Let’s Talk
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Welcome

IS THERE A LINK BETWEEN TQRIS SUPPORTS & IMPROVED QUALITY?

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IS THERE A LINK BETWEEN TQRIS SUPPORTS & IMPROVED QUALITY?

Lessons from Miami-Dade FL

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August 20, 2014
Associations among tiered quality rating and improvement system supports and quality improvement

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ABSTRACT

This descriptive study investigated the associations between change in quality and quality improvement supports among center-based programs and family child care homes within Miami-Dade County, Florida’s tiered quality rating and improvement system (TQRIS). Quality Counts. The TQRIS supports included grants and financial awards for materials and equipment, educational scholarships for staff, and on-site technical assistance to raise quality. Data were extracted from a TQRIS information management system on 412 programs (342 center-based programs and 70 family child care homes) participating in the TQRIS from 2008 to 2013. Results indicated that across both types of care (centers and homes), quality increased over time. Duration, or amount of time in the TQRIS, was significantly related to quality change. Scholarship amounts received were also significantly related to quality change for centers. Interactions between dosage and supports suggested that some supports were associated with quality change for programs that were in the TQRIS for a shorter duration. The consistent findings regarding duration in the TQRIS and scholarships suggest the importance of supporting programs and their staff. Policy implications related to building TQRISs are discussed.

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Introduction

Pioneering longitudinal studies of model early education programs, including Abecedarian (Campbell & Ramey, 1995), Perry Preschool (Schweinhart, Barnes, & Weikart, 1993), and Chicago Child-Parent Centers (Reynolds, Temple, Bloomingdale, & Lowenstein, 2001), suggested that high-quality early education can improve achievement outcomes, particularly for children from low-income households. In addition to these older randomized studies, more recent observational studies, such as the Cost, Quality and Outcomes in Child Care Centers Study (Pfefferman-Feinberg et al., 2001) and the Study of Early Child Care and Youth Development (Dearing, McCartney, & Taylor, 2009; NICHD ECECIR, 2002) also showed relations between high-quality early care and education (ECE) and improved school readiness skills. Motivated in part by this link between high-quality ECE and children’s outcomes, along with research on parent choice from the child development and economics fields (Cryer & Burchinal, 1997; Hofferth & Weisner, 1992), states have implemented tiered quality rating and improvement systems (TQRISs) as a systems-level strategy for enhancing the quality of ECE programs. Oklahoma initiated the first state-wide system in 1998, and since then, TQRISs have been established as either statewide or county-level endeavors in at least 32 states and the District of Columbia (DC), with additional states contemplating or planning to implement similar systems. In fact, the recent trends toward higher-quality ECE and children’s outcomes, along with research on parent choice from the child development and economics fields (Cryer & Burchinal, 1997; Hofferth & Weisner, 1992), states have implemented tiered quality rating and improvement systems (TQRISs) as a systems-level strategy for enhancing the quality of ECE programs. Oklahoma initiated the first state-wide system in 1998, and since then, TQRISs have been established as either statewide or county-level endeavors in at least 32 states and the District of Columbia (DC), with additional states contemplating or planning to implement similar systems. In fact, the recent trends toward higher-quality ECE and children’s outcomes, along with research on parent choice from the child development and economics fields (Cryer & Burchinal, 1997; Hofferth & Weisner, 1992), states have implemented tiered quality rating and improvement systems (TQRISs) as a systems-level strategy for enhancing the quality of ECE programs. Oklahoma initiated the first state-wide system in 1998, and since then, TQRISs have been established as either statewide or county-level endeavors in at least 32 states and the District of Columbia (DC), with additional states contemplating or planning to implement similar systems.
WHY WE FOCUSED ON THIS QUESTION

• Extensive and numerous studies showing link between high quality ECE and child outcomes, and need for parental choice

= Tiered Quality Rating and Improvement System (TQRIS)

• Sparse literature on effective TQRIS support

• Need to examine the extent to which TQRIS supports are linked to improved quality
ASPECT OF TQRIS FOCUSED ON

- A systems-level approach "to assess, improve, and communicate the level of quality in early care and education settings" (Mitchell, 2005, p. 4)

   Improve quality through:

1) quality assurance

2) demand-side intervention

3) supply-side intervention
OVERVIEW OF QUALITY COUNTS

QC is a 5-star TQRIS that includes:

- learning environment (ERS);
- staff educational qualifications;
- adult-child ratios and group-sizes;
- family engagement;
- program administration; and
- curriculum (not included in points)
Quality Counts Components Scores & Weights – Centers and FCCHs

### CENTERS

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<tr>
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MIAMI'S TQRIS PROGRAM SUPPORTS

• Financial Incentives
  • Variety of incentives: QI grant, quality achievement grants, wage and retention grants, & tiered reimbursements

• Scholarships
  • Supports to increase credentials

• On-Site TA
  • Individualized PD to support application of skills and knowledge
Let’s Talk

Share your ideas, experiences and thoughts:
• Raise your hand to speak OR take yourself off mute (*7) and jump in.
• Type a point/question in the chat box.
STUDY QUESTIONS & RESULTS
STUDY QUESTIONS

1) What were the initial and most recent quality levels -- Total Points and Star Rating?

2) How much supports did programs receive while in QC?

3) what was the relationship between supports and quality levels?

4) What supports were associated with improved quality?
PARTICIPANTS

• 580 programs out of 1450 participating in QC (40% overall, 43% center and 32% family child care homes)

• 412 (71% of participating programs) had >1 rating
  • 342 centers
  • 70 family child care homes
MEASURES

CENTERS

• Total points for centers
  • ranged from 4-40; Time 1=20.5 (SD=7.5); Time 2= 29.2 (SD=7.5)

• Star ratings for centers
  • Time 1=2.5 (SD=1.0); Time 2=3.7 (SD=1.0)

FCCHS

• Total points for family child care homes
  • ranged from 2-30; Time 1=11.5 (SD=6.1); Time 2= 20.4 (SD=8.4)

• Star ratings for family child care homes
  • Time 1=2.1 (SD=1.0); Time 2=3.4 (SD=1.3)
TQRIS SUPPORTS

- **QRIS duration ("dosage")**: amount of time participate in program
- **On-site TA**: TA hours dedicated to implementing quality improvement plan
- **Program improvement awards**: amount of awards received by programs
- **Scholarships**: total amount of scholarship funds at the program level

- Covariates: accreditation, % poor children in the program neighborhood, director education level, enrollment size, and % subsidized children
DESCRIPTIVES -- QUALITY LEVELS AND QC SUPPORTS

**Points** (Time 1) **Rating** (Time 1) **Points** (Time 2) **Rating** (Time 2)

Centers  FCCHs

**Dosage (mths)** **TA Hours** **Awards ($1,000)** **Scholarships ($1,000)**

Centers  FCCHs

8/20/2014

Iruka & Hughes
PRELIMINARY RESULTS

• CENTERS: Total points and star rating at Time 1 were positively associated with duration and scholarships and negatively associated with TA hours.

• FCCHs: Total points and star rating at Time 1 associated with scholarships.

• Significant increase from Time 1 to Time 2 for total points and star rating for centers and homes.
DISCUSSION (CENTERS)

- monetary awards negatively associated with quality for centers (bias towards 4 and 5 stars) ($d=0.01$)
- scholarships associated with increased quality for centers ($d=0.01-0.02$)
DISCUSSION cont’d

• programs in QC showed significant increase over time, regardless of program type

• DURATION associated with increased quality regardless of program type (d=.02-.03)

• programs in poorer community less likely to improve in quality
Let’s Talk

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IMPLICATION OF FINDINGS FOR REVISED QC → QC 2.0

• How did these findings and prior examination of data lead to QC 2.0?

• What do the support look like in 2.0?
LIMITATIONS & CONCLUSIONS

- design of the system to delay re-rating
- use of existing data and missing data
- correlational nature of analyses
- need to support lower-quality programs to access supports
- being part of TQRIS may have a benefit beyond what is captured
Let’s Talk – Wrapping Up

Share your ideas, experiences and thoughts:
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For More Information

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