Maine’s Quality Rating and Improvement System
Executive Summary of Evaluation Results (2008-2011)
March, 2012
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Maine’s Quality for ME – Child Care Quality Rating and Improvement System

Evaluation Report Main Findings

Enrollment into Quality for ME has resulted in over one-half of all eligible programs in the state now participating in the Quality Rating and Improvement System (QRIS), a total of 1,049 programs. Fewer family child care homes have enrolled than expected in comparison to center-based programs. In addition, significantly fewer family child care home programs are advancing Step Levels compared to center-based programs.

A key finding is that, for children enrolled in Head Starts or other center-based care, children who are receiving Child Care Development Fund (CCDF) government subsidy are enrolled in higher Step level programs or higher quality programs. For children enrolled in family child care homes, children receiving CCDF subsidy are mostly enrolled in lower Step level programs.

Results of the onsite program observations indicate a difference in global quality program scores by Step Level. By this we mean that higher Step Level programs score at higher levels of global quality compared to lower Step Level programs. Family child care home programs have the most significant differences in quality from low to higher Step programs. At the higher Step Levels for center-based programs, the current trend is that there do not appear to be significant differences between Head Start type and non-Head Start type programs.

“...for children enrolled in Head Starts or other center-based care, children who are receiving Child Care Development Fund (CCDF) government subsidy are enrolled in higher Step level programs or higher quality programs.”

Quality Matters

Children who attend higher quality early care and education are more likely to start school with better cognitive, academic, and social skills, according to extensive child care research literature (Lamb, 1998; NICHD [National Institute of Child Health and Human Development] Early Child Care Research Network, 2006; Peisner-Feinberg et al, 2001; Vandell, 2004). A recent meta-analysis and secondary analysis from Burchinal, Kainz & Cai (2011) also indicated that higher quality early care and education is associated with higher language, academic, and social skills and fewer behavior problems. However, the associations that these researchers found were quite modest. They report that the associations may be influenced by how quality is measured and not by concerns with the measurement of child outcomes in these studies. So for over a decade, the research community has
sent a strong message that early care and education quality does matter in terms of how children develop and learn.

**Description of Quality for ME (QRIS)**

Maine’s Quality Rating and Improvement System (QRIS), *Quality for ME*, is a four step program for licensed providers. The program increases awareness of early care and education standards, supports providers whose care is above those standards, and educates about the importance of high quality care.

**The Steps**

Step One programs are in compliance with licensing, have been in operation for over a year, and staff are members of the state registry. Step Four programs meet standards aligned with national accreditation plus specific training requirements unique to Maine’s Early Childhood Learning Guidelines and/or Infant Toddler Learning Guidelines. Steps Two and Three are intermediary steps that reflect the ongoing improvements required to reach Step Four.

**Step One**
- In compliance with licensing
- In operation for over a year
- Staff are members of state registry

**Steps Two and Three**
Intermediary steps reflecting ongoing improvements

**Step Four**
- Meet standards aligned with national accreditation
  PLUS
- Meet specific training requirements unique to Maine’s Early Childhood Learning Guidelines and/or Infant Toddler Learning Guidelines

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*Quality for ME is used to rate the level of quality of licensed early care and education programs in the State of Maine*

**Background**

Planning for a quality rating and improvement system (QRIS) began in 2004. Designed with involvement of child care providers and parents, the standards were piloted in 2007. *Quality for ME* was implemented in early 2008, and now approximately 1,046 licensed child care programs of all types have enrolled into the QRIS; this represents over 50% of all eligible licensed programs across the state. Programs receiving CCDF funding including subsidy are required to enroll into the QRIS while all other programs enroll voluntarily.

Programs enroll into the QRIS through an online application process. The process uses linked data sets from state licensing and the *Maine Roads to Quality* registry records on teacher qualifications and training. Programs that enroll into the QRIS are required to have all their staff join the state registry. The program is provided with an initial Step Level rating based on self report. The self-reported rating is then confirmed by the state Early Childhood Division. Programs can apply for a new Step Level at any time, and their Step Level rating is good for three years. One consistent pattern of enrollment into the QRIS is that family child care homes are enrolling at a significantly lower Step Level than center-based programs. Increased tiered financial incentives are in place for programs to move up the Step Levels. These include increased compensation per child for programs serving children supported by CCDF government subsidy. In addition, Maine doubles a family’s child care tax credit for parents whose children are served in Step Four programs.
Notes on the Evaluation

The QRIS evaluation monitors program enrollment into the system and explores differences in Step Level by program type. The evaluation was implemented in 2008 after a one year pilot period. Evaluation results are shared with DHHS program staff on a regular basis. The information generated from evaluation activities is used for program improvement and program management. As this evaluation is focused at the child care program level, there is no measurement of child outcomes.

The process uses **linked data sets** from state licensing and the Maine Roads to Quality registry records on teacher qualifications and training.

Notes on Research Methods

The QRIS evaluation observes aspects of program quality at one point in time and then compares the results of those observations between types of programs and program Step Level. The evaluation is designed to answer the following questions:

- What are the characteristics of programs enrolled in the QRIS?
- What is the quality of the program learning environment as measured by the Environmental Rating Scales (ERS) (Harms et al, 2006)?
- What are the differences in program characteristics at each Step Level?
- What are the differences in program quality comparing similar program types between Step Levels?
- What are parent perceptions of program services and quality?
- What are the characteristics and perspectives on learning of center-based program teachers / staff and family child care home providers?

The evaluation is not designed to evaluate a single program for the purpose of program improvement or as a single program evaluation. No child level data is collected in this study. Stakeholders are interested in whether or not differences exist between the same types of programs at different Step Levels.

The random selection of child care programs was done by program type and Step Level on a continual basis since 2008. A condition of provider enrollment into QRIS was agreement to participate in the evaluation if randomly selected. The goal was to achieve a sample size of 320 programs, divided evenly between family childcare (FCC) programs and center-based child care (CBC) programs and by QRIS Step Level. The target sample was 40 programs per Step Level for each program type (CBC or FCC), for a total of 320 programs. Included in CBCs are infant/toddler classrooms, Head Start classrooms, preschool classrooms, and school-age after care programs. Family child care programs are inclusive of all ages of children.

**Maine’s Unique Design**

**Our question:**

- Can linked administrative data be used to measure different levels of quality?
  - Existing infrastructure & data linkages
  - Reduced Cost and Increased Efficiency
  - Increased data quality

Sampling was done on an ongoing basis and was affected by program withdrawals from Quality for ME and by the insufficient number of programs enrolled at Step Four for family childcare homes. The final sample size for the study was 307 individual observations at 255 childcare programs. The 307 observations included 113 family child care homes and 194 center-based classrooms. For each site randomly selected for the study, data was collected by on site observation of settings and from both staff members and parents. A total of 1,478 parent surveys were used in the analysis with
a 25% response rate. A total of 424 staff surveys were used in the analysis with a 49% response rate.

Findings

Enrollment

Monitoring QRIS enrollment since 2008 indicates that a disproportionately small number of family child care programs are enrolled at Step Four, the highest quality step. A disproportionately large number of Head Start programs are enrolled at Step Four. In addition, disproportionately more centers than family child care homes participate in QRIS. There do not appear to be significant differences in enrollment geographically, with the exception of Washington County where enrollment was higher than all other counties. Since 2008, approximately 50% of all eligible child care programs have enrolled into QRIS; 67% of eligible centers and 43% of all eligible family child care homes have enrolled. The figure below illustrates enrollment as of March 2012.

Fig. 1-QRIS Enrollment (# Programs as of 3.2012)

<table>
<thead>
<tr>
<th>Center Based</th>
<th>Enrolled</th>
<th>Not Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>471</td>
<td>231</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Home</th>
<th>Enrolled</th>
<th>Not Enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>578</td>
<td>758</td>
</tr>
</tbody>
</table>

The following figure illustrates the number of children enrolled based on actual CCDF authorizations and licensed capacity per program. The distribution of enrollment is primarily at Steps One and Four, particularly for children authorized to receive CCDF subsidies.

Fig. 2-CCDF Enrollments

Program Step Level Movement in the QRIS

Tracking barriers to Step Level movement indicates that for center-based programs to move from a Step Three to a Step Four, 59% lack national accreditation or Head Start compliance. For family child care homes to move from Step Three to Step Four, 45% have not completed Early Learning Guidelines (ELG) training.

Fig. 3- Most Commonly Cited Barriers (2011):

<table>
<thead>
<tr>
<th>Step Movement</th>
<th>Quality for ME Standard</th>
<th>Programs for whom this standard is a barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Move from 3 to 4</td>
<td>Achieving national accreditation or Head Start Compliance</td>
<td>59%</td>
</tr>
<tr>
<td>To Move from 2 to 3</td>
<td>Parent Advisory Group</td>
<td>19%</td>
</tr>
<tr>
<td>To Move from 1 to 2</td>
<td>One Lead Teacher or staff member has completed training on implementing the ELGs</td>
<td>25%</td>
</tr>
</tbody>
</table>
Overall, approximately 80% of all the programs enrolled in QRIS did not advance a Step Level during a three year period of study, 2008 – 2011. Current enrollment data show the large number of programs at lower Step Levels and little movement from these lower Step Levels over time.

Regardless of setting type, Maine programs struggle with two common challenges: (1) achieving national accreditation; and (2), implementing an authentic child level assessment system that includes regular observation and documentation. These findings are consistent with research literature defining the quality of child care nationally – research that suggests most care is on average mediocre (Pianta, 2006). Pianta found that, “…despite variation from study to study, the quality of early education and care settings is, on average, mediocre regarding the kinds of interaction and stimulation known to produce developmental gains for children.”

So it is not unusual for Maine’s programs to be struggling with the higher Step Levels of Quality for ME. These higher Steps require teachers and programs to be self-reflective, to intentionally plan for children’s learning and development from authentic assessment data, and to provide the level of quality necessary to achieve national accreditation. These national findings point to the continued need for investment in programs that support all Maine child care providers in terms of two specific outcomes. The first need for investment is in fostering better understanding of the type of self-reflection involved in accreditation. The second need for investment involves defining authentic assessment in ways that are simple and easy to implement for program staff in their daily work. Additional training and assistance is crucial for implementing authentic assessment in Quality for ME programs. The training and assistance are critical in order for programs to meet this standard in developmentally appropriate ways that are also meaningful and pragmatic for implementation.
Program Quality Comparisons

Results of the onsite observation using the Environmental Rating Scales (ERS) indicate a statistically significant difference by Step Level. By this we mean that higher Step Level programs score higher on these classrooms based observational measures compared to lower Step Level programs. The factorial analysis does take into consideration type of program and type of scale used in the observation.

Fig. 6- Validation Study Results: Adjusted Mean Scores All Program Types by Step Level (p=.002) (N=307)

The adjusted mean score for a family child care home at a Step One is between 2.99 – 3.60, Step Two 3.25 - 3.77, Step Three 3.50 – 4.06, and Step Four 3.73 – 4.42. For center-based settings the adjusted mean at Step One is 3.62 – 4.24, Step Two is 3.79 – 4.27, Step Three 3.74 – 4.90 and Step Four 4.10 – 4.75. For Head Start classrooms at Step Three it is 3.20 – 4.17 and Step Four it is 4.11 – 4.81.

Center-based classroom scores are higher on the ERS observations than family child care homes. However, family child care homes appeared to have the most distinct positive trend in terms of higher ERS mean scores in relationship to higher Step Levels. There is not a significant difference in mean scores comparing center-based programs to Head Start programs.

Fig. 7- Mean ERS Subscales-All programs
Limitations and Benefits

The limitation to this type of validation study is that it does not identify which quality standards are of the most influence in terms of driving program quality. While there appears to be some reason to believe that these combinations of program quality indicators are resulting in different levels of global quality, it is not possible to say which quality standards matter most for which type of program. More importantly, it is also not possible to identify which quality standards matter most for which types of children.

The significant benefit to this type of study is that it provides reason to feel confident that these program quality standards are valid as one way to understand the output of the rating process. The way in which the ERS data was collected at the indicator level for all items also provides valuable information to plan for efforts at program improvement.

Parent and Staff Perceptions

The survey results from parents and staff offer their perceptions of quality regarding the implementation of Maine’s QRIS standards. The surveys also provide information about what families and providers/teachers see as valuable in high quality child care programming. These data also indicate where providers/teachers feel unsure or challenged in providing high quality care and education.

When considering the types of supports families receive, significant differences were found between center-based and family child care settings. Notably, at Step One, 84% of parents enrolling children in a family child care home received a parent handbook compared to 92% of parents utilizing a center-based setting.

At Step One of QRIS, all programs must meet Maine Child Care Licensing regulations, regulations that vary based upon setting. In addition to written admissions criteria, center-based regulations require written descriptions of program activities, schedules, and materials.

In family child care homes, regulations require admissions criteria in writing, but other types of program information are not required to be written for parents. This difference continues at Step Three of Maine’s QRIS, indicating that even as family child care providers move up the Step Levels of QRIS, the use of a parent handbook is different across these settings.

Notably, when one looks at data from the staff questionnaires, issues related to working and communicating with parents are regularly cited as contributing to job demands and limited control. For instance, least amount of control was identified by staff in the areas of “Getting parents to be consistent on how to deal with a child”, (32%) and “When the parents pick up their children” (32%).

“When considering the types of supports families receive, significant differences were found between center-based and family child care settings.”

Additionally, among the most frequently occurring barriers for programs trying to move up the Step Levels of QRIS were the “use of a parent advisory group” and the “use of an annual parent survey”.

These data indicate that providers/teachers need support in working with families across the home-school continuum. Introducing a parent handbook upon enrollment and referring families to this throughout their enrollment period can be a helpful first step in mitigating issues between families and child care settings. Explaining the handbook to families as they make enrollment decisions also
allows families to place their child in settings that meet their needs as well as with providers who have child care beliefs and values similar to those of their family. These documents, combined with conversations, create a foundation for providers as they address issues such as consistent expectations of children across home and school settings. Written handbooks also help when dealing with more straightforward issues like communicating child pick-up and departure policies to families. Establishing policies and expectations in a written parent handbook is often a first step when working with families and should be consistently required within the licensing regulation across settings. Requiring written program details for center-based settings has supported programs in meeting the parent handbook standard of Maine’s QRIS. This requirement should be considered as a simple mechanism to support family child care homes in doing the same.

Two other areas of significant difference across settings, at all Step Levels of QRIS, involve both annual parent surveys as well as written daily communication with parents. Center-based programs are significantly more likely to use a parent survey and to communicate in writing, daily, with families. This area of difference warrants further analysis. How do family child care providers communicate with parents? Are more informal mechanisms used regularly? If so, what are they? Is there a way to measure such communication?

Further analysis of parent communication mechanisms in the family child care home setting would be helpful in designing both accurate measures as well as effective supports for providers in these settings.

Next Steps

An important next step from this study to consider will be to design concerted program improvement services for those programs most in need of support based on their current Step Level and/or program type. Technical assistance providers will need to effectively utilize information from the ERS reports with child care program staff to improve aspects of global quality. Along with the knowledge of how to apply the QRIS quality standards, targeted technical assistance can be provided based on empirical evidence. This will result in more efficient, more focused supports.

Additionally, validation efforts should be considered as the QRIS quality standards are maintained and or revised over time. Results from this type of study can be used for both monitoring the implementation of the QRIS and for planning program improvement services for local providers. These results provide some confidence that the current program quality standards are working as intended. Child care programs at higher Step Levels appear different in global quality and somewhat higher in quality, than those similar programs at lower Step Levels. This type of
evidence provides a good foundation for considerations given to revising program quality standards in the future.

Finally, as these data provide a baseline for the program quality in Maine it is important to emphasize that the differences identified in this evaluation study were attributed to program type differences as well as differences between Step Level. This is an important consideration for future developmental supports such as training and technical assistance to programs in Maine’s QRIS. The observed differences between family child care and center-based programs indicate that supports designed to help programs move up the QRIS Steps need to be specific and responsive to different program settings.

Conclusion

These findings and implications outline the leading issues arising from the evaluation of Quality for ME, Maine’s Quality Rating and Improvement System. However, there is still much to be learned from data collected in this evaluation study. Next steps for this research team include transmitting this information for consideration in DHHS program planning and monitoring. In addition, this information should be considered as the foundation for reviews of the current program quality standards in support of continuous quality improvement. Some of the analysis pointed to interesting differences between settings, raising new questions to be explored in follow-up qualitative studies.

An analogy comes to mind regarding evaluation studies and raising livestock: you cannot make an animal gain weight or keep it healthy just by weighing it. The same is true in terms of monitoring systems put in place for reasons of accountability, program improvement, and the measurement of program outcomes such as Maine’s QRIS. The monitoring starts to describe certain components of a complex system, and it provides decision makers with trustworthy information to act upon. This information along with targeted supports for providers can result in more efficient use of resources in support of improvements to program quality.

By measuring something we tend to treasure it more. In recognition of the importance of child care program quality in relation to positive outcomes for children, Maine’s QRIS highlights ways in which early care and education professionals strive for excellence in their profession. These common efforts benefit those we all treasure most, Maine’s youngest children.

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