

An Inquiry into Pennsylvania's Early Childhood Quality Rating and Improvement System

Introduction

High-quality care in the earliest years of life has been shown to relate to positive developmental outcomes for children, including improved early academic skills, social-emotional competencies, and cognitive functioning.¹ Unfortunately, the early care experiences of many children are not always high quality; rather, research suggests that high-quality care is the exception.² The growing evidence relating quality care to improved learning outcomes, the variability in quality across care settings, and the failure of existing approaches to improve child care have led to a national call to enhance the quality of early care and education programs.³ In response to this call, states have created *Quality Rating and Improvement Systems (QRISs)*.

The ultimate goal of a state QRIS is to assist service providers in the delivery of quality early care and education in order to improve children's developmental outcomes.⁴ Fundamentally, all QRISs include: an emphasis on improved child outcomes; quality components, which

1 Burchinal, Kainz, Cai, Tout, Zaslow, Martinez-Beck, & Rathgeb, 2009; National Institute of Child Health and Human Development Early Child Care Research Network, 2000, 2005; Vandell, 2004.

2 Fiene, Greenberg, Bergsten, Fegley, Carl, & Gibbons, 2002; Karoly, Ghosh-Dastidar, Zellman, Perlman, & Fernyhough, 2008.

3 Karoly, Zellman, & Perlman, 2013

4 Zellman, Perlman, Le, & Setodji, 2008

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are sets of related performance standards for early care and education expected to influence child outcomes; and, a system reflecting a tiered approach to measuring provider quality and guiding improvements.

Pennsylvania's QRIS, Keystone STARS, was designed to be a systematic route that would allow licensed child care settings to make incremental steps to quality. There was a belief that providers would need support to improve quality and that creating steps to quality would be helpful. Keystone STARS was originally intended to increase access to high-quality child care for all children, create a hopeful roadmap for child care quality improvement that was not overwhelming to providers, and create a system of state supports aligned to provider needs that would enable quality improvements. Other important goals included establishing an early childhood education workforce that did not exist at the time and bringing political and social legitimacy to public investments in early childhood education.

Findings

Child outcomes. This inquiry examined the relations between Keystone STARS and children's overall developmental competencies. An implicit assumption about a leveled quality rating system is that movement up in levels should demonstrate improvement in child outcomes. This inquiry found some evidence of differences in child outcomes for 4-year-olds by STAR levels but could not distinguish between STAR 1 and 2 centers or between STAR 3 and 4 centers. Specifically, children in STAR 3- and 4-rated centers were observed to have significantly higher outcomes than children in lower-rated centers based on the Work Sampling System (WSS), the most widely used assessment of child outcomes in Pennsylvania.

4-year-old children in STAR3-and 4-rated centers performed significantly higher on the WSS total score than those in STAR 1 and STAR 2 centers.

No difference in WSS total scores was found between STAR 1 and 2 centers.

No difference in WSS total scores was found between STAR 3 and STAR 4 centers.

Quality components. This inquiry investigated the extent of evidence from theory, empirical research, and practitioner expertise linking each of the Keystone STARS quality components to child outcomes. It is important to consider multiple sources of evidence. The quality component investigation provided scholarly and practitioner-based evidence to differentiated quality components with stronger and weaker associations with child outcomes. Only seven of the twelve quality components had at least one source of evidence supporting its inclusion in Keystone STARS. Figure 1 summarizes the amount of evidence supporting each quality component's direct relationship to child outcomes. Components which currently have the most evidence are situated in the inner circle, while those with less appear in the outer circles.

System's approach to rating quality and guiding improvements. This inquiry examined overall features of the system that could be improved to enhance the effectiveness and efficiency of the system. In summary, developers, system-level implementers, and providers all expressed a similar notion that there are requirements in the system that detract attention and resources away from the goal of preparing children for school. Second, there was an identified lack of engagement and buy-in from many providers. Finally, some providers experienced the expectations between STAR levels as inconsistent and difficult to attain. The three system themes discovered in this inquiry are as follows:

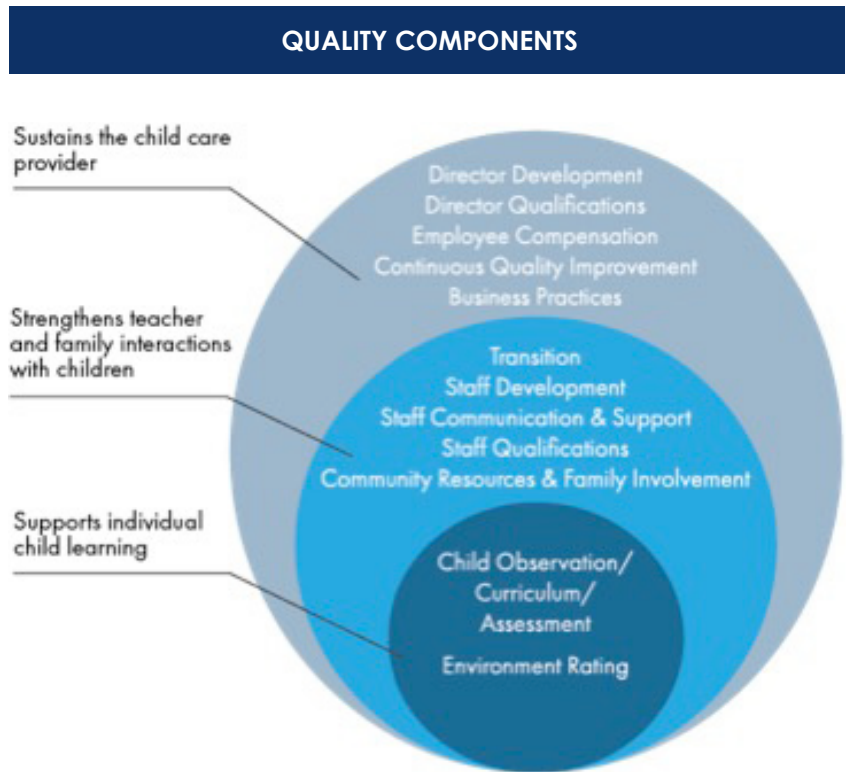


Figure 1: Quality Components

System-level program administrators and child care providers both expressed a belief that Keystone STARS currently has too many requirements and not all are directly related to improved child outcomes.

Motivating and incentivizing providers to remain engaged in a quality improvement process has been a challenge for STARS program administrators. Providers, for their part, view the system largely as one of compliance.

Although Keystone STARS was intended to be a roadmap to quality for providers, some providers experience the transition between levels as disjointed and feel stuck at their level of quality.



Implications

The evidence-based approach to linking child outcomes to quality components is new and necessitates additional research. The empirical QRIS research base consists of a limited number of studies examining the relationships between quality components and child outcomes. This research was characterized by predominantly non-significant findings and lacked consistency sub-studies when findings are significant. In addition, high quality and measurable indicators of child outcomes and quality components were lacking in many systems. As a whole, this makes drawing broad conclusions about the importance of specific components for positive child outcomes difficult. More measurement and research on the components hypothesized to have the most direct and substantial influence on child outcomes within the QRIS setting are needed, and QRISs must evolve as new information is generated.

Findings from the child outcome study supports the position that higher ratings represent a meaningful transition into higher quality. Keystone STARS quality ratings were observed to be significantly and positively associated with child outcomes. Improvements were not evident in the transition across all levels. The findings provide support for making system revisions to more clearly distinguish levels from one another.

The notion that there is an opportunity to refocus Keystone STARS is one that has been gaining traction nationwide as QRIS seek to identify the few and the powerful standards, while rethinking or eliminating everything else. Likewise, QRIS research has called for focusing on indicators with demonstrable links to children's learning that will define quality in ways that matter most for improving child outcomes.

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