QRIS must be addressed so providers do not carry the burden of managing divergent expectations. Respondents noted that standards in the QIS should be in addition to basic health and safety requirements that are addressed in licensing.

How Can States Build an Equitable QRIS or QIS?

We asked respondents whether and how QRIS can be equitable, meaning that all children and providers—regardless of race, class, geography, special needs, or program type and setting—have access to the supports they need to be successful. All respondents agreed that equity was an essential issue to address in revising quality rating and improvement systems, as failing to do so fails children and providers. The responses provide important insights to inform state efforts to implement a more equitable system.

FUNDING ISSUES ARE CORE TO EQUITY DISCUSSIONS

Our respondents highlighted that the central role of funding in shaping equity was related to both the core challenges created by the historic underfunding of the child care system and in how QRIS resources are allocated and whether they address the resulting inequities.

Almost every respondent started the discussion on equity by discussing the historic underfunding of the child care system, particularly for providers involved with the subsidy system. Several respondents stressed that an effective and equitable QIS relies on a well-funded child care system, where providers receive stable financing that reflects the costs of providing care, including compensation and benefits for staff members, appropriate facilities, physical and mental health supports, and other comprehensive services.

Respondents described how QRIS funding levels and strategies have not traditionally addressed inequities in the system and instead have contributed to inequitable provider access to resources to

support quality improvements. One reviewer noted that many providers of color have encountered barriers in accessing higher education, which can limit their ability to move into higher tiers in a QRIS. Another respondent highlighted how, historically, some states will pay higher subsidy rates to providers who are at higher levels of quality in a QRIS, but this is only *after* they reach the new quality level. A lack of up-front funding often creates a permanent barrier to improvement for providers in underresourced communities. Other respondents mentioned how this challenge is compounded by policies in some states that limit all subsidy payments to providers who are rated in the state quality rating system or, in some cases, to providers who are rated at higher levels. One state respondent noted, "I think one issue is that states often became aspirational around their definition of quality without being willing to put the cash on the table to get them there. Money is a big equity issue."

Others concurred:

> An inclusive system would not make it a test you need to pass for money but [instead] how are you using [coaching and other resources] in combination with fiscal supports.

> Some of the challenge is in the way that quality rating is implemented, in programs with lesser resources, older buildings, in communities that have not had as much investment—[these] have fared lower in a lot of these rating programs. You get into a self-fulfilling cycle, programs with more resources get higher ratings and are attracting more families, get more resources, and are compensated based on that, and the disparities continue to grow.

In other words, respondents suggested that a more equitable QRIS is well funded and focuses its resources on providing programs the resources they need to achieve quality. Programs need to have the funding to meet the standards they are being held accountable for meeting in order to get there, and that funding needs to be predicated on the true cost of quality so that equity is addressed both in access to resources throughout the quality improvement process and in the outcomes for children and for providers. One respondent noted,

> [A lot of] equity is driven by how much it costs to do the work that you need to do to engage effectively in a quality rated system. I've heard a number of people talking about how the FCCERS [Family Child Care Environment Rating Scale] is challenging for family child care because of the amount of stuff you need to do well. Focusing on interactions is less costly but probably costly on the professional learning side and the other supports you need. It's important to think about what a program has to do to engage—are costs being covered effectively across the board so they can all engage equitably and effectively? [It] doesn't work to pay for quality after [they achieve it]. You need to invest [up front] to get quality; investments have to be at the right point in time.

OTHER QUESTIONS THAT NEED TO BE ADDRESSED TO SUPPORT EQUITY

In discussing equity, respondents also raised several issues beyond equitable funding to guide system design and implementation. They addressed several questions that provide insights on overarching issues, such as who is involved in program design and implementation, what culture and values are represented across the system, how resources are distributed and how distribution breaks down historic inequities, and where accountability ultimately lies.

How is the community included in developing standards and program design, and which community members are included? Interviewees noted that when states invite community members to provide input, they often rely on traditional stakeholders with whom they have a relationship. When designing with equity in mind, focus groups, advisory committees, and other opportunities for ongoing input must include providers and family members who are diverse and representative of the communities served, including those for whom the system is not functioning well. Respondents also noted that community members must be provided adequate and clear information and other supports to participate authentically in the revision process.

How are community members involved in program design and implementation over time? Respondents noted that community involvement is often seen as a checkbox and a "one and done" effort, rather than an ongoing systemic approach to receiving and amplifying provider and family perspectives. Some respondents suggested this ongoing input should be a metric for the state in determining whether the QIS is meeting its equity goals. In one state, leaders designed their own listening approach, including interviews with focus groups in communities. Those teams included individuals who continue to meet with communities to gather perspectives on implementation and what is and is not working as part of an ongoing continuous improvement process designed to be responsive to the needs of those affected by the system.

How are community members supported to participate in continuous quality improvement? Respondents noted that convening families and providers is a first step but that states should demonstrate the value of member participation. They can do this by setting meeting times that support family and provider needs; providing scholarships and stipends for participation; providing translation services, child care, and transportation if needed; and ensuring that meetings are geographically convenient, available in multiple formats (in person, online, or hybrid), and accessible for those who may have a disability.

Who is communicating and connecting with community members? Some respondents also noted that the format of focus groups can contribute significantly to equity issues. They recommend that members of each community or provider associations with established relationships convene and facilitate focus groups and maintain connections to families and providers throughout implementation.

How are different views of quality embedded in the system's design and the resources available to providers? Some respondents noted it is important to consider different perspectives on the definition of quality and to recognize the subjectivity of judgments. One respondent noted,

> Every system does it differently—what they weight, what they include. It could look different, but we need to agree on the underlying construct. If it is children that are joyful and thriving, we need to expand on what we want to see, and the quality is not [just] based on the words adults are producing. It should be unpacking what a classroom looks like. We need to look at the markers, the lens, and what we want to see in the program, if children are benefiting. Is it based on the rigid metrics? Or do we expand on the notion of what it looks like when children are thriving?

Some respondents noted it is important that quality rating and improvement systems be inclusive of diverse audiences (e.g., parents and providers and other community members) and to ensure that those who may not have formal connections to the state systems are included in both in the adoption of

standards and in the resources that are available to programs as they implement quality improvement. Representation might include developing different kinds of training materials, ensuring representation of various approaches in technical assistance and coaching, adopting peer-to-peer mentoring for quality improvement, and other strategies that can support an inclusive approach to the components of quality.

One respondent highlighted the particular importance of considering different approaches when evaluating implementation of streamlined or simplified standards when she said,

> I like the idea of streamlining, but some [standards] we don't have good metrics on, and some don't work for different communities. Interactions [can be challenging—for example,] sometimes Black teachers get dinged because "your tone is off." It sounds good to simplify, but what you choose and how it's measured becomes biased, and then you're stuck with these two [standards] that are biased, and then [providers] say, "Why would I be in the system?" Who gets to decide?

Where is the accountability for quality improvement placed? Some respondents described how accountability for program improvement is usually placed on the program, the individual provider, or even on children. They suggested, however, that instead of accountability solely at the program level, state systems should think about how to place accountability at the level that manages funding resources, as well as coaching and other supports. One respondent noted,

> We're busy holding providers and teachers accountable, but who is saying, "You want all this wonderful stuff, but do you have all of the money for…the resources, the data, the coaches, the ability to monitor and provide feedback?"

Are resources to achieve quality equitably distributed? Do all providers have access to higher education coursework, classroom materials, and technical assistance and coaching, and do they have the financial resources to invest in quality improvement? What metrics are in place to ensure that the distribution of and access to these resources is equitable and not constrained by access barriers attributable to geography, community served, internet availability and stability, provider language or literacy capacity, or financial resources? Respondents also noted that such resources need to reflect the culture, language, and community being served.

What is the mechanism for evaluating quality, and who is the evaluator? In the assessments, how are considerations for variability in settings and communities served addressed? How can reflective supervision be a cornerstone of the improvement process? Several interviewees noted that the experience of being evaluated often creates inequities. Both the measures being used and the evaluator using the measure may not reflect the language, culture, and community represented in a particular program. As one respondent noted when speaking about a nationally normed assessment tool, "The mechanism to measure [the assessment tool] doesn't have that same richness of experience and is much more narrow and is white centered."

CREATING COMMON STANDARDS ACROSS SETTINGS WHILE RECOGNIZING DIVERSE PATHS TO GET THERE IS KEY TO EQUITY

Across the board, respondents recommended that a core component of equity is establishing standards, benchmarks, or assessments that are as similar as possible across all settings—including centers and

family child care homes—and regardless of the age, community, or specific needs of children and families. This standardization can outline the desired outcome, such as high-quality teacher-child interactions or environments that support children's developmental needs. Several respondents noted this does not mean there cannot be specific standards to serve children with different needs, such as children with disabilities, children experiencing trauma, or children from homes speaking a language other than English. They note that implementation will vary based on the context of different communities and settings and that ensuring customization for a particular provider's needs will help create a more equitable approach to QRIS design. One respondent noted,

> I know one thing we're exploring is different definitions of quality, trying to be less prescriptive; we're about trying to support providers to be responsive to families and their community…things that do look different, and creating a system that allows that flexibility is going to be challenging. It is easy to say everyone must do these things because it is easy to measure. Our department believes in [an] inclusive definition of quality, but all these other systems and structures have been based on the old system of ratings, and everyone must "look like this." It's interesting to see how to get these changes and how it will impact other parts of the system.

Or, as another said,

> We've said we're going to judge people on the same criteria.…We should take into account the contexts of different programs. In a metro area, you say, "We want teachers to have a degree, they get their certification and professional development, we want that for every person." We take stock of there is more transportation, that's less of a barrier, they have more access to meet those standards. In rural areas, professional development doesn't come [their] way; getting an educated workforce may take more ingenuity. We have these markers, but we haven't taken account [of] different communities and what supports are needed so they're in a fair spot with metro area folks.

In addition to these issues, we asked interviewees how the simplified system would work for different providers serving specific populations (e.g., children with disabilities or experiencing housing instability) or for licensed and legally operating unlicensed providers, and they had varying answers. Several thought a simplified system that focused on common standards that outline the desired outcome, and that was well funded, could work for various providers, including legally unlicensed providers, especially if it came with supports that were strengths based and recognized the value these providers bring to the families they serve and to their communities.

ACHIEVING MORE EQUITABLE SYSTEMS TAKES TIME

One respondent noted that addressing equity requires time—time for families and providers to learn about the current system and proposed changes, time to get input on a continuous basis, time for providers to learn and implement new expectations, time for technical assistance and other systems to reorient their resources to providers' direct needs, time for state staff members to change roles and responsibilities, and time for continuous improvement. The respondent said,

> Allow yourself the time. Time is the thing that kills us. The thing that is racist is trying to rush it, because the voices, the pilots, the translation, community outreach, takes time. The process—be open with the process. We're not trying to be perfect. The issue with equity is that there's always

going to be someone we forgot or have created other inequities; it's not going to be perfect, but we're going to make as fair and just system today but monitor who is lost, ignored, and be open to adjusting it. A little bit of space, how you do it, who is going hold you accountable. Have that built in early.

Moving to an Improvement System

As respondents weighed their thoughts about implementing a system focused on improvement, they urged states to think about simplicity and clear standards directly related to the system's improvement goals. They rejected the current format of most quality rating and improvement systems, in which a static rating is given to providers with little or no relevance for providers' own growth and development or for that of the children in their care. And respondents overwhelmingly voiced support for a radically different system clearly focused on improvement and growth rather than ratings based on criteria less related to quality improvement goals. Critically, respondents noted that funding for improvement must be available to all providers interested in participating through clear and simple mechanisms and regardless of their initial level of quality.

WHAT ARE THE COMPONENTS OF A SYSTEM FOCUSED ON IMPROVEMENT?

In promoting this approach to standards, respondents had several perspectives on how a state can begin to define what matters in an improvement system and how to define quality:

- **Work with providers to identify process standards that work for all providers, regardless of setting.** The first step in redefining standards for a QRIS is to recognize that state leaders must trust providers and share ownership over the definitions of quality. A shift to a shared power model, where standards are based in the professionalism of the workforce and an understanding of children's needs, can reorient the system toward individual providers' needs. For example, the system can be designed to reflect the investments and requirements already in place for different providers, such as those with national accreditation or providing Head Start and Early Head Start services.

- **Adopt standards that are simplified and developed from the providers' strengths, rather than deficits.** Interviewees recommended that standards be simple, be strengths based, and acknowledge that health and safety concerns are addressed in licensing. Several respondents referenced national accreditation standards as the model for this approach.

- **Identify an assessment or measurement tool to demonstrate growth and improvement on specific goals, and help determine where supports are needed,** such as teacher-child interactions or environment. Assessments and measurement tools should provide data on providers' strengths that can be conveyed to families and information on areas for growth and improvement. Respondents were clear that there is no single "right" tool but that tools should be closely tied to the system's goals and that they should use both formal assessments and informal self-assessments and observations. The tools can help show where programs have improved on these measures and how to direct financial resources, technical assistance, coaching, and other supports toward these improvement goals.

One benefit of this approach is that it shifts the framing and stress for providers. One respondent noted,

> When you focus on improvement, you can still have accountability, you can still have a rating. [But with the current static rating approach,] we've created this level of anxiety, if 1–2 teachers [determine] the score for the program, and [the score] determines whether you get subsidy and your rating, that [creates] pressure; we don't fully appreciate that pressure. If we minimally shift the language to "we know that you do great work…" if we come from that idea, and we make sure you have the support resources to get trained on new evidence, most people want to get better. We need to say, "You thought you did this, but actually you did this" [rather than penalizing them]. If we could shift the language to "We're really here to help you improve your practice and give you some markers for areas you could improve." That would give it a different flavor, and I think that providers want to improve, but [they] don't want to be assaulted when they're doing the best they can under the conditions. It will help providers and then help families. Providers can just be. They can take in the information, the coaching, they're less psychologically stressed, and then they don't transfer that to children. If the children are happy, the parents are going to be happy.

- **Include a focus on continuous measurement of program improvement, and ensure providers receive feedback continuously.** Respondents noted that as states move away from ratings, providers will still need mechanisms to know whether and how they are making progress toward meeting the new standards. This requires states to invest in assessments and other processes that will provide actionable information to providers.

- **Create state system-level metrics to demonstrate accountability.** Respondents recommended that states move to systems in which the burden for showing accountability is also on the state or on intermediaries such as technical assistance providers. Success of the improvement system is not demonstrated by how many providers met a rating level or by how many children improved on an assessment but by identifying metrics that capture the process and resources states are using to support improvement. One respondent noted that the QRIS can be said to demonstrate improvement if there are more programs in underserved communities, if technical assistance providers have a clear process for customizing supports for providers rather than meeting externally defined performance benchmarks, if families have greater access to programs that meet high quality standards near their homes or workplaces, and if more programs have finances to support quality. What matters is the *process* that the state has established to help providers improve, rather than a single benchmark or tier.

One respondent noted that using program-level and aggregate-level data can support this broader vision of accountability and support the system to make better decisions about resources:

> It should be measurement as an opening to how are we going to improve systems-level funding, what are we investing in based on what the data is telling us about the kind of supports that an educator or program needs, and how can we celebrate how they're doing, what are the assets, and how do we build on them to ensure that children and the families served by these programs are improving over time.

Some respondents were clear that a system focused on improvement was not a system without accountability. If the system provides the needed supports (e.g., adequate funding, coaches, technical assistance, and time), and the provider does not show improvement, the state has an obligation to limit their access to public funds.

IMPLEMENTATION CONSIDERATIONS FOR IMPROVEMENT-FOCUSED SYSTEMS

Interviewees noted several issues to pay attention to in implementing a system focused on improvement. These included the following:

- **There is no one-size-fits-all approach to growth and improvement.** The specific programmatic actions needed to reach these standards will look different by setting and type of care, which will require different approaches to funding, require new training for intermediary organizations such as resource and referral agencies and other technical assistance providers, and take significant time and resources.

- **Assessment provides data to help identify needed supports.** Different resources are needed to promote a system of improvement, and all programs will need some supports. Data can help differentiate the supports that are most useful to each program and provider at different points in time, but the focus should be on the workforce and what each individual program and staff member needs to improve and show growth.

- **Technical assistance must include and reflect providers' lived experiences.** The design of supports, and the staff members in intermediary organizations (e.g., coaches and mentors), should include and reflect providers from all communities and all provider types and settings. Respondents noted that technical assistance, coaching, and materials in existing systems are often conducted by people who do not represent or reflect the diversity of experiences of people in classrooms or directing programs. They suggested that as a result, the interests and values of diverse provider settings and different racial, ethnic, and cultural groups are not represented. Although definitions of quality are becoming more inclusive, the original perspectives are often engrained in definitions and measurements of quality used in state quality improvement systems.

- **Supports should reflect the setting.** Respondents noted that technical assistance providers often have experience based on working in or with child care centers, and they do not understand the key differences and strengths of home-based child care. Respondents also noted that the materials and resources available to technical assistance providers generally reflect definitions of quality that are based on center-based programs.

- **Continuous improvement of every system component is critical.** One state administrator noted, "It isn't a destination and now you are done but is a journey that is ongoing." Every part of the new system should be evaluated routinely, with information on effectiveness and value provided by families and providers included with other data.

- **Coaching and technical assistance support should be driven by providers and be strengths based.** As part of a self-reflection and formal assessment process, providers should identify

whether they need support and, if so, in which areas they want or need improvement. All supports should be strengths based, with coaches and other individuals trained on building relationships and assessing the strengths of providers and program educators, focusing on understanding language, culture, setting, and the community served. One respondent described the evolution of the implementation process:

> We [will] have programs who say, "Give us the money and we'll meet the standard"; others [will ask] for help. Figuring out the right level of autonomy so that those who want the technical assistance experience can get it, and we don't waste money. Some may say, "Give me the money, hold me accountable, leave me alone"; others may say [they] want help, want supports.

- **Current technical assistance providers may not fit in a system based on improvement and equity.** To create a system that reflects different approaches and cultures, reflects a mindset shift, and requires the use of resources in new ways, the state may need to identify new providers of technical assistance or provide significant retraining to existing providers to focus on strengths rather than deficits, focus on improvement and support, and ensure that supports reflect each provider's language, culture, preferences, and needs.

- **Focusing on improvement can require building capacity for meaningful improvement at the local level.** This includes recruiting and training coaches and others who understand the improvement process and represent the cultures, language, and community being served. They should also have an approach to coaching and mentoring based on the needs of the program and provider, rather than meeting a specific metric.

- **Assessments should not be linked to financial resources and create high stakes for providers.** All respondents noted that assessments should be used to drive supports to providers directly linked to improvement plans and should not be used to remove or limit core resources from programs. One respondent cautioned that assessments can help determine when programs are not making progress and that states would need to make difficult decisions about whether those providers could continue to be eligible for public funds:

> [I]f you were in the lowest level of quality consistently, and we gave supports and you didn't improve, we could take [you out of the system]. We did that very rarely….[We were] very generous with the time and supports. It was hard to fail at that level.

- **A process focused on growth and improvement can require a different mindset and a more customized approach for each program**. One respondent noted,

> When you can get to an environment/program where ongoing professional learning is valued, supported, and is deeply meaningful and reinforcing for everyone in the program, the state can develop support systems to help programs understand how to do that; that's the value of having meaningful data.

Centering Parent Voices and Perspectives

Respondents raised several points when we asked them about how best to support parents, which are described below. (In this section, we use "parents" to represent parents, grandparents, foster parents, and other relatives and caregivers with primary responsibility for a child.)

RATINGS RARELY, IF EVER, INFLUENCE PARENTAL CHOICE

Several respondents noted that the original intent of QRIS was to inform parents about the quality of a program or to compare quality across several programs, but all agreed that ratings rarely, if ever, influence parent choice. They identified several issues that limit the use and value of ratings for parent choice:

- **The underfunded system limits whether providers are available** because in many communities, families have few providers that meet their needs, making real "choice" impossible.

- **The standards in rated programs may not align with families' needs**, including the language in which the program is offered, cultural concerns, where a program is located, and hours of operation.

- **Families may have different definitions of quality** than those embodied in the standards and may prefer programs that do not align with the definitions of quality that have been historically defined by research that was not reflective of different cultures, racial or ethnic groups, or non-center-based child care settings.

- **Families may have imperfect access to information** about program quality, about the development and design of standards and ratings, and how they could affect children's health and development.

    One respondent noted,

    > I think that it was a false promise of people who did original QRIS that people would buy the service on the basis of rating. People purchase the service based on cost and convenience. We haven't bothered to meaningfully deal with other issues. Of course parents aren't shopping on the ratings; why would they? They're lucky to find something. Purchasing parameters are bounded by cost and convenience and if people are open and they can get their child in. We have to get out of this frame that [QRIS] is about educating or influencing.

    Others commented as follows:

    > Some parents use the rating, but many parents base [choosing care] on friends' recommendations; this includes highly educated [parents]. They care about the way the program functions. Families are considering what kind of program works for their family and location, affordability. Parents make decisions on location, money, what their kid needs. If they have lots of options, they can pick, they can look at the ratings. If you don't have options, the rating is like, "Who cares, my options are limited, and I go with the one my friend and families trust." The ratings work when you have a lot of options. When you don't have options, you take what you get, you try to get the best, but it depends.

> You can give programs profiles in terms of strengths, and then you can give that information to providers and let providers market themselves….The number [rating] isn't meaningful for families and doesn't reflect how programs operate either. Quality shifts and changes within programs, and it depends on how and where a program is focusing, how it defines itself, and what its goals are.

WHAT QUALITY RATING AND IMPROVEMENT SYSTEMS NEED TO DO TO INFORM PARENTAL CHOICE

For QRIS to support families, they would first have to have real choice in their communities. Beyond that, some respondents noted that families need better information about the quality standards, the impact on children, training, and other supports. See box 3 for examples of how states may provide this information. If the goals of the QIS include helping families make informed choices for their children's care, states will need to

- understand how parents from various perspectives define quality and how different cultures, belief systems, and language may affect how families perceive a particular provider's quality;

- provide information to families in a meaningful way that starts with their perspectives and preferences;

- eliminate jargon and provide information in language that is easy to understand;

- have a rich array of programs that are accessible and affordable to provide real and meaningful choice to families; and

- track whether and how this information affects family decisionmaking.

IT IS IMPORTANT TO UNDERSTAND HOW PARENTS PERCEIVE QUALITY

Several respondents described the importance of understanding what parents want and how they perceive quality. One respondent recommended that states hold focus groups, key informant interviews, and listening sessions, being mindful to find parents who are enrolled at each level of QRIS and those in programs that may not be part of QRIS, to understand how parents see quality. Another respondent commented,

> Parents…want to see their kids be happy. By and large, we don't have the rigor from parents; they perceive quality as their child is happy, they aren't using assessment tools at home, is the teacher paying attention, are certain things happening at the different ages.

And a state respondent noted that they had seen the importance of helping families see how programs are progressing and improving:

> [We have] spotlighted out to families what the programs did, what training and practices have they implemented, and how we can [highlight] those to families. We are listening to what are families looking for. Right now [we hear,] "It's not the best fit for my child," [even if] it's what's rated highest, but that might not match the family and their perspectives on child rearing. We just heard, the families are saying, "I know they've done a portfolio and that's great, but what are they doing now, what training are they doing?" Having that tie in, having families see what programs are investing in and what's important to them.

Report Cards and Program Profiles

As an intermediate step to try to improve the information available to families in a traditional rating system, respondents also noted a burgeoning trend to create profiles or report cards for providers that include both a formal assessment (e.g., a Classroom Assessment Scoring System or Early Childhood Environmental Rating System score) and information about the credentials or degrees held by providers in that program and additional information or specialized services the provider chooses. This approach both individualizes the information available to families and lets families identify the qualities they value.

Several respondents noted that profiles could be an interesting component of a system based on improvement, in which the areas of growth could be highlighted in a report, providing information on the specific trainings, resources, and other supports the program receives. But they also noted that profiles are a static reporting of the program's quality, and characteristics and may not represent the program's current strengths, areas of improvement, or ongoing concerns.

Additional Considerations for Planning and Implementing System Changes

Respondents noted that the kind of changes to quality improvement systems proposed will not be easy or quick and suggested that states be thoughtful and careful in thinking through how to plan and implement the changes described here. Several additional considerations were noted throughout the interviews:

- **Be intentional about managing change.** There should be clear, consistent, and ongoing communication with staff members, providers, parents, intermediary organizations, legislators, and other stakeholders. It may also mean that a new system will be piloted and reach only a small number of providers initially and will need to grow over time.

- **Allow ample time to transform the system.** Respondents noted that any change to a large system takes time. Each stage requires significant time, including design, development, implementation, evaluation, and revision.

- **Focus on addressing funding inequities early in the process.** Providers are aware that they lack resources they may need to meet new standards. Respondents noted that frontloading improved access to resources to providers most in need is a critical step toward successful implementation.

- **Prepare staff members for change.** As the system changes its focus and approach to improvement, the role of state staff members and of intermediaries may need to change. Change management includes ensuring that staff members' voices are heard in the design phase and that they have complete and up-to-date information about how they will be affected in a new system.

Conclusion

Our respondents were clear that despite the complexity of the process, it is important for states to reform their quality improvement systems. Despite the variation in perspectives they brought to the conversations, there was widespread agreement that states need to revisit their systems, assess their goals to ensure they are realistic, examine ways their approaches are inequitable, and move away from compliance rating–focused systems to systems that help providers improve the care they give children and families. In taking on these issues, states need to be sure to work with providers, parents, and others in the community to make sure the system they design works for everyone.

They agreed that although taking these steps is complex and challenging, it is important to recognize and address the challenges endemic to many quality rating systems, given the significant resources being invested. Given the scarce public resources available to support child care, it is essential that quality improvement resources be carefully designed to ensure that all children have access to well-funded programs that provide the nurturing, healthy, and developmentally appropriate care they deserve.

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Acknowledgments

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