

Quality First: Arizona's Early Learning Quality Improvement and Rating System Implementation and Validation Study

Executive Summary

Dale Epstein, Danielle Hegseth, Sarah Friese, Brenda Miranda, Tracy Gebhart, Anne Partika, and Kathryn Tout



Acknowledgements

The Quality First Evaluation team at Child Trends thanks First Things First and the First Things First Research and Evaluation National Advisory Panel for their participation in presentations of findings and input on drafts of the report. Their insights about the findings greatly enriched the content and discussion in the report. We thank LeCroy and Milligan Associates, Inc. for their partnership in data collection. A special thanks to our colleague Diane Early for her contributions to this report, as well as to our dedicated team of skilled research assistants. We are grateful for the Quality First staff, technical assistance providers, regional councils, and Quality First participants—directors, teaching staff and family child care providers—who work each day on behalf of the children and families in Arizona and who welcomed us as we visited their programs, classrooms and homes. We hope to honor their contributions by producing research findings that inform decisions and recommendations about QRIS in Arizona and nationally.

This project was supported by Arizona’s First Things First initiative. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of First Things First Quality First.



Photo courtesy of Allison Shelley/The Verbatim Agency for American Education: Images of Teachers and Students in Action

First Things First was created to help ensure Arizona's children enter kindergarten healthy and ready to succeed. First Things First is a partner with other agencies in creating a family-centered, comprehensive, collaborative and high-quality early childhood system that supports the development, health, and early education of all Arizona's children through age 5.

One of First Things First's signature strategies is Quality First, a voluntary Quality Improvement and Rating System (QIRS)¹ intended to support the development of a high-quality early childhood system. Quality First partners with child care and preschool providers to improve the quality of early learning across Arizona. The system assesses providers on evidence-based indicators of quality, funds supports to help providers enhance the quality of their programs, and then publicly rates providers on a five-tier scale. There are five quality improvement services that Quality First offers to participating early care and education (ECE) programs: coaching, assessment, financial incentives, specialized assistance, and professional development.

One of the core values of First Things First is continuous quality improvement in both its programs and operations. Based on the recommendation of the First Things First Research and Evaluation National Advisory Panel, in September 2015 First Things First contracted with Child Trends, a national research organization, to conduct a comprehensive evaluation of Quality First. The evaluation serves as the first phase of a three-phase project. In this first phase, the goals were to provide a review and analysis of Quality First to inform implementation and continuous improvement of the initiative. Specifically, there were three goals of the Phase I study:

Goal 1: Conduct a review of Quality First's conceptual framework and program design to understand the system's benefits and challenges from the perspective of participants, leadership, and other stakeholders.

Goal 2: Assess the Quality First data system.

Goal 3: Conduct a validation of the Quality First Rating Scale (1 to 5 stars) to examine if the rating is working as expected and whether it distinguishes between different levels of quality.

Recognizing the diversity of Quality First program participants and stakeholders, the study sample included urban, rural, and tribal programs, as well as a variety of ECE program types including child care centers and homes. The study used mixed methods including surveys of stakeholders and Quality First participants, observations of program quality, focus groups, interviews, and document review to collect information from a variety of perspectives.

¹ Quality Rating and Improvement System (QRIS) is the general term used nationally to refer to quality improvement frameworks like Quality First. Note, however, that Quality First prioritizes the improvement function over the rating function and is branded as a Quality Improvement and Rating System.

Quality First at a Glance

Following a 2-year planning and pilot phase, Quality First was fully implemented as a QIRS in 2011. The number of programs that can participate in Quality First in any given year depends on program resources available in each region of the state, as determined by regional councils comprised of diverse community leaders.

At the time of this evaluation, there were approximately 960 ECE programs participating in 27 out of 28 First Things First regions throughout the state, which represents about 32 percent of the ECE programs in Arizona. Participating ECE programs receive a range of supports that are based on their star level rating and size. There are five integrated components of Quality First:

- **Assessment** – Quality First participants receive a star rating based on the results of several assessments. Assessment results are used to help programs identify areas of strength and improvement, and Quality First coaches use the results of assessments to guide specialized assistance that supports quality improvement.
- **Coaching** – Quality First coaches provide individualized guidance and support, monthly onsite visits, targeted training and technical assistance (TA), and support in goal development and implementation. One- and 2-star rated programs receive 6 hours of onsite coaching, and 3- through 5-star rated programs receive 4 hours of onsite coaching.
- **Specialized Assistance** – Quality First participants have the option to receive regular onsite visits from a child care health consultant (CCHC).² Depending on the funding plan created by the First Things First Regional Partnership Council, participating providers also may have access to mental health consultants and inclusion coaches. The technical assistance specialists work with the Quality First coaches as part of a collaborative approach when working with programs.
- **Professional Development** – Staff in Quality First programs have access to professional development opportunities through the Arizona Early Childhood Career and Professional Network. These opportunities and resources include college scholarships, a workforce knowledge and competencies framework, and an early childhood workforce registry. In some regions, Professional REWARD\$ are offered as well, which are financial incentives for teachers and caregivers in Quality First who stay for at least a year in their current job and have taken at least 6 hours of early childhood college coursework.
- **Incentives** – Quality First’s statewide financial incentives include funding to purchase materials and equipment for the classroom and a 50 percent reduction in state licensing fees. Funding levels for materials and equipment are determined by rating level and program size, and materials are ordered through the Quality First coach, based on the quality improvement plan goals identified by each program. Program size is determined by the number of children enrolled. Family child care programs are not assessed by size, and instead, their incentive amounts are determined by star level rating.

In addition to improving the quality of ECE programs, First Things First works to increase young children’s access to quality child care and preschool. Depending on regional funding, scholarships are available to help children in families earning up to 200 percent of the Federal Poverty Level access high-quality ECE programs. With few exceptions, the scholarships may only be used at Quality First participating providers who have met or exceeded quality standards (3- to 5-star rating). Although the Quality First Child Care scholarships are not a standard component of the Quality First model, they have become an incentive for ECE programs to participate in Quality First and to work on meeting quality levels.

² A child care health consultant is a nurse or professional health educator who has completed specialized training based on the most recently established best practice standards.

Quality First Star Rating Process

As Quality First intentionally emphasizes the *improvement* portion of their QIRS, participating regulated center-based and family child care programs in Arizona are assigned a public rating ranging from 1 to 5 stars after participating in the program for approximately 1 year. Programs must achieve a specific number of points on each of the individual criteria within each star level to be awarded a rating at that level (see Exhibit 1 below). For example, to earn a 3-star rating, programs must meet certain thresholds on three assessment tools, which are described below.

Quality First ratings are based on assessments from three tools:

- **Environment Rating Scales (ERS)** are used to assess components of a program’s learning environment—such as arrangement of indoor and outdoor space, materials and activities, and use of language—on a 1 to 7 scale. There are three ERS used in Quality First: Early Childhood Environment Rating Scale-Revised (ECERS-R), which is used in center-based preschool-aged classrooms; the Infant-Toddler Environment Rating Scale-Revised (ITERS-R), which is used in center-based infant and toddler classrooms; and the Family Child Care Environment Rating Scale (FCCERS-R), which is used in family child care programs.
- **Classroom Assessment Scoring Systems™ (CLASS™)** examines the quality of the interaction between teachers and children. Quality First uses the CLASS Pre-K in classrooms for 3- and 5-year-olds, which includes three domains: emotional support, classroom organization, and instructional support. Quality First uses the CLASS Toddler in classrooms for toddlers, which includes two domains: emotional and behavior support.
- **Quality First Points Scale (QFPS)** assesses three additional components of quality: Staff Qualifications, Administrative Practices, and Curriculum and Child Assessment. For each of these domains, programs can receive up to 6 points on a 0 to 6 scale.



Photo courtesy of Allison Shelley/The Verbatim Agency for American Education: Images of Teachers and Students in Action

Programs are initially assessed using the ERS, and if they score a 3.0 or higher, they are assessed using the CLASS and the QFPS. If programs score lower than a 3.0 on the ERS, they would be rated a 1- or 2-star. If they score a 3.0 or above on the ERS, CLASS and QFPS information is gathered and used to determine their final rating.³

³ Head Start and some nationally accredited programs enter Quality First on an accelerated assessment schedule. They are not assessed on the ERS unless they fail to score at certain levels on the CLASS.

Exhibit 1 below shows how the scores from these three instruments are combined to assign a star rating at each of the five levels.

Exhibit 1. Quality First process for determining star ratings



STAR RATINGS				
RISING STAR	PROGRESSING STAR	QUALITY	QUALITY PLUS	HIGHEST QUALITY
				
Committed to quality improvement	Approaching quality standards	Meets quality standards	Exceeds quality standards	Far exceeds quality standards
ERS Average Program Score 1.0 – 1.99	ERS Average Program Score 2.0 – 2.99	ERS Average Program Score 3.0 – 3.99 <i>No classroom score below 2.5</i>	ERS Average Program Score 4.0 – 4.99 <i>No classroom score below 3.0</i>	ERS Average Program Score 5.0 and above <i>No classroom score below 3.0</i>
CLASS™ Average Program Score N/A	CLASS™ Average Program Score N/A	CLASS™ Average Program Score (ES 4.5) (CO 4.5) (IS 2.0)	CLASS™ Average Program Score (ES 5.0) (CO 5.0) (IS 2.5)	CLASS™ Average Program Score (ES 6.0) (CO 6.0) (IS 3.0)
Quality First Points Scale N/A	Quality First Points Scale N/A	Quality First Points Scale <i>6-point minimum</i> (SQ 2) (AP 2) (CA 2)	Quality First Points Scale <i>10-point minimum</i> (SQ 2) (AP 2) (CA 2)	Quality First Points Scale <i>12-point minimum</i> (SQ 4) (AP 4) (CA 4)
ERS = Environment Rating Scales ECERS: Early Childhood Environment ITERS: Infant/Toddler Environment FCCERS: Family Child Care Environment		CLASS™ = Classroom Assessment Scoring System™ ES*: Emotional Support Domain (Pre-K) and Emotional and Behavioral Support (Toddler) Domains CO: Classroom Organization Domain IS*: Instructional Support /Engaged Support for Learning Domain (Pre-K and Toddler)		Quality First Points Scale SQ: Staff Qualifications AP: Administrative Practices CA: Curriculum and Assessment

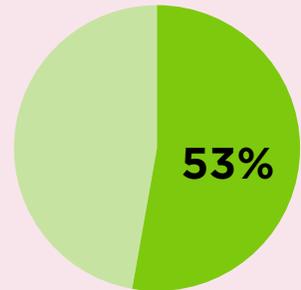
Source: First Things First, 2017

Key Findings in Brief

The implementation and validation study analyzes multiple sources of evidence including Quality First materials, surveys, interviews, observations, assessments, and administrative data. The study was conducted with currently enrolled and rated Quality First programs: licensed center-based programs, family child care programs and tribal programs, including those that are Head Start and nationally accredited.



The findings address the effectiveness of the Quality First rating tool overall, and if it is working well to distinguish levels of quality. In addition, the study evaluated the implementation of Quality First, including the design of the system, quality improvement supports and participants' experiences. Lastly, a review of the data system was conducted to evaluate if the existing structure and data collection efforts are effective in supporting program management and improvement efforts.



Over half (53 percent) of Quality First programs increased their ratings over time, with many moving up to a 3-star rating or above.

Quality First programs improve their quality over time, but additional supports could promote improvements on the quality assessments and further movement in quality levels.

- Over half (53 percent) of Quality First programs increased their ratings over time, with many moving up to a 3-star rating or above. In fact, while 67 percent of programs at one rating cycle were at the 1- or 2-star rating levels, by the next rating cycle 69 percent of programs were rated at the 3-5 star levels.



- The CLASS and QFPS scoring criteria appear to be challenging for 2-star programs to meet, while the ERS and CLASS scoring criteria appeared to be challenging for 3- and 4-star programs to meet.

Quality First ratings distinguish meaningful levels of quality. Minor revisions could improve the assignment of programs to different levels.

- Higher star rating levels were generally associated with higher scores on the various tools used to measure quality, with patterns generally holding for both family child care and center-based programs. Overall, significant differences were found between ERS mean scores as well as the QFPS scores at the low (1- and 2-star), medium (3-star), and high (4- and 5-star) rating levels. In addition, higher-rated programs scored significantly higher on two out of three CLASS domains (Emotional Support and Classroom Organization).
- The Quality First rating scale differentiates between levels of observed quality. Using the ECERS-3 as an independent measure of quality, programs with higher star rating levels generally had higher ECERS-3 scores as well. ECERS-3 scores were significantly higher in high-rated levels than in medium- and low-rated levels, although the difference between medium- and low-star rated programs was not significant.

Higher star rating levels were generally associated with higher scores on the various tools used to measure quality, with patterns generally holding for both family child care and center-based programs.



Key Findings Cont.

- Lower-rated Quality First programs (1- and 2-star) may be able to meet some of the QFPS requirements for higher star levels (3-, 4-, and 5-star). Using director and teacher survey data, we explored how these programs might meet specific requirements on the QFPS and found that most were already meeting certain requirements (e.g., years of experience, ratios, curriculum and assessment).

Quality First stakeholders and participants have generally positive perceptions of the system. More training and outreach for programs could help provide clarity on expectations for participation and use of assessments to inform ratings.



- Perceptions of the Quality First components are generally positive, although more training or professional development is needed to support TA providers in helping programs interpret and use assessment results. Financial incentives were seen as beneficial for participants, but there may need to be more flexibility in how programs can use these incentives.
- There are opportunities to strengthen engagement and outreach to participants to support continuous quality improvement. While there appeared to be a shared understanding about the overall focus of the system, there was less clarity around expectations for participation in Quality First.

There are opportunities to strengthen engagement and outreach to participants to support continuous quality improvement.

Quality First data processes are implemented with rigor. Communications about the purpose and use of data could strengthen the process.

- Data collection methods are thorough and the Quality First data system meets stakeholders needs. However, there was less understanding among Quality Coaches compared to other staff about why they are required to collect certain data. In addition, Quality First participants may need more information to explain why specific data are being collected from their programs and how it will be used. More clarification around reasons for data collection efforts is needed to help both participants and stakeholders.
- Sufficient data are being collected to meet the current needs of Quality First, but additional data (i.e., child and family level data, provider data) would need to be collected or linked to if First Things First wanted to engage in further validation studies or an outcome evaluation.



Overall, the findings in this report can be used to inform continuous improvement of Quality First. The Quality First rating tool is functioning as expected in differentiating levels of quality; however, additional quality improvement efforts could be developed to support Quality First participants in continuing to achieve higher ratings. While the system's data collection methods are thorough and strong, Quality First could provide more technical assistance to stakeholders about why certain data are being collection and how it is used. The findings from the review of the system design suggest potential changes to increasing access to more specialized technical assistance, and providing additional training or professional development to participants on how to better interpret and use their assessment results. In addition, there are opportunities to strengthen Quality First's engagement and outreach to providers to support program participation.

Quality First ratings distinguish meaningful levels of quality.



Study Goals and Key Findings

Goal 1: Review of Quality First's system and implementation

The purpose of this component of the study was to examine Quality First's system design and identify stakeholders' perceptions of the benefits and challenges of system activities including quality improvement supports, engagement and outreach, and data collection procedures and processes. Child Trends conducted surveys and interviews with First Things First leadership staff, technical assistance (TA) providers and supervisors, and Quality First participants, as well as ECE providers who are not currently participating in Quality First. Specifically, this goal was designed to:

1. Examine how Quality First is implemented, and what perceptions stakeholders have about Quality First processes and intended outcomes.
2. Determine what adjustments could be proposed to the Quality First model to improve implementation based on the experiences of system stakeholders and comparisons to ECE system best practices.

Key findings:

Perceptions of Quality First components are generally positive across stakeholder groups, but there is room for improvement.

- **The professional development activities provided by coaches are beneficial to program quality.** However, coaches identified that a major challenge was they are stretched for time and find it difficult to meet all the professional development needs of the participants. In addition, most coaches reported that they deviated from the number of required coaching hours, spending either additional or fewer required onsite hours, depending on the needs of a participant. Coaches may need more flexibility to identify the appropriate number of coaching hours for each program, rather than using a set number. Coaches may also need more support to help them individualize the professional development and TA they provide to better meet programs' needs when there is limited time available.
- **Specialized assistance (CCHCs, mental health consultants, and inclusion specialists) is a valuable component of Quality First.** With regard to CCHCs, not all program participants understood that CCHCs could do more than provide basic health and safety consultation. More communication around the services provided by CCHCs would help participants better understand this type of assistance and could increase their use. Participants that received support from mental health and inclusion specialists accessed that support frequently, with these specialists visiting their programs multiple times per month. However, mental health consultants and inclusion specialists are only available depending on regional funding, and thus are not available to all Quality First participants. First Things First could examine whether there are ways to make these services more widely available to all Quality First participants.
- **Quality assessments provide a concrete way to identify areas of program improvement.** Almost all Quality First stakeholders and TA providers agreed that the quality assessments conducted as part of the Quality First rating process provided a concrete way to identify areas of program improvement. However, participants reported having difficulty applying the results in their program. When asked about barriers to achieving a higher star rating, the CLASS assessment score, staff turnover and staff qualification requirements were reported as the top challenges by directors and teachers. In particular, teachers found it difficult to implement the teaching practices measured by the CLASS. First Things First may want to consider providing additional training or professional development to TA providers to help them more effectively work with participants on how to interpret and use the CLASS assessment results. Additionally, more support could be provided to program directors and staff to help them better understand the approaches that the assessment tools measure, and to inform continuous quality improvement.

- **Financial incentives are beneficial, yet Quality First policies can make them difficult to use.** Quality First stakeholders (i.e., TA supervisors, regional council directors, and leadership staff) agreed that financial incentives were beneficial, however about one third felt that higher-rated programs did not need the amount they currently receive. On the other hand, directors in higher-rated programs (4- and 5-star) reported that a lack of available financial resources to use for professional development, education or training, was a barrier to increasing staff qualifications. This may be a result of restrictions and lack of flexibility around how the Quality First incentives can be used. For example, 1- and 2-star programs can only purchase approved resources and materials with their financial incentives, and these purchases must be made through their coach. First Things First may want to offer tiered approaches to financial incentives, particularly with 3- to 5-star levels, as well as provide more flexibility to programs in what the funds can be used for to help remove barriers.
- **Quality First child care scholarships, while not a part of the standard financial incentives provided to all Quality First participants, was reported as one of the top reasons programs decided to apply for participation in Quality First.** While scholarships were equally valued across star-levels, programs located in rural areas of the state were more motivated by scholarships than programs located in urban areas. Scholarships may provide a more stable source of revenue for rural providers who have fewer families in their local area or who may serve families with lower incomes.



Photo courtesy of Allison Shelley/The Verbatim Agency for American Education: Images of Teachers and Students in Action

There are opportunities to strengthen Quality First’s engagement and outreach efforts with providers to support program participation.

- **Expectations for participation in Quality First are not always clear.** While there appeared to be a shared understanding about the overall focus of the system, there was less clarity around expectations for participation in Quality First. Additionally, only a little more than one-third of directors felt that their experience in Quality First was what they initially expected. As a result, First Things First may want to provide more information up front about the expectations for participation in Quality First.
- **System implementers reported challenges with collaboration among TA providers (i.e., coaches, assessors, CCHCs) as a major challenge in helping Quality First participants learn and improve.** Efforts could be made to improve communication and collaboration among TA providers to further support quality improvement in programs.
- **Clear expectations and a readiness assessment were identified as activities to support program participation.** Respondents indicated that assessing a program’s level of readiness to participate in quality improvement activities and providing clear expectations regarding the application and selection process were two activities that could support program participation.
- **Most ECE providers who were not participating in Quality First had heard of Quality First.** Half of those ECE providers had heard about it from another ECE provider and half had reported that their program was considering participating. However, one of their top reasons for not participating was that they did not have sufficient information to decide. ECE providers also reported that their region currently had a wait list for Quality First. Overall, the findings indicated a need for more clarity and communication around Quality First—both what it is and what participants can expect.
- **In general, directors were more positive in their beliefs and perceptions of Quality First than teachers.** This may be a result of Quality First supports being more targeted at the program level than the classroom level, and therefore teachers may not always see the direct benefits of their participation. Thus, it may be important to focus on ensuring all staff within a program are ready for participation in Quality First instead of just the directors or leadership.

Goal 2: Review of the Quality First data system

This purpose of this component of the study was to review the Quality First data system to determine whether the existing data elements and infrastructure support effective program management, program evaluation, and quality improvement. Child Trends conducted a review of the Quality First data system, the Extranet, and supporting documentation, and interviewed and surveyed First Things First leadership staff, and TA providers and supervisors. Child Trends also conducted focus groups and observations of TA providers. Specifically, this goal was designed to evaluate whether the existing data elements and infrastructure support effective program management, program evaluation, and quality improvement.

Key findings:

The Quality First Extranet data system is a strong technology on par with recommendations for the functions and categories of data that should be included in QRIS.

- **The Extranet data system is a strong technology with its primary function is as an accountability system, with a secondary function to support case management.** However, if First Things First was interested in further strengthening the system, they could consider conducting a usability study to identify specific areas of the Extranet that may lack ease of functionality.

Data collection methods are thorough and the Quality First data system meets its stakeholders needs, however more clarification about reasons for data collection efforts is needed.

- **Documentation for the data system is thorough and available to staff.** There is a high level of standardization (i.e., implementation of data-related processes developed by Quality First administration staff at First Things First) of the data collection and entry procedures within Quality First. This is especially true for the assessment process, which could be used as a model for making the coaching and CCHC processes even more standardized.
- **Quality First participants and Quality coaches may need more information about why specific data are being collected.** Furthermore, there was less understanding among Quality coaches compared to staff in other roles about why they are required to collect certain data. In addition, Quality First participants may need more information to explain why specific data are being collected from their programs and how it will be used. First Things First could review expectations of data collection and enhance communication with Quality First TA providers, especially Quality coaches, about the importance of data collection and how data can be used to enhance their work could help improve understanding. Additionally, more communication as well as professional development and training for Quality First participants is needed to explain the connection between data being collected and their eventual ratings.

Quality First focuses its data collection on program and classroom level elements that relate directly to the rating and improvement system.

- **Enhanced data collection that includes information about the children and families served in Quality First could support future evaluations.** While there is a wealth of information available about programs and classrooms that can be used by First Things First to complete internal evaluations and monitor the Quality First strategies and components, no data are being collected about the children and families being served by programs participating in Quality First. A plan to enhance data collection could outline a high-priority short list of data elements about children and families that could be collected systematically in programs including demographic characteristics such as race/ethnicity and family income status and/or the option of assigning school identifiers to children that would allow for tracking child-level data longitudinally among children in Quality First rated programs.
- **First Things First could consider collecting and/or linking to other data elements to better understand Quality First participants.** For example, collecting and/or linking to practitioner data from a different data system, like a workforce registry, would provide information about the impact of the ECE workforce in Quality First programs.

Goal 3: Validation of the Quality First Star Ratings

The purpose of this component of the study was to assess the validity of the Quality First ratings. Specifically, the goal was to examine if the ratings are working as expected and whether they distinguish between different levels of program quality. Child Trends analyzed Quality First administrative data, and conducted classroom observations using the CLASS in 1- and 2- star programs, and the ECERS-3 (serving as an independent measure of quality) in programs at all star levels. This goal was designed to:

1. Examine how Quality First standards are measured, how they fit together to form a rating, and whether the rating is functioning as expected.
2. Examine whether ratings in the current framework differentiate higher quality ECE programs from lower quality programs, and how ratings and observed quality vary across different program types.

Because programs' ratings are linked to the receipt of financial incentives and scholarships, it is important to ensure that the rating process works to sort programs into meaningful quality levels.

Key findings:

Most programs (94 percent) in Quality First are rated between 2- and 4-stars, with few programs rated at the 1- or 5-star levels, regardless of their geographic location or program type.

Quality First programs increased their ratings over time, with many moving up to a 3-star or above.

- **In general, over half (53 percent) of all programs increased in their star ratings from the previous rating cycle to the most current, mostly by one star rating level.** Arizona defines quality programs as those that have 3 or more stars. The majority of programs that moved up increased from approaching quality levels (1- and 2-star) to quality levels (3-, 4-, and 5-star), indicating that they were making the necessary improvements needed to reach quality, as defined by the State.

The Quality First rating scale is differentiating between levels of observed quality.

- **Overall, higher ECERS-3 scores were observed in programs at higher star rating levels.** ECERS-3 scores were significantly higher in high-rated programs (4- and 5-star) than in medium- (3-star) and low- (1- and 2-star) rated programs. While other differences beyond those measured by the ECERS-3 may distinguish low and medium levels of quality, it will be important to consider options to strengthen the 3-star rating given the role it plays as the entry point to higher levels of quality in Quality First.

Quality First measures (i.e., ERS, CLASS, QFPS) are contributing to an overall picture of quality in programs.

- Statistical analyses indicated that the measures Quality First uses to create a program's rating were measuring similar aspects of quality, yet without the tools overlapping or duplicating each other.



Photo courtesy of Allison Shelley/The Verbatim Agency for American Education: Images of Teachers and Students in Action

Higher star rating levels were generally associated with higher scores on the various quality elements, with patterns generally holding for both family child care and center-based programs.

- As expected, higher star rating levels were associated with higher ERS mean scores, finding significant differences between low (1- and 2-star), medium (3-star) and high (4- and 5-star) rating levels.
- Higher rated programs scored significantly higher on the CLASS Emotional Support (ES) and Classroom Organization (CO) domains. Small, unexpected differences were noted for the CLASS

Instructional Support (IS) domain, such that the mean scores for programs with a medium star rating level were significantly lower than low star level programs (though high star level programs scored significantly higher than medium and low star level programs as predicted).

- In general, low, medium, and high star level groups were significantly different from one another on QFPS scores.

Lower rated Quality First programs (1- and 2-star) may be able to meet some of the QFPS requirements for higher star levels (3-, 4-, and 5-star).

- Lower rated programs do not receive the QFPS as part of their rating. Using director and teacher survey data from 1- and 2-star programs, we explored how these programs might be meeting specific requirements and criteria on the QFPS.
- Most 1- and 2-star survey respondents reported already meeting certain QFPS requirements at the higher star levels (e.g., years of experience, ratios, curriculum and assessment).
- First Things First may want to consider having some of the QFPS components be part of the rating at all star levels instead of only at higher star levels (3-, 4-, and 5-star). For instance, including requirements or points on administrative practices and staff qualifications may be components to consider adding at all rating levels as the components provide a strong foundation for quality improvement.

The CLASS and QFPS scoring criteria appeared to be challenging for 2-star programs to meet, preventing them from reaching the next level, while the ERS and CLASS criteria appeared to be challenging for 3- and 4-star programs to meet.

- A large portion of 3-star programs did not score high enough on the ERS and the CLASS Instructional Support requirements to reach a 4-star level, indicating that the practices assessed to achieve higher scores on these tools are challenging for 3-star programs. The QFPS total points requirement also prevented many programs from attaining a 4-star rating, although no one element of the QFPS proved more difficult than others. Similar trends were found for 4-star programs moving up to a 5-star rating, although the Administrative Practices element appeared to be easier for 4-star programs to meet compared to the other QFPS elements (i.e., Staff Qualifications and Curriculum and Assessment).
- To help programs meet criteria needed to achieve higher star ratings, First Things First may want to offer targeted support to programs at different star levels. Programs at all star levels appear to need support on teacher child interactions, as measured by CLASS. Programs at the higher levels need supports for increasing ERS scores. Moreover, more TA could be provided around identifying barriers to staff improving their educational qualifications.

Overall, findings from the Quality First validation analyses are consistent with other recent validation studies including those in California, Delaware, Minnesota, Oregon, Rhode Island and Wisconsin, which all reported significant relationships between ratings and an independent measure of program quality. The Quality First Rating tool is working to differentiate quality, particularly between the medium (3-star) and higher star levels (4- and 5-star). The practices assessed by the CLASS and the ERS are challenging for programs to demonstrate; programs may benefit from additional supports on each of these tools. Lower star-rated (1- and 2-star) programs have strengths that are not recognized by the current rating tool and may be able to meet requirements for higher star level programs.

Study Limitations

There were a few limitations to this study. First, all surveys were only made available online and in English. Second, the Quality First program leadership interviewees were selected based on their specific roles in Quality First, so their opinions might not represent the entire system. For the validation study, the ECERS-3, which was used as an independent measure of quality, can only be used for preschool-aged, center-based classrooms, so the study did not have an independent measure of quality in toddler classrooms or family child care homes. Third, the CLASS data came from a combination of data collected by First Things First and Child Trends. Finally, study participation rate was lower than desired in tribal programs despite targeted efforts to include those programs.

Conclusion

The findings in this report can be used to inform continuous improvement of Quality First. The findings from the review of the system design recommend ways to increase access to more specialized technical assistance and provide additional training or professional development to participants on how to better interpret and use their assessment results. In addition, there are opportunities to strengthen Quality First's engagement and outreach to providers to support program participation. While data collection methods are thorough and strong, Quality First should provide more technical assistance to stakeholders about why certain data are being collected and how it is used. The validation study findings do not suggest major changes are needed to the Quality First rating scale, as it is functioning as expected in differentiating levels of quality. There is, however, a need for additional quality improvement efforts to support Quality First participants in continuing to achieve higher ratings.

