Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

December 16, 2013

Michael Marshall
Secretary of the Senate
State Capitol Building
L O C A L

Carmine Boal
Chief Clerk of the House
State Capitol Building
L O C A L

Dear Mr. Marshall and Ms. Boal:

Enclosed please find the evaluation report of Iowa's Quality Rating System for child care providers.

This report was prepared pursuant to Senate File 446, Section 16, Paragraph 7 of the bill.

This report is also available on the Department of Human Services website at http://www.dhs.iowa.gov/Partners/Reports/LegislativeReports/LegisReports.html.

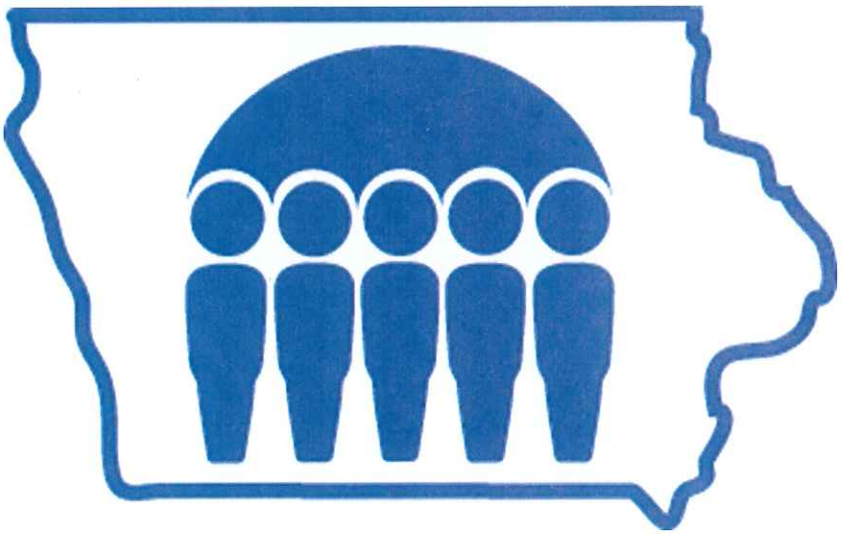
Sincerely,

Jennifer Davis Harbison
Policy Advisor

Enclosure

cc: Governor Terry E. Branstad
Senator Jack Hatch
Senator David Johnson
Representative David Heaton
Representative Lisa Heddens
Legislative Services Agency
Aaron Todd, Senate Majority Staff
Josh Bronsink, Senate Minority Staff
Carrie Malone, House Majority Staff
Zeke Furlong, House Minority Staff

Iowa Department of Human Services



Iowa Quality Rating System: Evaluation

December 2013

Iowa Quality Rating System: Evaluation

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Executive Summary

Iowa has had a Quality Rating System (QRS) for child care providers since 2006. While adjustments to the QRS have been made since that time, a more thorough analysis of the structure and effectiveness of the rating system have been needed. The Iowa Department of Human Services contracted with Child Trends, a nationally-recognized authority on quality rating and improvement systems, to conduct an evaluation of Iowa's system.

The charge to Child Trends was to address, to the extent possible, the components outlined in the legislation:

- an assessment of the validity of the key concepts of the QRS
- an assessment of the techniques and measures used to assess quality
- an analysis of the outputs quantified by the ratings process
- an analysis of the relationship between program ratings and child outcomes

Given the timeframe and resources, the fourth component is not included in this report.

Recommendations are provided regarding the criteria and supports to include in a QRS, strategies to strengthen the rating procedures, suggested improvements to the QRS data system, and development of a longer-term evaluation plan.

The accompanying report details considerations for future improvements to support, recognize, and ensure that quality care is provided to Iowa's youngest children.

Introduction

Iowa implemented a Quality Rating System for child care providers in 2006 with a 'recalibration' of the rating system occurring in 2010. In June 2013, SF446 was signed into law, requiring an evaluation of the state's QRS. As outlined in Section 16, paragraph 7 of the bill:

> 7. Of the amount appropriated in this section, up to $75,000 shall be used by the department to conduct an independent evaluation of Iowa's child care quality rating system. The evaluation shall address the system's strengths and weaknesses, and shall provide recommendations for change. The department shall submit a final report on or before December 16, 2013, to the governor and general assembly concerning the evaluation.
>
> The evaluation shall also include but is not limited to all of the following:
> a. An assessment of the validity of the system's key underlying concepts.
> b. An assessment of the techniques utilized and psychometric properties of the measures used in the system to assess quality.
> c. An analysis of the outputs quantified by the rating process.
> d. An analysis of the relationship between the ratings utilized and child outcomes realized.

These four components are described in a Quality Rating and Improvement System (QRIS) validation brief sponsored by the Office of Planning, Research and Evaluation in the Administration for Children and Families, U.S. Department of Health and Human Services (Zellman & Fiene, 2012). The authors of the brief define QRIS validation as a "multi-step process that assesses the degree to which design decisions about program quality standards and measurement strategies are resulting in accurate and meaningful ratings." Typically, states address different aspects of validation at different times in the development of a QRIS rather than addressing all of them at once.

To accomplish this effort, the Department of Human Services contracted with Child Trends, a nationally-respected organization with extensive experience in providing high-quality, non-partisan research on children and family issues of interest to policymakers. In recent years, they have gained a national reputation for their work with state's early childhood policy initiatives, especially in regards to state's quality rating and improvement systems.

In addressing the elements identified in the legislation, Child Trends was able to provide information on the following:

- an assessment of the validity of the key concepts of the QRS – i.e., whether or not the QRS includes the "right" components of quality.
- an assessment of the techniques and measures used to assess quality – i.e., are the components reliable, in particular the procedures used for the Environment Rating Scale assessments required to achieve the highest rating.
- an analysis of the outputs quantified by the ratings process – i.e., how are the ratings distributed across provider types.
- an analysis of the relationship between program ratings and child outcomes – i.e., is development and learning greater for children who attend higher-rated programs as compared to those who attend lower-rated programs? As noted by Child Trends, this specific validation approach is typically done when a QRIS is more mature in its development. For this report, there was insufficient time and resources to address this aspect of validation.

The QRS Oversight Team, which serves as a working team to the Department for the QRS, supported partnering with this organization for this effort. The Oversight Team had several opportunities over the course of this endeavor to discuss with Child Trends staff the approach to the evaluation and provide background and perspective into the work. Members of the Oversight Team also reviewed the initial draft of the report and provided comments. A letter of endorsement is included below.

November 7, 2013

To the Members of the Iowa Legislature:

This letter is an endorsement of the process the Department of Human Services conducted in response to the legislative requirement to conduct an evaluation of Iowa's current Quality Rating System. We also wish to express our gratitude to the Iowa Legislature for making an investment in Iowa's children by asking for this evaluation of one part of Iowa's system.

The QRS Oversight team is made up of individuals from the Departments of Education, Public Health, and Management, Early Childhood Iowa Office. The team also has representation from Child Care Resource and Referral, Iowa State University – Extension and a child care provider. Staffing is provided by the Department of Human Services. This team was formed to assist the department with the initial development of Iowa's QRS system and has continued to work on various items/phases since that time. The group assists with policy development, supportive documents, surveys, etc.

We applaud the efforts made by the Department of Human Services in their response to the specific legislative requirements to host an evaluation of the QRS. The department procured a contract with Child Trends, a well-known research company. Child Trends' mission is to improve the lives and prospects of children and youth by conducting high-quality research and sharing the resulting knowledge with practitioners and policymakers. For more than 30 years, policymakers, funders, educators and service providers in the U.S. and around the world have relied on Child Trends data and analyses to improve policies and programs serving children and youth.

The QRS Oversight Team is excited to review the data and information that is presented in the report submitted by Child Trends. The QRS Oversight Team has been able to be a part of the process, by asking questions and providing history and background to Child Trends. Having quality early care and education environments available for Iowa's children is a key factor to assist children in their growth and development. We take the role seriously and look forward to using this report to help both the Department of Human Services, but also the Iowa Legislature as we work together to support and strengthen Iowa's Quality Rating System.

Should members of the Iowa Legislature wish to learn more about this evaluation or ways to extend the evaluation to another level, feel free to contact either DHS or our team. Thank you for making the initial financial investment for continual improvement.

Respectfully Submitted,
QRS Oversight Team

Vicki Williams, Child Care Center Director
Cheryl Clark, Iowa State University – Extension
Mary Jo Huddleston, Child Care Resource and Referral
Diane Moore, Department of Education
Analisa Pearson, Department of Public Health
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Julie Ingersoll, Dept. of Human Services
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APPENDIX: Child Trends Report

Iowa Quality Rating System Evaluation: Key Concepts, Psychometric Properties, and the Rating Process

Submitted to
Iowa Department of Human Services
November 25, 2013

by Child Trends
Kelly Maxwell, Ph.D.
Sarah Daily, Ph.D.
Peter Graham

Child TRENDS®

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Executive Summary

Iowa is among a growing number of states that have a Quality Rating System (QRS)—over half of the states are designing, piloting, or implementing a QRS. A QRS is a systematic approach "to assess, improve, and communicate the level of quality in early care and education programs" (Mitchell, 2005). Iowa launched in 2006 its voluntary QRS, which as of August 2013 included 653 child care centers and 745 family child care homes. In June 2013, Governor Branstad signed into law SF466, which included a provision for an evaluation of the following aspects of Iowa's QRS, by December 2013:

- **Key concepts:** An assessment of the validity of the concepts included in the QRS;
- **Psychometric properties:** An assessment of the techniques and measures used to assess quality;
- **Ratings:** An analysis of the outputs quantified by the ratings process; and
- **Child Outcomes:** An analysis of the relationship between program ratings and child outcomes.

Given the short timeline of this study, the first three components listed above were included in this evaluation. Highlights from the key findings include:

Key Concepts. The categories included in Iowa's QRS are based on research and include some areas that are common across other QRS—Staff Qualifications, Environment, Family and Community Partnerships, and Leadership and Administration. Health and Safety is less frequently included in QRS, most likely because those aspects of quality are addressed in state licensing regulations. Iowa's QRS does not include two categories that are common to other state QRS: Curriculum and Child Assessment.

Psychometric Properties. Iowa follows recommended practice in training and maintaining reliability on the *Environment Rating Scales*, the set of observational quality measures required for a program to earn a Level 5 rating. An analysis of the individual indicators that comprise each component found that almost all of the indicators are working as intended. There were only a few indicators for which there was little variability (i.e., most programs met or very few programs met). Because of the limited variability in these few indicators, they are not helpful in sorting higher quality programs from lower quality programs and should be reviewed during the next QRS revision for possible deletion.

Ratings: Although there are programs at each of the five rating levels, the distribution of ratings is different for child care centers and child development homes. Most participating centers have earned a Level 4 or 5 rating; most homes have earned a Level 1 or 2 rating. An

analysis of point distributions suggests that centers earn more points within each of the components as they earn a higher rating. This stair-step progression is evident in two of the components (Professional Development and Environment) for child development homes. In addition, some programs earn enough points for a Level 5 rating but either choose not to have an ERS assessment completed or do not receive the minimum required score for a Level 5 rating.

These findings, and the process of gathering the data for this evaluation, suggest several considerations for Iowa's QRS. Recommendations are listed below briefly and discussed in more detail in the full report.

Revising the QRS

1. Consider deleting some indicators in the QRS in which programs do not vary (those indicators are not helping to differentiate programs in quality) and consider adding other indicators supported by research as important for children's development.
2. Consider how best to support participation of child development homes in the QRS.
3. Consider including Health and Safety indicators in the QRS that are more directly related to children's growth and development.
4. Consider how best to encourage and support programs to apply for the Level 5 rating.
5. Consider the importance of quality improvement as well as quality ratings. How can Iowa support programs in improving their quality?

Rating Procedures and Data System

6. Develop detailed definitions of terms and procedures for assigning points in the QRS.
7. Train more than one DHS staff member to review applications and assign points, and establish procedures for ensuring their inter-rater reliability.
8. Invest in the development and ongoing maintenance of a data system to enter information for each indicator in the rating.

QRS Evaluation

9. Develop a long-term evaluation plan for the QRS.

Introduction

Iowa is among a growing number of states that have a Quality Rating and Improvement System (QRIS)—over half of the states are designing, piloting, or implementing a QRIS. A Quality Rating System (QRS)[1] is a systematic approach "to assess, improve, and communicate the level of quality in early care and education programs" (Mitchell, 2005). A QRS generally includes five common elements: quality standards, a process for measuring the quality standards, outreach and support to programs and practitioners, financial incentives, and dissemination of ratings and information to parents and consumers (Child Care Bureau, 2007). Since the first QRIS was implemented in Oklahoma in 1998, state early childhood leaders, policy makers, and researchers have shared lessons and experiences, analyzed administrative data, and conducted evaluations to guide the development and refinement of QRS. This report provides an evaluation of the Iowa's Quality Rating System, with recommendations to strengthen the system.

The report is organized into several sections. The first section provides an overview of the Iowa QRS. The second section provides an overview for this evaluation. The third section describes the methods used to address each aspect of the evaluation. The next four sections present findings for each of the major evaluation questions. Limitations and conclusions are provided next, followed by a final section on recommendations.

Overview of Iowa's Quality Rating System

Iowa launched in 2006 its voluntary Quality Rating System, which as of August 2013 included 653 center- and school-based early care and education programs (representing 49% of the 1,340 licensed child care centers[2]) and 745 family child care homes (representing 18% of the 4,100 registered child development homes). As described in the Iowa DHS 2004 QRS planning report to the legislature, the QRS was intended to (a) raise the quality of child care in Iowa, (b) increase the number of children in high-quality child care settings, and (c) educate parents about quality in child care. The system also was developed to maximize the use of existing infrastructure and resources within Iowa.

Iowa QRS Participation Rates

- 49% of child care programs
- 18% of registered child development homes

[1] For consistency, the term Quality Rating System (QRS)—rather than Quality Rating and Improvement System (QRIS)—is used throughout this report because it is consistent with Iowa's terminology.

[2] The 49% is a rough estimate and likely higher than the actual percentage because data were not available about the participation of school-based programs in Iowa's QRS.

The term ***program*** is used throughout this report to be inclusive of all programs—centers, preschools, school-based programs, and child development homes.

The system was revised in 2010 to recalibrate some aspects of the rating, offer more options for programs (centers and homes), and assure more equitable service throughout the state (Iowa DHS, 2010). Programs applying or re-applying for QRS had to use the revised rules as of February 1, 2011. Some examples of the revisions include increasing the number of points required for each level, adding criteria to provide more options, awarding more points for national accreditation or meeting Head Start performance standards.

The current Iowa Quality Rating System is considered a "hybrid" in that it combines a *block* and *points* scoring system. Levels 1 and 2 are blocks—programs must meet all of the criteria to be assigned the particular level. Levels 3-5 are points—programs earn points from a menu of criteria, and the number of points earned yields a particular level of rating. Child care centers are awarded a Level 3 rating for earning 17-26 points, a Level 4 rating for earning 27-33 points, or a Level 5 rating for earning 34 points and a minimum Environment Rating Scale (ERS) score of 5.0 in each assessed classroom. Child development homes are awarded a Level 3 rating for e for earning 14-18 points, a Level 4 rating for earning 19-24 points, or a Level 5 rating for earning 25 points and an Environment Rating Scale (ERS) score of 5.0 or greater. Points are organized into five **components** (Iowa DHS, 2011a; 2011b):

Component: A particular aspect of quality, often used in QRIS to organize multiple indicators. (Iowa's QRS uses the term *category*.)
Indicator: Individual criteria for which programs earn points. (Iowa's QRS uses the term *criteria*.)

1. Professional Development
2. Health and Safety
3. Environment
4. Family and Community Partnerships
5. Leadership and Administration (child centers only)

Programs are required to meet at least one **indicator** within each of the five categories, but they are allowed to choose which indicators to meet. The table below summarizes the number of indicators and maximum points possible for each component.

Table 1. Indicators and Points Possible for Each Rating Component

	Centers		Homes	
	# of Indicators	*Points Possible for Levels 3-5*	*# of Indicators*	*Points Possible for Levels 3-5*
Professional Development	2	30	3	34
Health & Safety	7	19	7	19
Environment	7	27	5	23
Family & Community Partnerships	6	8	5	6
Leadership & Administration	4	7	N/A	N/A

To earn a Level 5 rating, a program must also receive a minimum score of 5.0 on the Environment Rating Scales (ERS). The ERS is a set of four observational measures that assess global child care quality in different early childhood settings. The *Infant/Toddler Environment Rating Scale-Revised* (ITERS-R) is designed to be used in child care classrooms serving children birth to 2 ½ years of age (Harms, Cryer, & Clifford, 2006). The *Early Childhood Rating Scale-Revised* (ECERS-R) is designed to be used in child care classrooms serving children from 2 ½ to five years of age (Harms, Clifford, & Cryer, 2005). The *School-Age Care Environment Rating Scale* (SACERS) is designed to assess before- and after-school group care programs for school-age children, 5 to 12 years of age (Harms, Jacobs, & White, 1996). The *Family Child Care Environment Rating Scale-Revised* (FCCERS-R) is designed to be used in family child care homes serving children birth through 12 years of age (Harms, Cryer, & Clifford, 2007).

Scores on the ERS can range from 1 to 7 with higher scores indicating higher quality. Total mean scores from 1 to 2.9 are considered "low" quality, scores from 3.0 to 4. 9 are considered "medium" quality, and scores of 5.0 to 7.0 is considered "good" or "high" quality. The ERS assess what children experience in their care settings, such as the quality and diversity of materials and activities, interactions with adults and children, the physical environment, and program structure. These scales also assess aspects that children do not directly experience, elements that support the structure of the setting such as parent participation and information, and support and interactions among the staff. For centers, Iowa assesses one-third of the classrooms, with at least one classroom observation for each age of child served (i.e., infant/toddler, preschooler, school age).

Purpose of the Iowa QRS Evaluation

In June 2013, Governor Branstad signed into law SF466, which included a provision for an evaluation of Iowa's Quality Rating System that "shall address the system's strengths and weaknesses, and shall provide recommendations for change" (Iowa S.F. 466). The legislation requires Iowa DHS to submit a final report by December 16, 2013. The legislation also required that the evaluation include, as cited below:

a) An assessment of the validity of the system's key underlying concepts (key concepts);
b) An assessment of the techniques utilized and psychometric properties of the measures used in the system to assess quality (measurement strategies and psychometric properties);
c) An analysis of the outputs quantified by the ratings process (ratings); and
d) An analysis of the relationship between the ratings utilized and child outcomes realized (child outcomes).

These four aspects of validation are described in a QRS validation brief sponsored by the Office of Planning, Research and Evaluation in the Administration for Children and Families, U.S. Department of Health and Human Services (Zellman & Fiene, 2012). The authors of the brief define QRS validation as a "multi-step process that assesses the degree to which design decisions about program quality standards and measurement strategies are resulting in accurate and meaningful ratings." Typically, states address different aspects of validation at different times in the development of a QRS rather than addressing all of them at once.

Within the parameters of the legislative requirements and very short timeline, this evaluation and report address aspects of the first three types of validation listed above and provide guidance for the more in depth child outcome evaluation.

Evaluation Methods

Several methods were used to gather information for this evaluation of Iowa's Quality Rating System. To address the first aspect of validation about key concepts, the indicators that comprise the rating criteria for participating centers and homes were compared to the *Compendium of Quality Rating Systems and Evaluations* (Compendium; Tout, Starr, Soli, Moodie, Kirby, & Boller, 2010). The Compendium provides information about the categories and indicators of 26 QRS in other states or communities. Two Child Trends team members reviewed the documents and identified the indicators that were similar in Iowa and other QRS,

according to the Compendium. In addition, key concepts were assessed by examining the research base for key categories of Iowa's Quality Rating System.

To address the psychometric properties of the Iowa QRS, the Child Trends team reviewed relevant documentation of Iowa's QRS policies and procedures, including the *Quality Rating System Provider Handbooks for Child Care Centers, Preschools, and Homes* (Iowa DHS, 2013a; 2013b) and the *Environmental Rating System Assessment Project Annual Report SY 2013* (Iowa State University, 2013). To understand the training and inter-rater reliability procedures for conducting the ERS, Child Trends interviewed two researchers at Iowa State University who are responsible for conducting the ERS assessment for programs applying for a Level 5 rating. Interviews also were conducted with Iowa DHS staff responsible for determining program ratings to examine the policies and procedures used to verify the scores providers received for each QRS indicator.

To better understand the rating process and the distribution of points received in each of the component areas and for each indicator, the Child Trends team worked with the Iowa DHS staff to obtain detailed data for a sample of programs with a Level 3-5 rating. The following criteria were used to develop the sample:

1. *Data for programs rated Level 1 or 2 were excluded.* Data for these programs were excluded because there is no variance among Level 1 and Level 2 providers. Programs must meet all the criteria specified for these levels.
2. *Data for all Level 5 programs (centers and homes) were included.* Because the fewest number of centers and homes have achieved a Level 5, this subgroup was oversampled to ensure an adequate number of Level 5 providers were represented in the sample.
3. *Data for all Level 3-5 nationally accredited programs (National Association for the Education of Young Children and the National Association of Family Child Care), and Head Start Centers were included.* Iowa's QRS leaders were interested in examining the rating distributions of programs that also had to meet additional program standards. Because few programs were nationally accredited or Head Start, this subgroup was oversampled to ensure an adequate number of accredited providers were represented in the sample.
4. *Level 3 and Level 4 centers and homes.* Approximately 30% of the remaining Level 3 and Level 4 centers and homes were included in the sample.

To develop the database, Iowa DHS staff provided a list of all centers and homes participating in its QRS. The Child Trends team randomly selected programs to be included in the analysis, using the sampling design specified above. Iowa DHS staff members then pulled the hard copy data files for the sampled programs and entered the information into an excel

spreadsheet created by Child Trends. The data entered into the spreadsheet were assigned a unique identification number; no program names or other identifying information was included in the database. The resulting database include all the indicators for a sample of 257 programs—173 participating centers and 84 participating family child care homes.

Once the database was completed, the Child Trends team randomly selected 10% of the programs in the dataset to check for data entry errors. The QRS applications for those selected programs were independently coded by a Child Trends team member. The data were then compared to identify discrepancies. Information in the database was corrected for a few variables in which supplementary documentation at DHS clarified the discrepancy. For the 16 centers that were part of the 10% verification sample, 6 out of 544 variables (34 variables x 16 centers) contained data entry errors; this represents an error rate of 1%. For the 9 homes that were part of the 10% verification sample, 4 out of 252 variables (28 variables x 9 homes) contained data entry errors; this represents an error rate of 1.6%.

Table 2. Distribution of Centers and Homes in the QRS Evaluation Sample

	Centers	NAEYC	Head Start	Iowa Quality Preschool Programs	Homes	NAFCC
	n	*n*	*n*	*n*	*n*	*n*
Level 3	45	0	10	6	32	0
Level 4	92	20	22	13	42	3
Level 5	36	9	3	9	10	2
Total	*173*	*29*	*35*	*28*	*84*	*5*

NAEYC = National Association for the Education of Young Children NAFCC = National Association of Family Child Care

Key Concepts

The first validation approach addresses whether a QRS has the "right" components or categories of quality. This aspect of validation is typically done in the development of a QRS and can include expert review, a review of research, and a comparison with other states' QRS. This section of the report briefly highlights the research to support particular components in Iowa's QRS and then compares Iowa's components and individual indicators with those of other QRS. A detailed description of the comparisons between each indicator of Iowa's QRS with other QRS is provided in the Appendix.

One approach to examine the validity of the key concepts in Iowa's Quality Rating System is to examine the research support for the particular components rated. Two recent literature reviews conducted by Child Trends provide the basis for this brief overview: the *New Mexico FOCUS TQRIS Essential Elements of Quality: Initial Evidence Review and*

Recommendations (Tout et al., 2013) and *The Research Base for a Birth through Age Eight State Policy Framework* (Tout, Halle, Daily, Albertson-Junkans, & Moodie, 2013). Iowa leaders grounded their original work to develop their Quality Rating System in research, so there is an evidence base for each of the five components (Iowa DHS, 2004).

Another way to examine the validity of the concepts included in Iowa's QRS is to compare them to what other states have included in their QRS. The 2010 *Compendium of Quality Rating Systems and Evaluations* (Compendium; Tout, Starr, Soli, Moodie, Kirby, & Boller, 2010) profiles 26 QRS (including Iowa's) and provides the most up-to-date national picture of the status of QRS.

For each of the major components in Iowa's QRS, the section below provides a brief overview of the literature and comparative information with other QRS. A more detailed description of the Compendium comparisons for each of Iowa's components is provided in the Appendix.

Professional Development

The knowledge and skills of the workforce are essential factors in promoting high-quality early care and education (Bowman, Donovan & Burns, 2001; NRC & IOM, 2000; IOM & NRC, 2012). Though many factors set the context for quality, the education and training of individual teachers and caregivers have been consistent predictors of quality, interactions, and children's behavior and development in multiple research studies (IOM & NRC, 2012; NICHD ECCRN & Duncan, 2003; Tout, Zaslow & Berry, 2006; Whitebook & Ryan, 2011). Some recent studies, however, have not detected relationships (or have found contradictory relationships) between educational qualifications such as college degrees, classroom quality and children's outcomes (e.g., Early et al., 2007). Researchers hypothesize that factors such as the academic content of an early childhood degree, participation in field experiences, and capacity of degree-granting institutions must also be taken into account when considering the quality of education the workforce is receiving (Whitebook & Ryan, 2011).

Research suggests that effective training or professional development is focused on specific content, actively engages participants, and is of sufficient duration (Desimone, 2009; NPDCI, 2008). Stand-alone training, such as a Saturday morning workshop, may be more appropriate for simple skill-building (e.g., CPR) or increasing awareness (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005; Winton, 2010).

The Professional Development component in Iowa's QRS includes indicators for education, training, experience, and credentials. All of the QRS in the Compendium include staff

education requirements for centers and homes. A Child Development Associate (CDA) credential is commonly the highest requirement for teachers, although 14 QRS (including Iowa) include a Bachelor's degree for centers. Nine QRS in the Compendium (including Iowa) include a Bachelor's degree for family child care homes. Half of the 26 QRS in the Compendium (including Iowa) include experience for center directors, 12 (including Iowa) include experience for teachers, and 7 (including Iowa) include experience for home providers. Other than the CDA, the Compendium does not include information about credentials, likely because credentials are often state-specific.

Health and Safety

A strong body of research evidence indicates that supporting health and wellness among young children sets a foundation for future growth and development (Center on the Developing Child, 2010). Adhering to health and safety best practices is an important way for early care and education programs to provide young children with the opportunity to grow and learn in healthy and safe environments with caring and professional caregivers (American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education, 2011).

Only three other QRS (Minnesota, Oklahoma, and Pennsylvania) include health and safety indicators, most likely because provisions for health and safety are typically included in licensing regulations. Developmental screenings could also be considered a health indicator. According to the Compendium, a few QRS (e.g., Louisiana, Miami-Dade) include developmental screenings.

Environment

The environment component of Iowa's QRS includes both staff: child ratios as well as observations of quality.

Staff: Child Ratios. A large body of research has demonstrated that smaller staff: child ratios (i.e., fewer children cared for by each adult in the setting) are an important indicator of program quality and facilitate better social and cognitive outcomes for children. As compared to children in classrooms with larger staff: child ratios, children in classrooms with smaller ratios display less distress (Hayes, Palmer, & Zaslow, 1990), engage in more complex play (Howes & Rubenstein, 1981) and demonstrate more secure attachments with their caregivers (Howes, Rodning, Galluzzo, & Meyers, 1988). Lower ratios are linked with better receptive and expressive language skills and cognitive skills (Le, Perlman, Zellman, & Hamilton, 2006; Zaslow et al., 2010). The National Institute of Child Health and Human Development (NICHD) Early Childhood Research Network (2000) found that across ages and types of care, positive

caregiving was more likely when child-adult ratios and group sizes were smaller, among other caregiver attributes.

Observed Quality. Children who experience high-quality early care and education tend to have better academic and social skills than do children who experience lower quality early care and education (e.g., Burchinal et al., 2009; Vandell et al., 2010). The ERS have been shown to be valid and reliable (Halle et al., 2010), and have been used extensively over the past couple of decades to examine child care quality and its relation to children's development. For example, Peisner-Feinberg and Burchinal (1982) found that ECERS-R total score was related to preschoolers' cognitive and social skills. Howes and colleagues (2008) found the ECERS factor score on teaching and Interactions to be related to children's language and cognitive outcomes. Recently, observed quality measures (ECERS-R and *Classroom Assessment Scoring System*) were found to be related to children's academic skills in a study of state-funded pre-kindergarten programs (Sabol, Hong, Pianta, & Burchinal, 2013).

Iowa's QRS Environment component includes training and use of the ERS, national accreditation, and ratio and group size. Most of the QRS in the Compendium (including Iowa) use the ERS to assess the environment in centers (20 QRS) and family child care homes (17 QRS). Twenty QRS (including Iowa) in the Compendium recognize accreditation in some form for centers, with six QRS specifically mentioning NAEYC. Eighteen QRS (including Iowa) recognize accreditation for family child care homes, with six specifically mentioning NAFCC. Iowa recognizes and assigns points to centers that meet other program standards above licensing (similar to an accreditation). The Compendium does not include any comparable information, although some QRS recognize a variety of different accreditations (nationally and within a particular state). While 12 other QRS include standards for ratios and group sizes in centers, only two use NAEYC ratios to award advanced ratings if centers meet NAEYC's standards. No other QRS listed NAA standards for ratio and group size.

Family and Community Partnerships

The research base on family engagement in early care and education has grown in recent years. Recent research supports the links between family-provider relationships in early care and education programs and child, family, and teacher/provider outcomes (Halgunseth, Peterson, Stark, & Moodie, 2009; Forry, Moodie, Simkin, & Rothenberg, 2011; Leviten-Reid, 2012; Schulting et al., 2005).

Family-sensitive care, another approach to conceptualizing family partnerships, consists of teacher/provider attitudes toward families, teacher/provider knowledge about families, and teacher/provider practices with families (Porter, Bromer, & Moodie, 2011). Porter et al. (2011) identified four QRS indicators that are most aligned with the concept of family-sensitive care:

written communication, parent survey, activities with families, and community resources. Iowa's QRS includes two of these (parent survey and activities with families).

In the Iowa QRS, centers can earn up to 8 points for meeting one or more of six different Family and Community Partnership indicators; homes can earn up to 6 points for meeting one or more of five different indicators. Of the six indicators for centers, three did not have information specific enough to indicator to make a direct comparison to other QRS: (1) membership of a professional organization; (2) parent orientation; (3) and one parent group meeting annually. Of the remaining indicators, 18 QRS for centers and 14 QRS for homes (including Iowa) award points to centers for holding conferences with parents. Four QRS include an indicator that is comparable to the Iowa QRS center indicator on supporting a parent advisory board. Twelve QRS include an indicator for centers about parent surveys, and 13 include it for homes.

Leadership and Administration

Research on program administration and management in early care and education includes studies evaluating effective leadership skills (Taylor & Bryant, 2002; Whitebook et al., 2009). Some studies highlight the importance of interpersonal communication skills for program directors, while others point to the critical need to support teachers with on-the-job learning and promote self-reflective practices (Whitebook et al., 2009; Schilder, Canada, Paulk, & Smith Leavell, 2012; Sciarra et al., 2010). Additionally, Ang (2012) identified three administrative factors that influenced quality practice in England: 1) integrated and multi-agency collaboration, 2) reflective learning and practice, 3) and professional status and pay.

In Iowa's QRS, centers can earn up to 7 points for meeting one or more of four indicators. This component is not included for child development homes. Although the Compendium does not specifically analyze Administration and Management indicators, descriptions of sample Administration and Management indicators provides some insight into the prevalence of these indicators in other QRS. At least 10 other QRS include an indicator comparable to the Iowa indicator regarding the provision for staff written evaluations. At least two other QRS include improvement plans for centers. At least six QRS include staff professional development plans. At least three other QRS include staff orientation for centers.

Indicators in Other QRS

While most of the information in this section of the report is focused on the indicators included in Iowa's QRS, this section highlights a few indicators that are currently not in Iowa's QRS but are in several other QRS.

Curriculum. Curriculum is included for centers in 14 other QRS and for homes in 9 other QRS. Indicators can include, for example, use of a curriculum to inform daily activities and lessons plans. QRS may also include an approved list of recommended curriculum, and some require the curriculum to be aligned with the state's early learning and development standards.

Child Assessment. Child assessment is included for centers in 11 QRS and for homes in 8 QRS. Child assessments may address multiple purposes. Most of these QRS include assessment to guide instruction (i.e., the teacher assesses children using a curriculum-based assessment to inform her teaching and support in the classroom), although some also screen children to determine whether they might need to be referred for a more comprehensive evaluation to determine whether they have a disability.

Summary

The components of Iowa's Quality Rating System are grounded in research and include the key concepts often found in other systems. The crosswalk between Iowa's Quality Rating System and the 2010 Compendium documents the components in Iowa's QRS that are similar to other QRS. Namely, licensing compliance, staff qualifications, family partnerships, administration and management, and accreditation are included in Iowa's QRS and in 20 or more of the 26 QRS included in the Compendium. Only Iowa and three other QRS include health and safety indicators above and beyond what is included in licensing. Some other QRS include indicators, such as curriculum or child assessment, that are not included in Iowa's QRS. When Iowa considers another revision to its Quality Rating System, it might be helpful to review recent research and other resources in determining whether new indicators should be included in Iowa's system.

Measurement Strategies and Psychometric Properties of the Measures Used to Assess Quality

One approach to validating a QRS is to examine the psychometric soundness of the measurement tools used to assess quality (Zelman & Feine, 2012). For example, can the observed quality measure be completed reliably (i.e., do two independent assessors observing the same classroom score the measure similarly)? Reliability also applies to document reviews (e.g., parent handbook) and other measures that comprise the quality rating (e.g., injury prevention checklist). This kind of validation may also examine the individual indicators measured in the QRS to determine the extent to which they differentiate programs. This Iowa QRS evaluation examined two psychometric features of the Iowa QRS: (1) the training and inter-rater reliability procedures used for the ERS and other components of the rating, and (2)

the distribution of points programs and providers received for indicators in each of the five QRS components.

Another question that can be addressed within this approach to validating a QRS is the extent to which there is variability in the individual measures that comprise the rating. In this case, the measures are the individual indicators in each of the components. This validation study examined the number and percentage of programs in the sample that met each indicator.

Training and Inter-Rater Reliability

This section of the report includes information about the training and inter-rater reliability for the observational quality measure, the ERS, as well as describing the training and inter-rater agreement process for the other rating components.

Observational Quality Measures. To receive a Level 5 rating, centers and homes participating in the Iowa QRS must receive an overall score of 5.0 on the appropriate ERS. (See the Introduction for a brief overview of the ERS.) Because a person must observe the classroom to complete the scales, it is critical for ERS assessors to be trained to use the measures appropriately and to maintain their ability to use the measure reliability (such that two assessors would score the ERS similarly if visiting the same classroom at the same time).

Iowa currently has two individuals (or raters) who conduct ERS evaluations for all Level 5 centers and homes. One of the raters has been in her position for seven years; the other rater was newly hired in the fall of 2013. At the time of the interview, the newly hired ERS rater had not started assessing programs, so the information included in this section reflects information provided by the veteran rater and her supervisor, the principle investigator for the Environmental Rating System Assessment Project.

The Iowa protocol for training ERS raters follows the ERS developers' recommended practice (Cryer, n.d.). When the current ERS rater was first hired, she attended an in-person training at the Frank Porter Graham Child Development Institute in Chapel Hill, North Carolina where the ERS were developed. To become a certified and reliable assessor, the individual had to conduct a particular ERS measure (e.g., ECERS-R) three times and meet a training standard of 85% agreement within one point of a master assessor for each observation. Since her initial training, this ERS assessor has consistently demonstrated a high level of reliability and has been designated by Iowa as their ERS anchor. The ERS developers suggest that there is at least one ERS anchor in the state who is responsible for contacting the ERS developers when clarification on interpretation is needed, communicating these clarifications to other assessors, and completing reliability checks on observers throughout the state (Cryer, n.d.).

The Iowa protocol for maintaining ERS inter-rater reliability is similar to best practice as suggested by the ERS authors (Cryer, n.d.). The Iowa DHS has an expectation that ERS assessors maintain reliability beyond their initial training. The ERS developers recommend that the anchor conduct one inter-rater reliability check every 10 visits until the observer being checked has reliability scores of 90% or higher. Once an observer achieves reliability of 90%, reliability checks can happen "less frequently" whereas those who fall below the 85% level require more frequent checks until their score 85% or higher (Cryer, n.d.). Inter-rater reliability checks are completed every three to four months during which the assessors attend a site together, independently score the ERS documentation then compare results. If their scores were not consistent 85% of the time, they would discuss the discrepancies and conduct another reliability check. The ERS training team also provides online assistance, and at times the assessor indicated they would submit questions for items in which they needed clarification from the ERS developer. In addition, the supervisor meets with the assessors bi-weekly to address any issues they may face in the field. The newly hired ERS assessor is scheduled to attend this same training and will be expected to maintain inter-rater reliability.

The Iowa protocol for conducting ERS assessments in centers and homes is consistent with best practice as suggested by the developer (Cryer, Harms, & Riley, 2003). Visits are scheduled with the center or home several days in advance. In centers, classrooms are randomly selected on the day of the observation to meet the requirement of observing at least one-third of the total classrooms in operation and at least one using each of the ERS (e.g., ECERS-R, ITERS-R) as applicable to the program. In some cases, for example a child care center that is only open on select days, the program is notified about the selected classrooms in advance. Though the developers do not provide guidance on how the ERS scores should be shared with the child care setting, the Iowa protocol aims to provide immediate feedback to providers. Programs receive a summary report that includes classroom scores by each individual indicator. If an individual items received a score less than 5.0 for any individual indicator, the summary report would include a detailed explanation. In the last seven years there has only been one appeal made to DHS for the score that was received.

Other Rating Components. The other information necessary to calculate a program rating is reviewed by an Iowa DHS staff member, confirming whether the program meets each indicator, assigning points to each component, and summing the points to determine an overall rating level. Typically, only one staff member is responsible for reviewing the provider's application, supporting documentation, and assigning points. There is no written documentation of the procedures or guidelines regarding the assignment of points or

calculation of a program rating. There are also no procedures in place to determine the extent of agreement between two individuals reviewing the same information for the same program (i.e., inter-rater reliability).

Distribution of Individual Indicators

This section of the report addresses the question, "Is there variation in the individual indicators that measure specific aspects of quality?" and presents information about the distribution of individual indicators in Iowa's QRS. Ideally, there would be variability among programs in meeting the individual indicators. If all or almost all programs, for example, meet a particular indicator, then that indicator is not contributing to the overall rating or helping distribute programs along a quality dimension. The tables below present frequencies and means for meeting indicators. The indicators are organized by the five rating levels and five components (Professional Development, Health and Safety, Environment, Family & Community Partnerships, and Leadership and Administration). Information is presented separately for centers and homes.

Tables 4 and 5 present the distribution of Professional Development indicators for homes and centers. The professional development, education and experience for child development homes are presented in Table 4. Nearly 40% of child development homes did not meet any of the education requirements included in the Iowa QRS. None or very few home-based providers had an Iowa Board of Examiners certificate, Apprenticeship Certificate, or a master's degree in education. Table 5 presents selected characteristics of the education and experience of staff members working in child care centers. Table 5 indicates that 62% of center directors received one of the four approved credentials specified in the Iowa QRS and 68% of the sampled centers with Level 3-5 ratings had at least one staff member with a bachelor's degree in education specific to the age group for whom care is provided.

Table 4. Number and Percentage of Home-Based Providers in Sample who Met Specified Professional Development Indicators by Level

	Homes		Level 3	Level 4	Level 5
	n	%	% Homes	% Homes	% Homes
Professional Development					
Completion of Positive Behavioral Intervention Supports Training	19	22.6%	26.7%	13.6%	50.0%
Completion of Program for Infant and Toddler Care Training	40	47.6%	50.0%	47.7%	40.0%
Education and Experience					
At least 2 years of child care experience and 10 hours additional approved training	15	17.9%	16.7%	20.5%	10.0%
At least 5 years of child care experience and 20 hours additional approved training	35	41.7%	30.0%	45.5%	60.0%
At least 9 college credit hours	13	15.5%	23.3%	11.4%	10.0%
Iowa Board of Examiners certificate and 2 years of experience	0	0%	0%	0%	0%
Child Development Associate (CDA) credential	14	16.7%	10.0%	15.9%	40.0%
Apprenticeship Certificate	1	1.2%	0%	0%	10.0%
1 Year diploma in early childhood education	4	4.8%	0%	9.1%	0%
An associate's degree in education specific to age group for whom care is provided	11	13.1%	10.0%	13.6%	20.0%
A bachelor's degree in education specific to age group for whom care is provided	8	9.5%	0%	15.9%	10.0%
A master's degree in education specific to age group for whom care is provided	0	0%	0%	0%	0%
Provider did not have one of the specified degrees or credentials identified below	33	39.3%	56.7%	34.1%	10.0%

Table 5. Number and Percentage of Centers in Sample That Met Specified Professional Development Indicators by Level

	Centers		Level 3	Level 4	Level 5
	n	%	% Centers	% Centers	% Centers
Credential					
Director has completed requisite credential program	107	61.8%	35.6%	69.6%	75.0%
Education and Experience					
Center had at least one staff member with a bachelor's degree	117	67.6%	68.9%	66.3%	69.4%
Center had at least one staff member with a master's degree	16	9.2%	11.1%	10.9%	2.8%
No staff member had any of the specified degrees or credentials in this component	20	11.6%	11.1%	13.0%	8.3%

Table 6 presents information on the Health & Safety indicators for centers and homes. Very few of the centers (2.9%) or homes (1.2%) earned points for the development and implementation of an emergency preparedness plan. Less than 20% of centers or homes met at least one criteria related to the completion of a health and safety assessment with a child care nurse consultant.

Table 7 shows the number and percentage of centers and homes that met specified indicators in the Environment component. Though a high percentage of centers (74.6%) and homes (91.7%) completed the ERS training, only about half of those providers went on to complete an ERS self-assessment (38.2% of centers and 45.2% of homes) and improvement plan (39.9% of centers and 36.9% of homes). Very few of the homes (13.1%) in the sample met the staff to child ratio requirements. Very few of the centers (4%) in the sample earned points for having the accreditation self-assessment approved by NAEYC.

Table 8 shows the number and percentage of centers and homes that met specified indicators in the Family and Community Partnerships component. Most of the Family and Community Partnerships indicators were met by a half or more centers and homes. Seventy percent or more of both centers and homes in the sample were members of a professional organization. Eighty percent of centers earned points for having annual conferences with new parents.

Table 9 shows the number and percentage of centers that met specified indicators in the Leadership and Administration component. (This component is not required for child development homes.) About 90% of centers earned points for having professional development plans for all staff.

Table 6. Number and Percentage of Programs That Met Specified Health and Safety Indicators by Provider Type and Level

	Centers		Homes		Level 3		Level 4		Level 5	
	N	%	*n*	%	% Centers	% Homes	% Centers	% Homes	% Centers	% Homes
Completion of 3 semester hours of Health, Safety, and Nutrition class through community or 4-year college	27	15.6%	15	17.9%	8.9%	13.3%	16.3%	18.2%	22.2%	30.0%
Other approved health and safety training option	43	24.9%	14	16.7%	17.8%	20.0%	29.3%	18.2%	22.2%	0%
Development and implementation of an emergency preparedness plan	5	2.9%	1	1.2%	4.4%	0%	2.2%	2.3%	2.8%	0%
Development and implementation of an enhanced health and safety policies	27	15.6%	9	10.7%	15.6%	10.0%	17.4%	13.6%	11.1%	0%
Completion of injury prevention checklist with child care nurse consultant	**105**	**60.7%**	**58**	**69.0%**	**57.8%**	**56.7%**	**58.7%**	**79.5%**	**69.4%**	**60.0%**
Visit completed	28	16.2%	11	13.1%	15.6%	13.3%	12.0%	13.6%	27.8%	10.0%
Starting process of making recommended corrections	37	21.4%	24	28.6	26.7%	20.0%	25.0%	36.4%	5.6%	20.0%
All corrections completed	40	23.1%	23	27.4	15.6%	23.3%	21.7%	29.5%	36.1%	30.0%
Completion of child record review with child care nurse consultant	**89**	**51.4%**	**51**	**60.7%**	**16.9%**	**43.3%**	**59.6%**	**70.5%**	**23.6%**	**70.0%**
Visit completed	39	22.5%	19	22.6%	17.8%	23.3%	25.0%	25.0%	22.2%	10.0%
Development of a plan of action to secure health services for children	50	28.9%	32	38.1%	15.6%	20.0%	32.6%	45.5%	36.1%	60.0%
Completion of health and safety assessment with child care nurse consultant	**29**	**16.8%**	**16**	**19.0%**	**10.3%**	**6.7%**	**51.7%**	**25.0%**	**37.9%**	**30.0%**
Visit completed	11	6.4%	8	9.5%	2.2%	6.7%	5.4%	13.6%	13.9%	0%
Development of a plan of action to correct deficiencies	8	4.6%	5	6.0%	2.2%	0%	5.4%	9.1%	5.6%	10.0%
All corrections completed	10	5.8%	3	3.6%	2.2%	0%	5.4%	2.3%	11.1%	20.0%

Table 7. Number and Percentage of Programs That Met Specified Environment Indicators by Provider Type and Level

	Centers		Homes		Level 3		Level 4		Level 5	
	n	%	*n*	%	% Centers	% Homes	% Centers	% Homes	% Centers	% Homes
Training and Self-Assessment										
Completed Iowa State University Extension training on Environment Rating Scale	129	74.6%	77	91.7%	53.3%	90.0%	79.3%	95.5%	88.9%	80.0%
Completed self-assessment and score sheet using the ERS[1]	67	38.7%	38	45.2%	17.8%	36.7%	41.3%	50.0%	58.3%	50.0%
Completed improvement plan based on the ERS self-assessment	68	39.3%	31	36.9%	15.6%	23.3%	40.2%	45.5%	66.7%	40.0%
Completed Iowa Quality Preschool Program self-assessment and improvement plan	41	23.7%			11.1%		22.8%		41.7%	
Ratios										
Child care home meets ratio requirements[2]		-	11	13.1%	-	16.7%	-	9.1%	-	20.0%
Center meets NAEYC[3] or NAA[4] standards for group size	64	37.0%	-	-	31.1%	-	40.2%	-	36.1%	-
Accreditation										
Accreditation self-assessment approved by NAEYC	7	4.0%	-	-	2.2%	-	6.5%	-	0%	-
Accreditation by the NAFCC[5]		-	5	6.0%	-	0%	-	6.8%	-	20.0%
Program is verified by IQPPS[6]	28	16.2%	-	-	13.3%	-	14.1%	-	25.0%	-
Compliance with Head Start Program Performance Standards	35	20.2%	-	-	22.2%	-	23.9%	-	8.3%	-
Accreditation by NAEYC, Council on Accreditation, or NAA	29	16.8%	-	-	0%	-	21.7%	-	25.0%	-

Notes. "-" indicates that this indicator is not applicable to the provider type.

[1]Centers much complete a self-assessment for at least 1/3 of classrooms and one classroom in each age group.

[2] No more than two children under the age of 2 are in care at any one time and no more than six children total are in care at any one time, including the provider's own children under school age.

[3] National Association for the Education of Young Children

[4] National Afterschool Association

[5] National Association of Family Child Care

[6] Iowa Quality Preschool Program Standards

Table 8. Number and Percentage of Programs That Met Specified Family and Community Partnership Indicators by Provider Type and Level

	Centers		Homes		Level 3		Level 4		Level 5	
	N	%	*n*	%	% Centers	% Homes	% Centers	% Homes	% Centers	% Homes
Member of a professional organization	120	69.4%	65	77.4%	53.3%	76.7%	70.7%	75.0%	86.1%	90.0%
Orientation provided for new parents	83	48.0%	43	51.2%	51.1%	53.3%	46.7%	47.7%	47.2%	60.0%
Annual conferences held with new parents	139	80.3%	35	41.7%	80.0%	23.3%	76.1%	47.7%	91.7%	70.0%
At least one group parent meeting is held annually	40	23.1%	10	11.9%	15.6%	10.0%	18.5%	13.6%	44.4%	10.0%
Parent advisory board meets quarterly	32	18.5%	-	-	11.1%	-	20.7%	-	22.2%	-
Annual parent surveys are collected and results are used to inform program practices	97	56.1%	38	45.2%	46.7%	46.7%	56.5%	43.2%	66.7%	50.0%

Notes. "-" indicates that this indicator is not applicable to the provider type.

Table 9. Number and Percentage of Programs That Met Specified Leadership/Administration Indicators by Provider Type and Level

	Centers		Homes		Level 3		Level 4		Level 5	
	n	%	*n*	%	% Centers	% Homes	% Centers	% Homes	% Centers	% Homes
Staff receive yearly written evaluation	96	55.5%	-	-	42.2%	-	56.5%	-	69.4%	-
Annual updating of overall center improvement plan	128	74.0%	-	-	77.8%	-	67.4%	-	86.1%	-
All staff have completed professional development plans with the center's overall skill needs in mind	155	89.6%	-	-	86.7%	-	89.1%	-	94.4%	-
All staff who have direct contact with children complete the Iowa State University Extension New Staff Orientation (NSO) training within 4 months of starting employment	87	50.3%	-	-	37.8%	-	47.8%	-	72.2%	-

Notes. "-" indicates that this indicator is not applicable to the provider type.

Summary

In summary, most of the indicators in Iowa's QRS are functioning as intended—with variability in the extent to which centers and homes meet the indicators. A few of the indicators do not have much variability either because almost every program meets it or because nearly no program meets it. The indicators with the least variability are listed below and may warrant a more careful review and consideration of inclusion during the next QRS revision process. It should be acknowledged, though, that the Iowa QRS leadership may continue to include some or all of these indicators for other reasons (e.g., it is important to recognize and reward programs for having staff with a master's degree).

Indicators with Little Variability in Sample of Centers	Indicators with Little Variability in Sample of Homes
• Development and implementation of an emergency preparedness plan *(< 20% met)* • Accreditation self-assessment approved by NAEYC *(< 10% met)*	• Development and implementation of an emergency preparedness plan *(<15% met)* • Completion of the Iowa State University extension training on ERS *(>79% met)* • Iowa Board of Examiners Certificate and 2 years of experience *(none in sample met)* • Apprenticeship Certificate *(<11% met)* • Master's degree in education *(none in sample met)*

Ratings

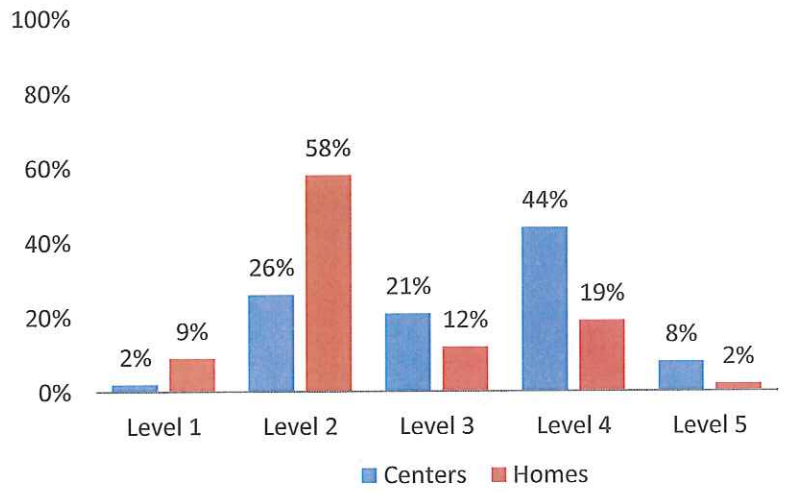
The third QRS validation examines the distribution of ratings and the extent to which the ratings reflect meaningful differences in quality. This section of the report provides information about the ratings, the point distribution in the components. This information was gathered through an examination of data for a sample of 173 centers and 84 homes (see Methods for more information about the sample). These analyses address the following questions:

1. Do rating distributions vary by program type (i.e., centers and homes)?
2. What is the distribution of points within each of the five components?
3. What are the characteristics of programs that received enough points for a Level 5 rating but did not request an observational assessment or achieve the required minimum 5.0 score on the ERS?
4. What are the characteristics of programs with Level 3-5 ratings that also meet other program standards above licensing (e.g., Head Start, national accreditation)?

Rating Distributions by Program Type

The overall distribution of ratings of all programs (not just the sample) participating in Iowa's QRS as of August 1, 2013 is provided in Figure 1.

Figure 1. Overall Distribution of Ratings for Participating Programs



There are no standards for expected or desired quality rating distributions, and distributions vary from state to state depending on the rating structure as well as the quality of programs. Most (52%) of the participating child care centers in Iowa's QRS earned a Level 4 or 5 rating. The high percentage (44%) of Level 4 centers compared to Level 5 centers (8%) is in part due to the Level 5 requirement of a classroom observation. Some of the Level 4 centers earn enough points to be eligible for a Level 5 rating but choose not to have a classroom observation conducted. Most (67%) of participating child development homes earned a Level 1 or 2 rating. Many factors may impact the different patterns of ratings by program type. For instance, the QRS may not work similarly for child development homes and child care centers, which would suggest that the rating system may need to be adjusted. It may also mean that child development home providers require additional support to improve their quality. Further research is suggested to more carefully examine these differences in ratings.

Examining the total number of points earned within the top level of the rating (Level 5) provides useful information about the extent to which Level 5 is differentiating among higher quality programs. Centers must earn at least 34 points to be awarded a Level 5. In the sample analyzed for this report, centers earned as many as 70 points. Forty-two percent (42%) of the centers earned 34-39 points, 44% earned 40-49 points, and 14% earned 50 or more points. In the sample analyzed for this report, homes earned as many as 39 points. Sixty-eight percent (68%) of the homes earned 25-29 points and 32% of homes earned 30-39 points. This suggests

that programs earning the highest Level 5 rating may vary in some dimensions of quality, particularly for centers.

Distribution of Points

Examining the distribution of points earned across each component provides useful information about how Level 3-5 programs earn their ratings. The analyses reported in this section were completed on the sample of 173 centers and 84 homes with Level 3-5 ratings. As context for the information, Table 10 provides the maximum number of points possible for each component. The overall distribution of possible points highlights the fact that some components have significantly fewer maximum points than others. This is similar to other QRS and may reflect different areas of emphasis and/or recognition of the measurement limitations (e.g., it is difficult to measure family and community partnerships so many states rely on self-report or documentation of activities).

Table 10. Maximum Points Possible For Each Component

Component	*Maximum Points Possible for Centers (91 total points)*	*Maximum Points Possible for Homes (82 total points)*
Professional Development	30 (33%)	34 (42%)
Health & Safety	19 (21%)	19 (23%)
Environment	27 (29%)	23 (28%)
Family & Community Partnership	8 (9%)	6 (7%)
Leadership & Administration	7 (8%)	N/A

Figures 2 and 3 present information about the distribution of total points earned across the five components. This information helps answer the question, "How are programs choosing to earn their points?" Both figures show that programs are earning points across all components, as is required for QRS participation. Figure 2 shows that Professional Development and Environment were the components for which centers earned the most points (24-33% of their points), which makes sense because these components have the most maximum points possible (30 and 27 points, respectively). For each of the other three components—Health and Safety, Family and Community Partnerships, and Leadership and Administration—programs earned 17% or less of the total points. Additional research could be useful in better understanding why programs are not choosing to earn more of the points in these areas. It is possible that some of the indicators are challenging to meet. It is also possible that programs may be satisfied with their current rating and choose not to earn additional points in these areas, particularly if the additional points would not translate to a higher rating.

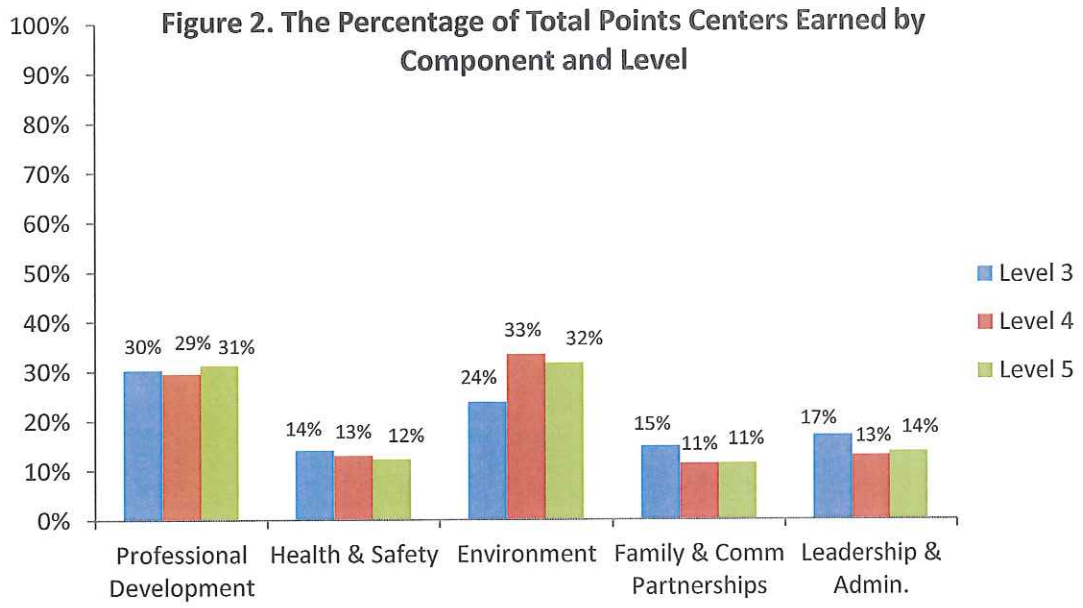
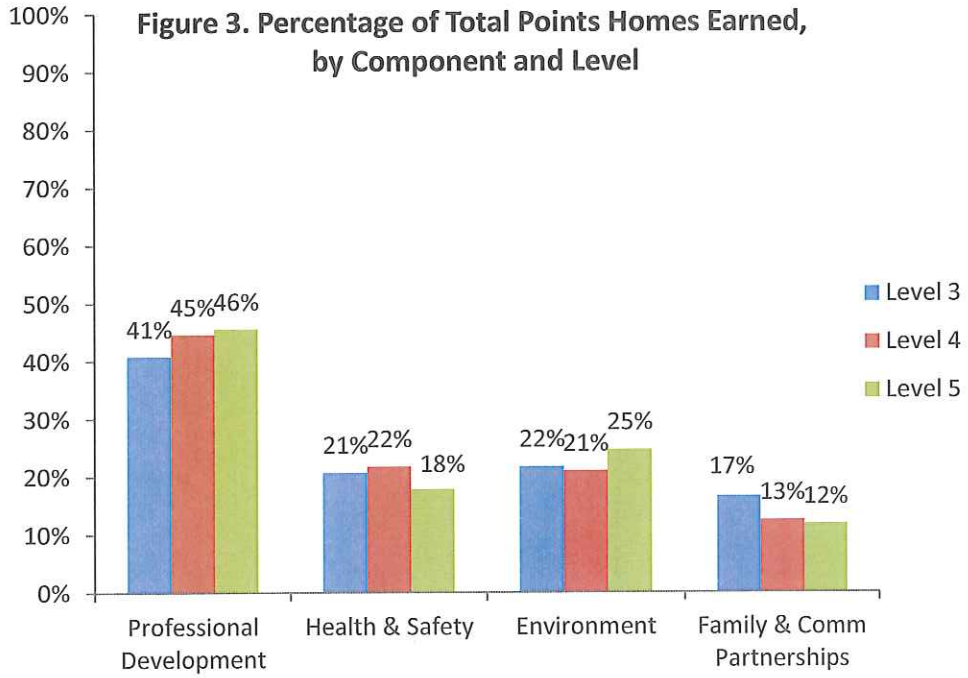
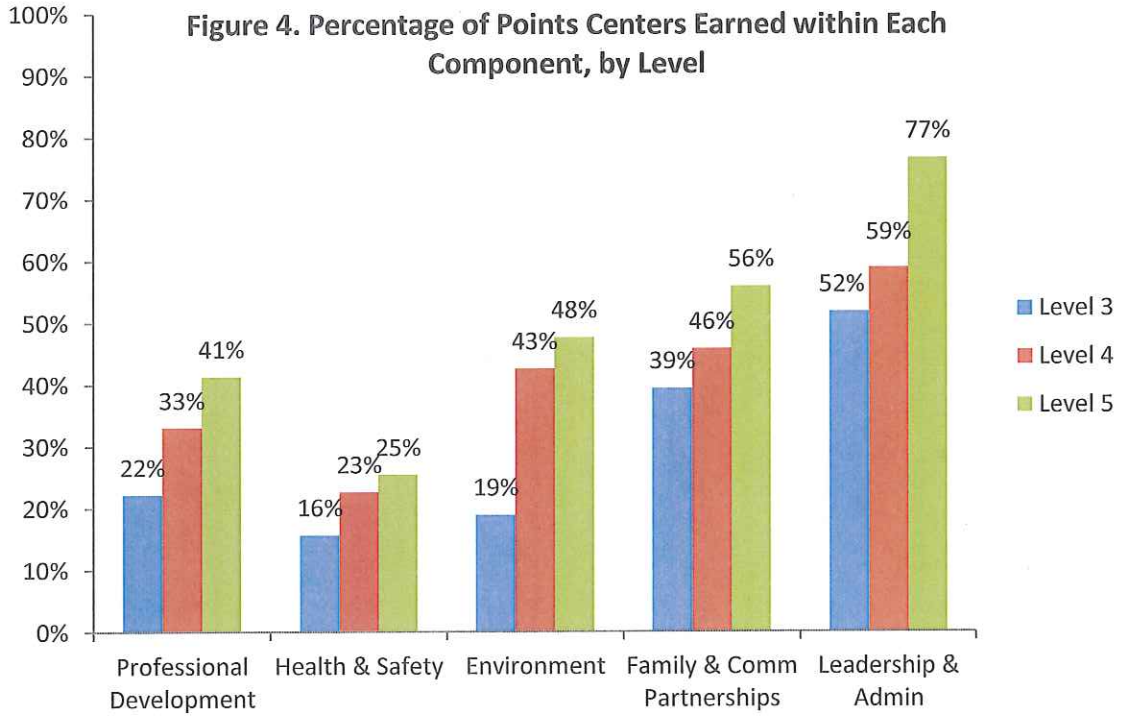


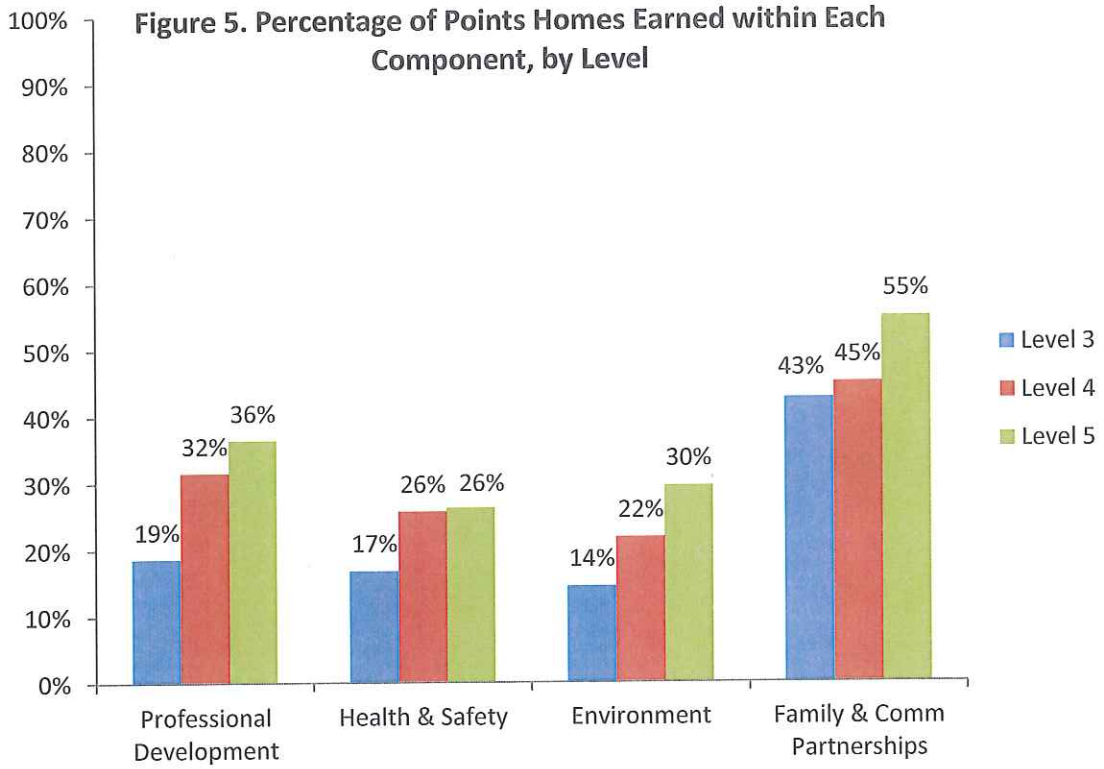
Figure 3 shows that child care homes received the highest percentage of possible points from the Professional Development component (41-46%). Similar to centers, the maximum number of points was awarded to the Professional Development component. The lowest percentage of total points (12-17%) for homes was earned in the Family and Community Partnerships component.



Figures 4 and 5 show the percentage of points earned *within* each component, out of the total points possible within that component (e.g., a center could choose to earn as much as 30 points for Professional Development). Figure 4 shows a stair-step progression of percentage of points earned by level across all components for centers. This suggests that the system is working as intended in that programs earn more points in each component as they earn higher ratings. On average, centers at all levels in the sample earned half or more of the maximum points possible for Leadership and Administration. Centers in the sample earned, on average, 25% or less of the maximum points possible for Health and Safety.



For child development homes, the stair-step progression across levels is clearly evident in the Environment and Professional Development components (see Figure 5). For Health and Safety, Level 4 and Level 5 homes earned, on average, the same percentage of maximum possible points. For Family and Community Partnerships, Level 3 and Level 4 homes earned, on average, about the same percentage of maximum possible points.



In summary, the analysis of point distributions suggests that centers earned more points within each of the components as they earned higher ratings. This stair-step progression was evident in two of the components (Professional Development and Environment) for child development homes. Both centers and homes earned few of the maximum points possible in Health and Safety. Additional research would be needed to determine why programs at Level 3-5 chose to earn so few of the points possible in Health and Safety (e.g., Is there limited access to child care nurse consultants? Are the indicators challenging to meet?).

Points Earned vs. Rating Received: The Role of the Environment Rating Scale

Table 11 below presents the distribution of child care centers and homes in the sample by the level that was awarded and total number of points received. For child care centers in the sample, 34 (37%) Level 4 programs scored enough points to be eligible for a Level 5 rating. Of these 34 centers, 14 (41%) requested an Environmental Rating Scale (ERS) assessment but did not receive the minimum required score of 5.0 or above in each classroom assessed. Six of these 14 centers (43%) were NAEYC accredited, 6 (43%) were IQPPS, and 2 (14%) were Head Start. Of the 20 centers that did not request an ERS, 9 (45%) were NAEYC accredited, 3 (25%) were IQPPS, 1 (5%) was a Head Start program, and 7 (35%) were centers that did not have one of these program distinctions.

Table 11 also shows that 14 (31%) child care homes in the sample earned enough points to be eligible for a Level 5 rating. Of the 14 homes that received enough points to be eligible for a Level 5 rating, 5 (36%) requested an ERS and did not receive a score at or above the required 5.0. Of the 9 (64%) homes that did not request an ERS to be conducted, 3 (33%) were NAFCC accredited.

Overall, these analyses suggest the important role of the ERS in determining a Level 5 rating. About a third more programs in the sample earned enough points to receive a Level 5 rating but either chose not to have an ERS assessment or did not earn the minimum required ERS score. Additional research would be helpful in better understanding the role of the ERS. It is possible, for example, that programs may be reluctant to or do not see the added benefit of having an observational assessment completed. It is also possible that the incentives for earning a Level 5 rating are not strong enough to motivate or support programs to earn a Level 5 rating.

Table 11. Percent of Total Points Providers Received by Domain and Provider Type, 2013

	Centers						Homes					
	17-26 (Level 3 Points Range)		27-33 (Level 4 Points Range)		34 or more (Level 5 Points Range)		14-18 (Level 3 Points Range)		19-24 (Level 4 Points Range)		25 or more (Level 5 Points Range)	
	n	%	*N*	%	*n*	%	*n*	%	*n*	%	*n*	%
Level 3	45	100%	0	0%	0	0%	30	100%	0	0%	0	0%
Level 4	0	0%	58	63%	34	37%	0	0%	30	68%	14	31%
Level 5	0	0%	0	0%	36	100%	0	0%	0	0.0%	10	100%

Characteristics of Programs Meeting Other Program Standards Above Licensing

Examining subgroups of centers and homes that have to meet other specific program standards above licensing may provide further insight into distinctions of quality within a QRS. Of the data available for this study, Child Trends was able to examine centers that were identified as Head Start programs, Iowa Quality Preschool Program Standards (IQPPS), centers that received accreditation from the National Association for the Education of Young Children (NAEYC), and homes that received accreditation from the National Association of Family Child Care (NAFCC).

Head Start is a federally funded program designed for children ages birth to five in low-income families to help prepare them for school. In addition to educational services, Head Start provides health and social services and encourages parental involvement in all aspects of the

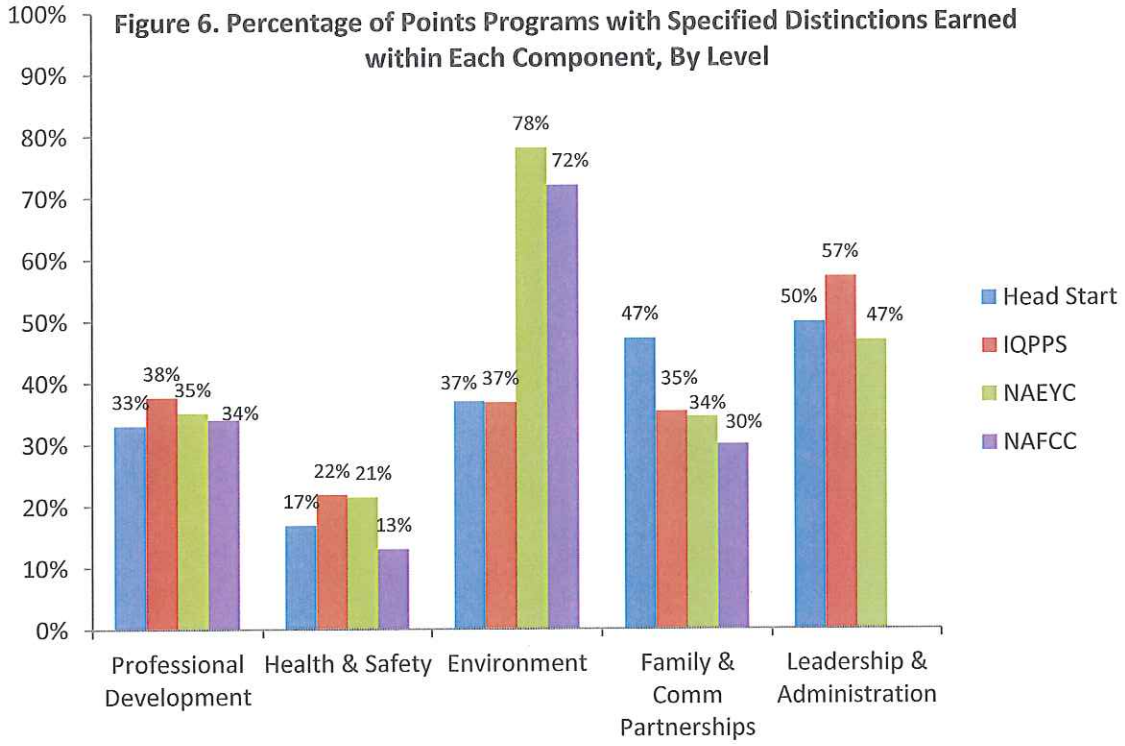
program. The NAEYC accreditation process requires child care centers to meet a rigorous set of over 400 indicators in ten areas: Relationships, Curriculum, Teaching, Assessment, Health, Teachers, Family, Community, Physical Environment, and Leadership and Management (NAEYC, 2008). The Iowa Quality Preschool Program Standards is a designation developed by the Iowa Department of Education and awarded to preschool programs that serve 3- and 4-year-old children, receive funding from the Iowa Department of Education, and meet the specified standards (Iowa Department of Education, 2004). These standards address all ten of the NAEYC program areas listed above and 45% of the NAEYC required indicators. The NAFCC accreditation standards cover five areas: Relationships, Environment, Developmental Learning Activities, Safety and Health, and Professional and Business Practices and require homes to meet 298 criteria (NAFCC, 2013).

Table 12 provides information about the number of Head Start, IQPPS, NAEYC, and NAFCC programs in the sample at rating Level 3-5. Across all types of program distinction, most of these programs earned a Level 4 rating.

Table 12. Number and Percentage of Programs at Level 3-5 in Sample, by Program Distinction

	Head Start	IQPPS	NAEYC	NAFCC
Level 3	10 (29%)	6 (21%)	0	0
Level 4	22 (63%)	13 (46%)	20 (69%)	3 (60%)
Level 5	3 (9%)	9 (32%)	9 (31%)	2 (40%)
Total Number	*35*	*28*	*29*	*5*

Figure 6 shows the percentage of points earned within each component, out of the total points possible for that component, for each of the types of program distinctions. For the Professional Development component, programs across distinction types received comparable percentages of points. NAEYC and NAFCC programs received the greatest percentage of points within the Environment component (78% and 72%, respectively). In the Family and Community Partnership components, Head Start programs received more points within this component than the other types of programs. In the Leadership and Administration component, IQPPS programs received the greatest percentage of points (57%).



Child Outcomes

The fourth validation approach addresses the extent to which ratings and particular indicators are related to measures of children's development and learning. This type of validation study can address questions like, "Is development and learning greater for children who attend higher-rated programs as compared to those who attend lower-rated programs?" This validation approach is typically done when a QRS is more mature in its development. For this evaluation project, there was not enough time or resources to address this aspect of validation.

Compared to the other validation approaches, this is the most complex, longest, and expensive type to conduct. Children's skills must be measured at two different times (typically fall and late spring) in order to determine growth over time, and researchers must gather and control for other factors that are related to children's development (e.g., maternal education, family income). Depending on the number of levels and the particular research questions, the sample of children needed to assess can be quite large (e.g., > 500). If Iowa QRS stakeholders are interested in this type of validation, an outside evaluator will likely need to be contracted for at least a two-year period to complete the work.

Data Issues

As described in the Evaluation Methods section, DHS currently maintains only paper files of program applications, points earned for the rating, and other supporting documents. To conduct the analyses for this study, data from the paper files were entered into a database by a DHS staff member. If DHS utilized an electronic data system to maintain participant files, the process of obtaining and analyzing records for this evaluation would have been more efficient and less prone to potential data entry errors.

The absence of strong data systems also prevented the inclusion of useful information in this evaluation. It was not possible during the evaluation time period to obtain information about the percentage of children receiving child care subsidies for the sample of programs analyzed; this information would have allowed for an examination of the rating distributions of programs serving a high proportion of children from low-income families. It was also not possible to determine the number and percentage of school-based programs participating in the QRS. An integrated data system that captures key information like this would be very valuable to Iowa policy makers, DHS, and QRS leaders in better understanding Iowa's QRS. Such a system would, for example, enable DHS to document the progress of programs earning higher ratings and support the participation of children receiving child care subsidies in high-quality programs.

Finally, during the process of gathering data for this evaluation, it was also evident that DHS has minimal documentation to define terms, assign points, and calculate ratings. This suggests that critical information about the procedures for reviewing program applications, assigning points, and determining an overall rating may not be available to the larger DHS organization and may, instead, exist only in the knowledge of one or a few individuals.

Limitations

Several limitations should be considered when reading this report. First, the very short timeline (i.e., 3 months) for this evaluation prohibited a more extensive, comprehensive evaluation of Iowa's Quality Rating System. It was not possible to collect any new data, for example, to determine whether the ratings are related to an independent measure of quality or to examine the relationship between program quality and measures of children's development. Second, although the comparisons with other states' QRS were based on the most recent available data, the state-by-state QRS Compendium is nearly four years old and may not reflect the current status of state QRS. Third, the data analyzed for this report were provided for a sample of programs (centers and homes) rather than all of the programs. It is possible that the

information in this report would be different if data from all programs were analyzed. Randomly selecting the programs sampled in Levels 3 and 4 should have helped minimize the differences between the sample and total population of participating programs. Fourth, it is important to note that there are some data entry errors in the program data provided by the Department of Human Services for this evaluation. Although the data entry error rate was low (<2%) for the 10% of records that were double entered by the Child Trends staff and compared with the data provided by Iowa DHS staff, ideally there would be no errors in the dataset before it was analyzed. The time constraints for this evaluation did not allow verification of 100% of the data sampled, though, so the report could include some incorrect information.

Conclusions

The Iowa legislature required an evaluation of Iowa's QRS that addressed multiple aspects of validating the system. It is important to reiterate that validation and evaluation are multi-step processes that support continuous quality improvement (Zellman & Fiene, 2012). This evaluation provides evidence of the validity of Iowa's Quality Rating System and suggests some areas for consideration when DHS leaders undertake a revision of the QRS. Conclusions are offered for each of the four aspects of validation specified in the legislation.

Key Concepts. The components included in Iowa's QRS are based on research and include some areas that are common across other state QRS—Staff Qualifications, Environment, Family and Community Partnerships, and Leadership and Administration. Health and Safety is less frequently included in QRS, most likely because those aspects of quality are addressed in state licensing regulations, but viewed as important to Iowa QRS leaders. Iowa's QRS does not include two components that are common to other state QRS: Curriculum and Child Assessment.

Psychometric Properties and Measurement Issues. Iowa follows recommended practice in training and maintaining reliability on the ERS, the set of observational quality measures that are required for a program to earn a Level 5 rating. DHS is responsible for reviewing program applications for most of the information required for a rating, and it would be beneficial to strengthen the data system and inter-rater reliability procedures (see Recommendations). An analysis of the individual indicators that comprise each component found that almost all of the indicators are working as intended. There were only a few indicators for which there was little variability (i.e., most programs met the indicator or very few programs met the indicator). Because of the limited variability in these few indicators, they are not helpful in sorting higher

quality programs from lower quality programs and should be reviewed during the next QRS revision for possible deletion.

Ratings. Although there are programs at each of the five rating levels, the distribution of ratings is different for child care centers and child development homes. Most participating centers have earned a Level 4 or 5 rating; most homes have earned a Level 1 or 2 rating. The distributions may be different due to the relatively low quality of participating homes compared to centers, particularly because Iowa registers (rather than licenses) child development homes. During the next revision, QRS leaders may want to consider the meaning of these different distributions and the possible need for revisions in the rating system or strengthened infrastructure to support quality improvement. Some programs (centers and homes) earn enough points for a Level 5 rating but either choose not to have an ERS assessment completed or do not receive the minimum required score for a Level 5 rating; this may in part explain why most centers have a Level 4 rating. Time and resources did not permit new data collection to determine the relationship between the ratings and another, independent measure of quality.

Child Outcomes. The fourth validation approach addresses the extent to which ratings and particular components and indicators are related to measures of children's development and learning. The short timeline and limited resources did not allow for the Child Trends team to address this aspect of validating Iowa's QRS.

Recommendations

In this section, the Child Trends team offers several recommendations for consideration in strengthening Iowa's Quality Rating System. These recommendations are based on document review, data analysis, and literature reviews. Although the Child Trends team has learned much about Iowa's Quality Rating System during this short evaluation project, we do not have the in-depth, historical knowledge and perspective of Iowa stakeholders. Thus, please note that the recommendations are offered for *consideration*.

The overarching recommendation is to **use the information in this evaluation to guide future revisions of Iowa's Quality Rating System**. This report provides detailed information about the distribution of programs across individual indicators, components, and overall ratings. It also provides some comparative information regarding the similarities and differences between QRS in Iowa and other states. The information in this report can help stakeholders make data-informed decisions about revising the QRS again, whenever it is appropriate to do so.

More specific recommendations for consideration are listed below.

Revising the QRS

1. **Consider adding and deleting some indicators in the QRS.** When Iowa next considers revising its QRS, the leadership team may want to consider eliminating indicators that show minimal variability (i.e., almost all programs meet or very few programs meet). The QRS leadership may also want to consider adding new indicators, perhaps aligning the QRS with other aspects of the early childhood system. For example, an indicator could be included regarding the use of curricula that is aligned with Iowa's Early Learning Standards for young children. The revision process is useful in re-considering which important components and indicators should be included in a QRS while balancing issues of feasibility and efficiency.

2. **Consider how best to support child development homes**. QRS leaders may want to consider the meaning of having most homes at a Level 1 or 2 in terms of the possible need for revisions in the rating system, incentives to participate, or strengthened infrastructure to support quality improvement.

3. **Consider the role of Health and Safety indicators in the QRS.** Iowa QRS leaders' emphasis on health and safety is evident in Iowa's QRS. Iowa, like other states, must determine what best fits in licensing vs. QRS. Iowa leaders may also want to consider including health indicators, like developmental screening, that are more closely related to children's growth and development.

4. **Consider how best to support program participation in the Environment Rating Scale**. Several programs in the evaluation sample earned enough points for a Level 5 rating but either did not request an ERS or did not receive the minimum required score. Special technical assistance may be needed to support these programs in reaching the ERS requirement for a Level 5 rating.

5. **Consider the "I" in QRIS**. Although Iowa's system is called a Quality Rating System, the early childhood field generally uses the term Quality Rating and Improvement System to emphasize the importance of *improvement* as much as *rating*. A review and consideration of revisions to Iowa's system should focus on both the rating and the improvement aspects of the system. Issues for consideration could include, for example, the extent to which resources are available and aligned with Iowa's QRS to support quality improvement and the extent to which participating programs are encouraged to be involved in a continuous quality improvement process.

Rating Procedures and Data System

6. **Develop detailed definitions of terms and procedures for assigning points in the Quality Rating System**. Best practices in data management suggest that all terms or variables in a

rating system be clearly defined and documented. Procedures for assigning points for each indicator in the QRS should also be delineated clearly enough so that someone with little knowledge of the system could accurately review a program's application and assign points.

7. **Train more than one DHS staff member to review applications and assign points, and establish procedures for ensuring their inter-rater reliability.** Identifying and training a small group of individuals to have a similar level of knowledge of program rating procedures would strengthen the capacity of DHS to successfully manage the QRS. If only one person is knowledgeable of the system, then challenges can occur if the person leaves or has a prolonged absence. Once the team of individuals is trained, then establish a procedure for regularly determining agreement among staff in scoring applications and assigning ratings (e.g., 10-20% of applications). These procedures will strengthen the accuracy and consistency of program ratings.

8. **Invest in the development and ongoing maintenance of a data system to enter program rating data for each indicator in the rating.** The Iowa DHS currently maintains only basic information about the program and its rating in an excel spreadsheet. As described in a previous section of this report, most of the information is hand-written on paper and stored in paper files for each participating program. Investing in the development and maintenance of an electronic system would serve two major purposes. First, this system could be used by DHS staff to enter the points received for each indicator, providing a clear record of points earned for each indicator and minimizing human error in summing points. This system could be designed to flag possible data entry errors, further minimizing data errors. Second, a data system would enable QRS leaders to more easily summarize data to understand the current status of Iowa's QRS, examine changes in program ratings over time, and identify areas that might need to be re-calibrated or adjusted to strengthen the system. An electronic data system with the appropriate data elements also could enable the state agency to address questions from other key stakeholders. For example, an electronic data system could help provide information needed for the federally-required Quality Performance Report for Child Care and Development Fund activities. The early childhood *Quality Initiatives Research and Evaluation Consortium (INQUIRE) Data Toolkit*, anticipated to be released by the end of 2013, will provide a valuable resource for Iowa DHS leaders. The *Data Toolkit* provides a guide to linking key policy, monitoring, and evaluation questions about QRS with data elements. It also provides a dictionary of common data elements for quality initiatives. The toolkit will be posted at http://www.researchconnections.org/content/childcare/federal/inquire.html

Evaluation/Validation

9. **Develop a long-term evaluation plan for the Quality Rating System.** We commend the Iowa Legislature and Department of Human Services for allocating resources to support an evaluation of Iowa's Quality Rating System. Evaluation—and validation—are ongoing processes that support continued strengthening of a QRS. Different evaluation questions are appropriate for different phases or stages in the life of a QRS. It would be useful for the Department of Human Services to build on this short-term evaluation by developing a long-term evaluation plan that articulates key priority evaluation questions, designates next steps in building the agency's internal capacity to address some questions, and delineates other key questions that may require an independent evaluator. As mentioned in this report, the scope and timing for this evaluation limited the kinds of questions that could be addressed. A long-term plan would help QRS stakeholders agree on priorities; identify internal data needs and strengthen the data capacity to meet those needs; as well as search for resources, as needed, to address the key questions. Two resources may be especially helpful in developing an evaluation or validation plan. The first is the *Quality Rating and Improvement System Evaluation Toolkit* (Lugo-Gil, Sattar, Ross, Boller, Kirby, & Tout, 2011) that offers guidance in developing a logic model, identifying questions, working with evaluation contractors, and other evaluation issues. The second is the *Key Elements of a QRIS Validation Plan: Guidance and Planning Template* (Tout & Starr, 2013) that describes key elements of and issues to consider in developing a QRS validation plan.

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Appendix: Comparison of Iowa's QRS with Other QRS

The 2010 *Compendium of Quality Rating Systems and Evaluations* (Compendium; Tout, Starr, Soli, Moodie, Kirby, & Boller, 2010) profiles 26 QRS systems (including Iowa's) and provides the most up-to-date national picture of the status of QRS. This appendix provides comparative information about Iowa's QRS, highlighting similarities and differences in Iowa's ratings.

The Compendium lists 13 different quality categories that describe the various indicators in Quality Rating Systems. As evident in Table 3, Iowa includes many of the same categories or components that are included in other QRS—namely licensing, staff qualifications, family partnerships, administration and management, and accreditation. Iowa includes one component, health and safety, that is included in only a few other QRS.

Table 3. Comparison of QRS Components

	Centers		*Homes*	
Component	**# of QRS in** Compendium	**Included in Iowa QRS**	**# of QRS in** Compendium	**Included in Iowa QRS**
Licensing compliance	26	√	23	√
Ratio and group size	13	√	6	√
Health and safety	4	√	4	√
Curriculum	14	--	9	--
Environment	24	√	21	√
Child assessment	12	--	8	--
Staff qualifications	26	√	23	√
Family partnerships	24	√	21	√
Administration and management	23	√	16	--
Cultural and linguistic diversity	8	--	2	--
Accreditation	21	√	20	√
Provision for special needs	9		6	
Community involvement	7		6	

The next sections provide more detailed information about each of the components included in Iowa's QRS.

Licensing

As noted above, all QRS in the Compendium require programs to be licensed. Most QRS require a license to be eligible to participate in the QRS, but some (like Iowa) establish the first level of the QRS as being licensed or registered. Although there is nothing in the Compendium that suggests that another state specifically accepts programs with a provisional license into QRS like Iowa does, some states accept programs with "no substantiated serious violations"

(Maine) or require that programs "must not have numerous, repeated, or serious non-compliance with licensing requirements" (Oklahoma). Four QRS allow license-exempt centers to enroll.

Participation in the Federal Food Program

Iowa requires that "if eligible, [the center or home participates] in the federal food program (Child and Adult Care Food Program – CACFP)" (Iowa DHS, 2011a; 2011b). Information about this indicator was not included in the Compendium so no comparisons are possible.

Professional Development/Staff Qualifications

The Professional Development component in Iowa's QRS includes indicators for education, training, experience, and credentials.

Education. Iowa awards programs (both centers and homes) points based on the training, certification, or educational attainment of their staff. For centers, 2 points can be earned for a staff member with 15 hours of annual approved training beyond regulatory requirements up to 25 points for a staff member with a master's degree in education specific to the age group for whom care is provided. There are a total of 10 different education categories with particular point values. The first two categories (assigned the fewest points) address hours of training. Points are assigned to the highest applicable education component for each center staff member, including the director. The total number of points is then divided by the number of staff to calculate an "average" number of points for education. The Child Development Associate (CDA) credential is included as part of the educational options.

As noted above, all of the QRS in the Compendium include staff education requirements for centers and homes. A CDA is commonly the highest requirement for teachers, although 14 QRS (including Iowa) include a Bachelor's degree for centers. Most require certain percentages of teachers to meet particular education requirements.

For homes, programs may earn a maximum of 25 points based on the provider's highest educational achievement. The CDA credential is included as part of the educational options. Nearly all (23, including Iowa) of the QRS in the Compendium include education requirements for homes. Nine of the QRS in the Compendium (including Iowa) include a Bachelor's degree for family child care homes.

Experience. Two of the 10 education categories in Iowa's QRS include years of experience as well as training or certification (e.g., 30 hours of training plus 5 years of experience). Thirteen (including Iowa) of the 26 QRS in the Compendium include experience for directors, 12 (including Iowa) include experience for teachers, and 7 (including Iowa) include

experience for home providers. The Compendium does not include information about whether years of experience is a separate indicator or combined with other education or training requirements. The Compendium does, however, identify 10 other QRS (in addition to Iowa) that require both training and experience for center directors and teachers as well as 6 other QRS (in addition to Iowa) that require both training and experience for home providers.

Credential. Credentials are included in Iowa's QRS for the director as well as staff or home provider. Other than the CDA, the Compendium does not include information about credentials, likely because credentials are often state-specific. Iowa, for instance, offers five points in its QRS if the director has earned one of four optional credentials—some of which are state-specific (e.g., Aim4Exellence) and others are national (e.g., CDA, National Administrator Credential).

Health and Safety

Only three other QRS (Minnesota, Oklahoma, and Pennsylvania) include health and safety indicators, most likely because provisions for health and safety are typically included in licensing regulations. This section provides comparison information on the specific health and safety indicators included in Iowa's QRS.

A Level 2 center in Iowa is required to ensure that "each room has at all times at least one staff member present who has completed mandatory reporting of child abuse, universal precautions and infectious disease control, cardiopulmonary resuscitation, and first aid" (Iowa DHS, 2011a). Pennsylvania is the only other QRS with similar requirements that must be addressed at varying levels of the rating (e.g., one staff member per class must have current pediatric first aid certification, director must take child abuse mandated reporter training, all staff must have two hours of health and safety professional development annually, and the program must have a system for reviewing site safety and developing a plan of action).

Centers and homes applying for a Level 3-5 rating can earn points on 7 health and safety indicators, each of which are described briefly below.

1. ***Completion of a college-level course in Health, Safety, and Nutrition***. Of the three QRS that have indicators on health and safety, Iowa is the only state that offers points for a college-level course on health and safety.

2. ***Completion of "other approved health and safety training option" within the past years***. One other state, Pennsylvania, has a similar criterion that requires at least one staff member from each classroom to have a current pediatric first aid certification and child abuse mandated reporter training.

3. ***Development and implementation of an emergency preparedness plan***. Information about emergency preparedness or risk management plans is covered in the Administration and Management section of the Compendium. Three other QRS mention emergency preparedness in their criteria for centers (Florida, Miami Dade; Florida, Palm Beach; North Carolina; Indiana and North Carolina include emergency preparedness in their criteria for homes).
4. ***Development and implementation of enhanced health and safety policies***. Pennsylvania and North Carolina mention health or safety policies in their QRS for centers; only North Carolina mentions similar policies in their QRS for homes.
5. ***Completing an injury prevention checklist with a child care nurse consultant and making recommended corrections.*** No other QRS in the Compendium requires a similar checklist.
6. ***Completing a child record review with a child care nurse consultant and developing a plan of action to secure health services for children as needed***. No other QRS in the Compendium requires a similar review.
7. ***Completion of a health and safety assessment with a child care nurse consultant and making recommended corrections***. Both Minnesota and Oklahoma award points for the completion of health and safety checklists in centers and homes, but they do not require that the checklists be completed with a child care nurse consultant.

Environment

Iowa's QRS Environment component includes training and use of the Environment Rating Scale, national accreditation, and ratio and group size. This section focuses only on the ERS; the remaining two topics are addressed in other sections. (See the Introduction for a description of the ERS.)

Most of the QRS in the Compendium (including Iowa) use the ERS to assess the environment in centers (20). In 2010, two QRS (Minnesota and Virginia) include the *Classroom Assessment Scoring System* (CLASS; Pianta, La Paro, & Hamre, 2008); the number of QRS including CLASS has likely increased since then with the recent use of the CLASS in Head Start.

To earn a Level 5 rating in Iowa's QRS, a center must earn a minimum of 34 points and receive a minimum ERS score of 5.0 in each assessed room. Iowa assesses one-third of all classrooms and at least one classroom per age group. In the Compendium, 10 QRS assess one-third of all classrooms, 5 assess one-half of all classrooms, and 4 assess all classrooms. Criteria for the average ERS score (across classrooms) is provided in most QRS. Delaware is the only other QRS in the Compendium to require a minimum ERS score for each classroom assessed like

Iowa does. Although there is some variability among QRS, the average ERS score recognized at the highest level for centers is typically in the 5.0-5.5 range (for 13 QRS) or higher (for 4 QRS).

Most of the QRS in the Compendium (including Iowa) use the ERS to assess the environment in family child care homes (17). To earn a Level 5 rating in Iowa's QRS, a home must earn a minimum of 25 points and receive a minimum ERS score of 5.0. For homes, the highest average ERS score recognized is typically in the 5.0-5.5 range (for 12 QRS).

At Levels 3-5, centers and homes in Iowa can earn points for ERS training, self-assessment, and the development of an improvement plan. The Compendium does not include any information about ERS training. Five other QRS include an ERS self-assessment (Delaware, Miami-Dade, Kentucky, New Hampshire, and Vermont). Seven QRS (the five that include the self-assessment plus DC and Pennsylvania) include indicators about developing an improvement plan based on an environmental assessment (though it is not always clear in the Compendium if the plan is intended for the classroom or program), and three others include improvement plans (not specific to ERS) as part of their administrative indicators.

Ratio and Group Size

In Iowa, centers may earn 3 points for meeting National Association for the Education of Young Children (NAEYC) or National Afterschool Association (NAA) standards for group/class size if they are not already accredited by these two bodies (Iowa DHS, 2011a). While 12 other QRS include standards for ratios and group sizes in centers, only California's LA County and Kentucky use NAEYC ratios to award advanced ratings if centers met NAEYC's standards. No other QRS listed NAA standards for ratio and group size.

In Iowa, child development homes may earn 2 points if they care for no more than two children under age 2 at any one time and no more than six children total are in care at any one time, including the provider's own children under school age. Six QRS in the Compendium include indicators for ratio and group size in family child care homes. Two QRS (Colorado and New Mexico) in the Compendium specifically mention "no more than two children under age 2."

Accreditation

Centers in Iowa's QRS can receive points in the Environment component if they are accredited by NAEYC, Council on Accreditation (for after-school programs), or National Afterschool Association. Homes can earn points if they are accredited by the NAFCC. Twenty QRS (including Iowa) in the Compendium recognize accreditation in some form for centers, with six QRS specifically mentioning NAEYC. Accreditation has been included in rating systems in

various ways—as the highest level in a QRS, as one criterion for obtaining the highest rating, or by assigning points. Eighteen QRS (including Iowa) recognize accreditation for family child care homes, with six specifically mentioning NAFCC.

Iowa's QRS also assigns points to centers that have had an NAEYC self-assessment approved (but not yet issued an accreditation); no similar information is provided in the Compendium.

Finally, Iowa recognizes and assigns points to centers that meet other program standards above licensing (similar to an accreditation). Head Start programs can earn 6 points if they are in compliance with the Head Start Performance Standards, and programs can earn 5 points if they are verified by the Iowa Quality Preschool Program Standards (IQPPS). The Compendium does not include any comparable information, although some QRS recognize a variety of different accreditations (nationally and within a particular state).

Family and Community Partnerships

Centers can earn up to 8 points for meeting one or more of six different Family and Community Partnership indicators; homes can earn up to 6 points for meeting one or more of five different indicators. Information about each indicator is provided below.

1. ***Center director or home provider is a member of a professional organization specific to the age group for whom care is provided.*** The Compendium does not specifically report on this indicator. Some of the descriptions of sample indicators under Administration and Management suggest that at least two other QRS include a similar indicator for centers and at least four other QRS include a similar indicator for homes.

2. ***Center or home provides an orientation for new parents.*** Although orientation is not a specific family partnership activity analyzed in the Compendium, a review of the descriptions of sample indicators (pp. 126-130, 131-134) suggests that at least two other QRS include a similar indicator for centers and at least three other QRS include a similar indicator for homes.

3. ***Annual conferences are held with parents***. While 18 QRS (including Iowa) in the Compendium award points to centers for conferences with parents, some do not specify the frequency and others require conferences twice a year. For homes, 14 QRS (including Iowa) award points for parent conferences.

4. ***At least one group parent meeting is held annually.*** Although the Compendium did not specifically analyze this indicator, a review of the descriptions of sample indicators suggests

that at least four other QRS include for centers an indicator about parent meetings; at least three other QRS include a similar indicator for homes.

5. ***Parent advisory board meets quarterly***. North Carolina's QRS also includes quarterly parent advisory meeting. Maine, Mississippi and Missouri include parent advisory boards but do not specify the frequency of meetings. (This indicator is not included for homes in Iowa's QRS).

6. ***Annual parent surveys are collected and results are used to inform program practices***. Twelve QRS include an indicator for centers about parent surveys, and 13 include it for homes.

Leadership and Administration

In Iowa's QRS, centers can earn up to 7 points for meeting one or more of four indicators. This component is not included for child development homes.

All staff receive an annual written evaluation. Although the Compendium does not specifically analyze this indicator, descriptions of sample Administration and Management indicators suggest that at least 10 other QRS include this for centers.

Center develops and updates an overall center improvement plan annually. Although the Compendium does not specifically analyze this indicator, descriptions of sample Administration and Management indicators suggest that at least two other QRS include improvement plans for centers.

All staff have professional development plans. Although the Compendium does not specifically analyze this indicator, descriptions of sample Administration and Management indicators suggest that at least six QRS include this for centers.

All staff who have direct contact with children complete the Iowa State University Extension New Staff Orientation training within 4 months of starting employment. Although the Compendium does not specifically analyze this indicator, descriptions of sample Administration and Management indicators suggest that at least three other QRS include staff orientation for centers.

Indicators in Other QRS

While most of the information in this section of the report is focused on the indicators included in Iowa's QRS, this section highlights a few indicators that are currently not in Iowa's QRS but are in several other QRS.

Curriculum. Curriculum is included for centers in 14 other QRS for homes in 9 other QRS. Indicators can include, for example, use of a curriculum to inform daily activities and lessons plans. QRS may also include an approved list of recommended curriculum, and some required the curriculum to be aligned with the state's early learning and development standards.

Child Assessment. Child assessment is included for centers in 11 QRS and for homes in 8 QRS. Child assessments may address multiple purposes. Most of these QRS include assessment to guide instruction (i.e., the teacher assesses children using a curriculum-based assessment to inform her teaching and support in the classroom), although some also screen children to determine whether they might need to be referred for a more comprehensive evaluation to determine whether they have a disability. Developmental screening could be considered a health indicator.

Summary

The components of Iowa's Quality Rating System are grounded in research and include the key concepts often found in other systems. The crosswalk between Iowa's Quality Rating System and the 2010 Compendium documents the components in Iowa's QRS that are similar to other QRS. Namely, licensing compliance, staff qualifications, family partnerships, administration and management, and accreditation are included in Iowa's QRS and in 20 or more of the 26 QRS included in the Compendium. Only Iowa and three other QRS, however, include health and safety indicators above and beyond what is included in licensing. Some other QRS include indicators, such as curriculum or child assessment, that are not included in Iowa's QRS. When Iowa considers another revision to its Quality Rating System, it might be helpful to review recent research and other resources in determining whether new indicators should be included in Iowa's system.