

Recommendations for Michigan's Quality Assurance System for Child Care and Early Education



November 17, 2010

The Charge

In March of 2010, the Great Start Early Learning Advisory Council (GS-ELAC) agreed that a Committee¹ should be formed to oversee the development of a design for a quality development, rating and improvement system to address program quality, across all child care and early learning settings². The Build Initiative provided a grant for the QDC/QRIS Design Project through the Early Childhood Investment Corporation (ECIC). Joan Blough, VP for Great Start System Planning and Evaluation at ECIC, and the lead for the Build Initiative work in Michigan, was asked to oversee the QDC/QRIS Design Project and Chair the Committee.

The QDC/QRIS Design Committee was charged to prepare a set of recommendations for the November 17, 2010, meeting of the GS-ELAC that addressed the following:

- A quality development continuum (QDC) for enrolled, subsidized but unlicensed, child care providers
- A quality rating system (QRS) for licensed centers and registered family homes
- Implementation fidelity processes and procedures for the QRS and the QDC
- A means for tracking progress in improving child outcomes via the QRIS and QDC
- Provider outreach, support and engagement in quality improvement
- The use of incentives to recognize, reward and motivate participation and continuous quality improvement
- Parental outreach, engagement and leadership
- Leadership for and continuous improvement of the QDC and QRIS
- Demonstration projects to test QRIS prototypes and recommendations for growing to scale
- Funding and resources required to implement the QDC and QRIS

The QDC/QRIS Design Committee met monthly beginning in May. The Committee developed the expected outcomes for each of the Project's Workstreams. Committee members led and participated on Workstream Teams. Committee meetings served as a venue for review of Workstream progress and shared decision-making regarding the preparation of recommendations from the Committee.

One of the goals of the QDC/QRIS Committee was to learn from the extent quality rating and/or improvement pilots in Michigan. Three of the Design Committee members – Jennifer Griffiths, Susan Hooks-Brown, and Kristen McDonald - were directly involved in either the funding of and/or execution of the two most formal pilots in the state. Detroit is the site of a QRIS pilot funded primarily by the Skillman and Fisher Foundations, and Kent County is the site of a quality improvement pilot for family, friend and neighbor care providers (some of which were unlicensed, subsidized providers). The experience and expertise of these members in the implementation of a systemic approach to quality rating and improvement was invaluable to the Committee.

¹ A membership list for the QDC/QRIS Design Committee is located in Appendix I.

² Unlicensed but subsidized home providers, registered family child care homes, licensed group child care homes and licensed child care centers. Both Great Start School Readiness and Head Start programs must operate in a site that meets the licensing requirements of child care centers.

In order to make the experience of the Detroit pilot much more “lived” for the QDC/QRIS Committee members, a representative group from the Committee worked with the Great Start Collaborative - Wayne and QRIS pilot site leaders in Detroit, to organize a visit to child care centers and homes who were participating in the pilot. Committee members spent about an hour at each home and center, learning from the providers what the QRIS pilot had meant to them, their business, and the children and families they serve. Committee members then convened with pilot site leaders – including the mentors/coaches that work directly with providers on their quality improvement plans – and had a wide ranging discussion that illuminated the most important attributes of the QRIS pilot, as well as lessons learned. The QDC/QRIS Design Committee deliberations touched on many occasions on the importance building support for the QDC and the QRIS at the state, county and local levels. The Committee felt strongly that the rationale for support needed to address the benefits for: children, parents, providers, schools, and the state’s economic future.

Key Considerations

Throughout the process of its deliberations, the QDC/QRIS Design Committee kept the considerations that follow in mind. These considerations illuminate the rationale for the development of a quality assurance system as well as the urgency of investing in this aspect of early childhood system infrastructure at this point in time.

Improving School Readiness and Success

The achievement gap starts early. Research has shown that cognitive disparities between middle and upper class children and those in poverty are seen as early as nine months of age.³ Brain research has shown that early experiences affect the quality and capacity of brain development by establishing a strong or a fragile foundation for all of life’s learning, health, and behavior.⁴ Positive relationships between caregivers and young children help a child build trust and learn to regulate emotions and behavior⁵ – two key life skills necessary for success in school and in life. As more and more of children’s early experiences occur outside the home, parents and providers must understand how to provide the most beneficial interactions and environments for optimal child development – working to prevent the achievement gap, instead of reacting to it.

Empowering Parents

Parents are a child’s first and most influential teachers. Helping parents understand their young child’s development, and capacity for learning, empowers them to make informed choices for their children. Empowered parents act as their child’s educational advocate, choosing high quality early learning experiences for their children. Parents who are vested in their child’s early education will expect and demand higher quality schools.

Developing the Early Learning Workforce

Early learning and care practitioners play a critical role in encouraging the healthy development of young children and in ensuring their future success in school and in life. With young children often entering early learning and care programs as early as six weeks of age, high quality programs and practitioners must offer opportunity for nurturing and engaging relationships and environments that will stimulate optimal child development – taking a proactive approach to closing the achievement gap.

3 Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J., & Vick, J. (2009). *Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)*. Washington, DC: Child Trends.

4 Harvard University: Center on the Developing Child. In Brief: The Science of Early Childhood. Retrieved from www.developingchild.harvard.edu

5 See Shonkoff, J., & Phillips, D.A., eds. (2000)

Increasing the Return on Investment

In cost-benefit analyses, economists have found high-quality early childhood education offers one of the highest returns of any public investment – more than \$7 for every dollar spent. It saves government spending on K-12 education, public assistance and the criminal justice system, and increases tax revenues as a result of higher earnings.⁶ A recent study conducted by Wilder Research, specific to Michigan, identified over \$1.15 billion in annual government savings attributable to the state's investments in early education programs (and subsequent achievement of program participants) over the past 25 years⁷. School success is a critical means by which Michigan can address its short- and long-term economic challenges. A focus on quality assurance in early learning and care will ensure greater return on investment through increased success in school and life.

Capitalizing on Federal Policy and Funding Changes

Under the Obama administration the Child Care Development Fund (CCDF) is being administered with a much stronger focus on health, safety and quality improvement. CCDF provides the majority of funding for child care subsidies and is the sole funding source for Michigan's child care quality improvement program – the Great Start Child Care Quality Program (GSCCP) established in 2009. The federal Office of Child Care is establishing clearer definitions for state's regarding the four core components of quality child care: health and safety, early learning guidelines, program quality improvement activities, including quality rating and improvement systems (QRIS), professional development systems and workforce initiatives. The Office of Child Care will be requiring states to collect and report more data on the quality of child care and the impact of CCDF quality investments. States are being told to expect stronger national performance measures which will have a state component. Goals are being established for all states regarding the maintenance of strong health and safety systems, the use of comprehensive early learning guidelines, the implementation of quality rating and improvement systems and robust professional development/workforce initiatives.

The federal Office of Head Start has promoted Head Start participation in state and local early childhood systems building efforts. The Office promotes participation by Head Start in professional development for early childhood providers and the inclusion of Head Start Program Performance Standards into state QRIS systems. The goal is to support broad Head Start participation in these efforts. The Head Start *Roadmap to Excellence* includes: raising expectations of Head Start programs through the revision of performance standards, professional development initiatives, strengthening training and technical assistance, increasing program accountability, and ensuring high-quality experiences for children through strengthened collaboration and continuity of services.

Quality Development Continuum

It was clear from the onset of the QDC/QRIS Design Project that no effort to improve quality, early learning, and ultimately school readiness, would be successful in Michigan if it excluded unlicensed, publicly subsidized child care providers. Virtually every state in the country that is engaged in the systematic improvement of quality in child care and early education programs has focused its efforts solely on licensed centers and family homes. Michigan, on the other hand, currently has about two times as many children in unlicensed, subsidized child care, 65% vs. 30-35%, as do these other states. The inclusion of unlicensed and subsidized providers in the quality improvement system means that the early learning of 118,544⁸ children will be directly

6 Reynolds, A. et. al. (2002). [Age 21 Cost-Benefit Analysis of the Title I Chicago Child-Parent Centers](#). Educational Evaluation and Policy Analysis 24.

7 Chase, Richard. et.al. (2009) *Cost savings analysis of school readiness in Michigan*. St. Paul, MN: Wilder Research.

8 Total children receiving CDC during fiscal year 2010, Michigan Department of Human Services.

impacted. Our decision to include these providers is already being recognized and discussed nationally as a model for the rest of the country.

Definition

The QDC/QRIS Design Committee recommends that a *Quality Development Continuum* (QDC) be defined as a system of trainings and incentives that creates opportunity for unlicensed and subsidized providers to improve the quality of the care they provide, and supports those unlicensed providers, who wish to become licensed, to do so.

Scope for QDC Workstream

Design levels of standards for unlicensed aide and relative providers that reflect increasing quality, based on improving child development and learning.

Activities of the QDC Workstream

The QDC/QRIS Design Committee endorsed the following members for the Workstream:

Name	Organization	Constituency
Lisa Brewer-Walraven	Chair, Department of Human Services, Office of Early Education and Care	Child Care Development Fund (CCDF) Supported Child Care
Dr. Elizabeth Jordan	Michigan Home-Based Child Care Council	Unionized Home-Based Child Care Providers
Annemarie Harris*	Wayne/Oakland/Macomb Great Start Regional Resource Center Project Leader	Family Home Providers; Aide and Relative Providers
Robin Benson	Northeast Great Start Regional Resource Center Project Leader	Family Home Providers; Aide and Relative Providers
Karen Roback	Director, Great Start Child Care Quality Program (GSCCQP), ECIC	Great Start Child Care Quality Program
Colleen Nelson	Bureau of Child and Adult Licensing, Department of Human Services	Licensing
Jennifer Griffith*	Kent Family Friend and Neighbor Care Pilot	Family, Friend and Neighbor Care Providers
Lynn McGregor*	Southwest Counseling Solutions (Hub Leader for Wayne/Oakland/Macomb Regional Resource Center)	Family, Friend and Neighbor Care Providers
Elizabeth Grace	Schoolcraft College	Community Colleges
Rosemary Suardini	Michigan Department of Education Child and Adult Care Food Program (CACFP)	Program Support for Relative Providers
Erin Emerson	Department of Human Services, Office of Early Education and Care	CCDF Supported Child Care
Mary Luchies	Technical Assistance Consultant, GSCCQP, ECIC	Great Start Child Care Quality Program

**Membership included two areas of the state where pilot projects including unlicensed providers had been implemented.*

The QDC Workstream conducted face-to-face meetings (with participants joined by phone, as necessary) on the following dates:

- August 25, 2010
- September 16, 2010
- September 23, 2010
- October 18, 2010
- October 27, 2010

The QDC Workstream reviewed other state models and initiatives to inform their deliberations. Materials reviewed included:

- Kent County, Michigan, *First Steps: Family, Friends and Neighbors Year 1 Evaluation Report*
- Illinois Model for Quality Rating System
- Illinois Action for Children's, *Model of Work with Family, Friend and Neighbor Child Care Providers*
- Standards for Participation in Indiana Unlicensed Child Care Ministry
- Evaluation of the Minnesota Family, Friend and Neighbor Grant Programs
- National Child Care Information Center (NCCIC): *Quick Facts on Family, Friend and Neighbor Care*
- NCCIC: *Family, Friend and Neighbor Childcare: Strategies and Resources*
- *Collective Findings from 4 States and 5 CCB-Funded Research Projects: Supporting Family, Friend and Neighbor Care*
- *The Child Care Assessment Tool for Relatives* (Toni Porter with Rena Rice and Elizabeth Rivera)
- *The Child Care Assessment Tool for Relatives* (CCAT-R)

The QDC Workstream organized five focus groups across the state, facilitated by Karen Ponder, former President, of the North Carolina Partnership for Children, and Mary Luchies, TA Consultant, Great Start Child Care Quality Program (GSCCQP). The purpose of the focus groups was to gather feedback and insight into the proposed QDC, which includes a newly mandated training requirement for unlicensed providers. Unlicensed, subsidized providers, and parents who use these providers, were the participants in the focus groups. A simple PowerPoint was presented at each forum to guide discussions and assist in engaging participants. A set of questions was developed for use at each focus group, in order to ensure consistency and reliability in the findings. QDC Workstream members were asked to attend at least one focus group.

Focus groups were held at the following locations:

- October 4, 2010 in Southwest Detroit
- October 4, 2010 in Oakland County
- October 5, 2010 in Gaylord (included conferencing capabilities for the UP)
- October 5, 2010 in Mt. Pleasant
- October 6, 2010 in Grand Rapids

In a report submitted to the QDC/QRIS Design Committee, Karen Ponder communicated the following major findings. (The report is located in Appendix II):

- The title, “Quality Development Continuum” elicited a positive response and was generally understood to be about increasing the knowledge of providers in an on-going way.
- Providers believe that the Quality Development Continuum will matter to most parents and that it will help parents know that their providers are increasing their skills; the providers also believe parents need training opportunities similar to their own.
- Parents and providers support the mandated *Great Start to Quality Orientation* training and believe it is very beneficial to children and providers. The majority of participants wanted to see increases in the training requirements.
- Topics covered in the required orientation training were viewed as very beneficial and most providers want more options for training available. Participants valued their relationships with the people who coordinate the training as well as the trainers themselves.
- A majority of participants from all groups believe financial incentives are important to help them stay in business and value the opportunities to learn along with their peers as more valuable to them than the financial benefits.
- Participants embraced the idea of more training hours and encouraged that more be made available.
- Mentors are generally seen in a positive light, based on the provider’s experiences.
- In general, unlicensed providers understand school readiness as a broad range of skills and abilities, but some do feel more pressure about academic area based on their understanding.

In order to encourage additional feedback, ECIC posted the PowerPoint and questions on their website and received two responses.

Recommendations

The QDC Workstream created the following parameters regarding the recommended QDC for unlicensed providers:

- Provides a starting point for unlicensed providers with clear next steps that build upon one another.
- Draws upon the *Core Knowledge and Competencies*⁹ document.
- Includes a hierarchy of topics and criteria.
- Provides for a system that supports providers in moving beyond unlicensed, subsidized care, but also accommodates providers that do not wish to or cannot become licensed.

The QDC Workstream sees the QDC as a means by which to reward providers for taking steps to increase the quality of care for children and families.

The QDC Continuum

Table I, on pages seven and eight, lays out the key elements of the recommended QDC. The recommended QDC consists of one mandatory level, and two higher voluntary levels. These levels are designed to support the provider to engage in an increasing number of quality improvement activities all built upon their self-identified needs and goals.

⁹ http://web.grcc.edu/FreyPDS/pdf_msdocs/CoreKnowledge_0103.pdf

Table 1 Recommended Quality Development Continuum for Unlicensed Providers who Care for Children Ages Birth Through 12

Level	LEVEL ONE	LEVEL TWO	LEVEL THREE
Hours	<p><u>One-time requirement</u></p> <ul style="list-style-type: none"> 8 hour Great Start to Quality Orientation <p><i>Note: Includes all unlicensed providers receiving DHS subsidy payments.</i></p>	<p><u>Annual requirement to stay at Level 2-</u> <u>Requirement to move to Level 3-</u></p> <ul style="list-style-type: none"> 10 hours of trainings. 20 total training hours <ul style="list-style-type: none"> 16 hours must be from CORE training topics Development and approval of a Quality Improvement Plan 	<p><u>Annual requirement to stay at Level 3-</u></p> <ul style="list-style-type: none"> Minimum of 10 hours implementing current year’s Quality Improvement Plan Development of an approved Quality Improvement Plan for subsequent year.
Requirements	<p>Prerequisite:</p> <ul style="list-style-type: none"> Physical Health Evaluation to be added as DHS eligibility requirement. <p>Training :</p> <p>Great Start to Quality Orientation</p> <ul style="list-style-type: none"> CPR and First Aid Health and Safety <ul style="list-style-type: none"> Shaken Baby Syndrome Safe Sleep Practices Nutrition Child abuse and neglect DHS Billing and Reporting Requirements How Children Learn 	<p>CORE Training Topics:</p> <ul style="list-style-type: none"> Child Development- Basic Ages/Stages and What You Do Behavior Management and Discipline Activities to Help Children Learn Interactions and Relationship Health & Safety <ul style="list-style-type: none"> Blood Borne Pathogens Nutrition Obesity Menus Physical Activity Creating Safety Plans <p>Other Approved Training Topics:</p> <ul style="list-style-type: none"> Caring for Children with Special Needs Accessing Community Resources Communication Skills Finance Basics 	<p>Implementation of Quality Improvement Plan.</p> <p>Plans may include:</p> <ol style="list-style-type: none"> Focused/specific training in Level 2 topics Support and movement towards licensing High school completion/GED attainment <p>Level 3 may entail working with a mentor or coach to develop and chart progress on needs and goals.</p> <p><i>Note: Level 3 training should be offered in “larger time blocks” to accommodate training/homework/directed follow up.</i></p>

Level	LEVEL ONE	LEVEL TWO	LEVEL THREE
How delivered	<ul style="list-style-type: none"> • Classroom format through RRCs • Online (4-hour health and safety portion) • Small Groups (cohort) 	<ul style="list-style-type: none"> • Small Groups (cohort) • Classroom format through RRCs • Correspondence • Online formats • Early childhood program visits • Home Visiting • CACFP • Introduce college options – plant the seed for a CDA, One Year Certificate, Associate, Bachelor Degree 	<ul style="list-style-type: none"> • Small Groups (cohort) • Classroom format through RRCs • Correspondence • Online formats • Early childhood program visits • Coaching/Mentoring (may include on-site visits) • College options
Incentives	Mandated Base subsidy rate	Tier 2 subsidy rate	Local flexibility in determining incentives up to \$500 per year. Incentives should be tied to a provider's Quality Improvement Plan.

QDC Continuum Participation

The QDC Workstream recommends that priority for participation in the QDC go to unlicensed and publicly subsidized providers; however, the QDC Workstream also recommends that there be local flexibility in terms of including family, friend and neighbor care providers who do not receive the child care subsidy. Access will be based on the availability of community resources and supports.

Level 3 - Supports

The QDC Workstream recommends that two support roles (mentors and coaches) be utilized for unlicensed providers reaching Level 3. Mentors and coaches would be instrumental in helping providers to achieve their individualized Quality Improvement Plan. The definitions below are adapted from National Association for the Education of Young Children (NAEYC).

1. Mentoring is an on-going, relationship-based process with a more experienced individual (mentor) providing guidance and/or example to the less experienced mentee. Mentoring should be process focused and intended to increase an individual's personal or professional capacity of knowledge and skills.
2. Coaching is a relationship based process that is designed to promote capacity building around professional skills and behaviors and is focused on a specific goal for an individual. Coaching can occur one time or in a series of sessions dependent on the successful achievement of the goal.

In addition, the QDC Workstream recommends that home visits be available as a method of providing mentoring and coaching for unlicensed providers.

Level 3 - Quality Improvement Plan Elements

In order for an unlicensed provider to participate in Level 3 they are required to develop and secure approval of a personal Quality Improvement Plan. The QDC Workstream recommends that each Quality Improvement Plan include the following elements:

- Intended Outcomes
- Indicators
- Assessment
- Incentives

When the Quality Improvement Plan is completed and approved, the unlicensed provider would move to Level 3, where he/she would receive specific guidance and support in implementing their Quality Improvement Plan.

During the implementation of the Quality Improvement Plan the unlicensed provider would be assigned a local support specialist tasked with monitoring the provider's progress and success in implementing the plan. The local support specialist may use various measures and assessments to determine whether or not quality indicators are being met.

Incentives to support the implementation of the Quality Improvement Plan will be agreed upon between the local support specialist and the unlicensed provider at the beginning of each year.

Level 3 – Satisfactory Progress Conditions

The QDC Workstream's recommendations are as follows:

- An unlicensed provider who is not making progress towards quality indicators in their Quality Improvement Plan should remain at Level 3, however the Quality Improvement Plan for the subsequent year will need to be revised to include more appropriate outcomes and indicators as agreed upon with his/her local support specialist.
- An unlicensed provider at Level 3, who fails to meet the annual 10 hour requirement, will be moved back to Level 1. In order to move to Level 2 (and then return to Level 3) he/she would need to complete 10 annual hours of training and then resubmit a Quality Improvement Plan for approval.

QDC Appeals

DHS will continue to use the current "exception" process where eligible providers can submit a written request to be fully "waived" or "partially waived" from the required *Great Start to Quality* orientation training. DHS has established criteria for these waivers and tracks all granted and denied waivers.

Current Status of QDC Implementation

In the text box below is a report prepared by the Department of Human Services (DHS) on the implementation of the *Great Start to Quality* orientation training. Level 1 and Level 2 of the QDC are already being implemented by DHS and ECIC, albeit in slightly different form than is in the recommended QDC. Key differences are the total time of the *Great Start to Quality* orientation currently 6 hours and recommended to move to eight hours, as well as formalizing and aligning the training topics in Level 2. The report provides a snapshot, as of the end of September 2010, of the status of implementation of the QDC.

Child Development and Care- Unlicensed Provider Training 10/20/2010

Background:

Provider application date dictated **when** they would be required to meet the training requirement established in PA 129 of 2009.

- Providers applying before March 7, 2010, were granted until September 17, 2010, to complete the free six-hour Great Start to Quality Orientation.
- Providers applying on or after March 7, 2010, are required to complete the training before they will be authorized for DHS payment.

FY 2010 Accomplishments:

- ☆ 144 new instructors were trained to deliver the Great Start to Quality Orientation.
- ☆ 1,340 trainings were offered.
- ☆ This included 20 stadium trainings.
- ☆ 18,985 current or prospective providers completed the Great Start to Quality Orientation.
 - Currently enrolled providers: 15,783
 - Applicants or prospective providers: 3,202
- ☆ 29,834 children now have a child care provider with training in core health and safety topics, including first aid and CPR.
- ☆ 4,369 providers have completed at least one Level 2 training.
- ☆ 523 providers have completed the Tier 2 requirement of 10 annual hours.
 - These providers are receiving an incentive of 25 or 35 cents per hour for each of the 1,062 children in their care.

9/25 Disenrollment

On 9/25, DHS disenrolled all grandfathered providers who did not complete the training by September 17.

- 2,922 providers who were assigned to DHS cases were closed.
 - 13.4% of the aide and relative provider population.
- 10% of the approved CDC cases were affected by this disenrollment.
 - Great Start Regional Child Care Resource Centers are reaching out to these families to assist them in identifying licensed or registered child care providers in their area.

QDC Administration and Leadership

DHS is the lead agency for the administration of the state's child care subsidy. Under the DHS establishment grant agreement with ECIC, ECIC administers the state's investment in child care quality improvement. Accordingly, ECIC would continue to be the lead on the provision of training and the development of Quality Improvement Plans with unlicensed providers.

Quality Rating and Improvement System (QRIS)

A QRIS is designed to make quality transparent and easily understood for a wide variety of stakeholders. Licensed settings voluntarily agree to be assessed against a set of quality standards and receive an overall rating that can be made public. These simple ratings (often quantified by stars, like hotel ratings) enable parents, funders, and other stakeholders to make informed choices. Programs can improve their ratings through participation in an array of quality improvement activities.

Definition

The QDC/QRIS Design Committee recommends that a *quality rating and improvement system* (QRIS) be defined as a systemic approach to assess, improve, and communicate the level of quality in licensed early learning and care programs, e.g. child care centers, group child care homes, and family childcare homes. The QRIS is composed of five elements: standards, accountability measures, program/provider outreach and support, incentives and parent/consumer education efforts.

Scope of the QRS Workstream

Design levels of standards for child care centers, group child care homes and family child care homes that reflect increasing quality, based on improving child development and learning.

Activities of the QRS Workstream

The QDC/QRIS Design Committee endorsed the following members for the QRS Workstream:

Keith Myers, Chair

Executive Director, Michigan Association for the Education of Young Children, TEACH License Holder

Cheryl Frost, Co-chair

Early Care and Education Action Team, Great Start Collaborative-Wayne
Detroit QRIS Pilot Site

Tama Beeson, Licensed Childcare Provider, Group Home
Kid's Land Daycare

Anne Brown,

Kalamazoo QRIS Pilot Site – Learning Village

Lindy Buch, Director, Office of Early Childhood Education and Family Services
Michigan Department of Education

Marijata Daniel-Echols, Director of Research
High Scope Educational Research Foundation

Ella Fabel Ryder, Executive Director, Child Care Resources-Southwest Michigan 4C;
Project Leader, Southwestern Michigan Regional Resource Center

Jessica Gillard, Director, Early Learning Innovation, Early Childhood Investment Corporation

Toni Hartke, Director, Great Start Collaborative-Wayne
Detroit QRIS Pilot

Rhonda Meyers, President
Pee Wee Patch (Child Care Center)

Nancy Peeler, Child Health Unit Manager
Michigan Department of Community Health

Jeremy Reuter, Director
Head Start State Collaboration Office

Nancy Secor, Manager, 0-5 Head Start
EightCAP, Inc.

Jim Sinnamon, Director, Child Care Licensing Division,
Bureau of Children & Adult Licensing
Michigan Department of Human Services

Andrea Underwood,
Rocking Horse Child Care

Kellye Wood, Early Childhood Education Coordinator
Kalamazoo Public School

The QRS Workstream conducted face-to-face and/or conference call meetings on the following dates:

- September 10, 2010
- September 27, 2010
- October 8, 2010
- October 18, 2010

The QDC/QRIS Design Committee commissioned an analysis of the quality standards recommended in 2007. (The analysis and related documents are in Appendix III.) This analysis was prepared by Anne Mitchell and Christine Johnson-Staub, of Early Childhood Policy Research. Ms. Mitchell is one of the foremost experts in the country on the development, financing, implementation and evaluation of QRIS. Ms. Johnson-Staub provided key staff support in the development of the QRIS standards and pilot for Massachusetts. The purpose of their analysis of the 2007 quality rating standards was to: identify standards that could benefit from strengthening and/or improvement, create standards that the analysis determined would be beneficial to add, and delete standards that, based on the experience of other states, had not proved to have been a viable/useful measure of quality.

The basis for the review came from Ms. Mitchell's extensive experience with the states of: Alaska, Arizona, Colorado, Connecticut, Delaware, Florida, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Montana, New Hampshire, New York, Ohio, Pennsylvania, Rhode Island, Vermont, and Washington; as well as the use of national resource materials, including the National Child Care Information Center's *QRIS Resource Guide* at http://nccic.acf.hhs.gov/poptopics/gris_resources.html and the newly released (April 2010) *Compendium of Quality Rating Systems and Evaluations* from the federally funded multi-year Quality Rating Systems (QRS) Assessment Project. http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/index.html#reports)

Christine Johnson-Staub facilitated the convening of the QRS Workstream. Prior to the initial convening of the QRS Workstream, the analysis of the 2007 recommendations was posted on the QDC/QRIS Design Project webpage, and QDC/QRIS Design Committee members informed their stakeholders of the opportunity to review the analysis and participate in an on-line survey. Over 650 people responded to the survey.¹⁰ The survey was designed to gather input from key stakeholders, especially their thoughts and comments related to which standards would be difficult and/or less so for them to meet, as well as what types of supports would be most useful/relevant in enabling them to reach the highest standards. The QRS Workstream used the survey results to inform the development of the 2010 quality rating standards.

Recommendations

Quality Rating – Structure & Process

The QRS Workstream recommends that participation in the Michigan QRIS, outside of Level 1, be **voluntary** for child care centers, group child care homes and family child care homes. Table II on page 14 provides key information on the recommended levels of program quality within the QRIS. Programs would be placed into these levels of quality – beyond Level 1 – based upon their performance against the recommended standards of quality.

¹⁰ Survey results in an Excel format are available upon request.

Level 1

As of October of 2010, there are currently 4,541 centers, 2,573 group child care homes, and 5,474 family child care homes across the state that would enter the QRIS at a Level 1. A Level 1 rated child care center, group child care home, and family child care home would be equivalent to a program having a non-provisional license, with no substantial licensing violations. Child care centers, group, and family child care homes will have to choose to apply to the QRIS to move beyond a Level 1 rating.

Levels 2 & 3

QRIS Levels 2 and 3 would be determined through an on-line self-assessment, against the recommended quality standards. The findings of the self-assessment would be validated before a quality rating would be displayed in Great Start CONNECT, the state's child care referral data-base. Great Start CONNECT will require modification to perform this function. Modification would include the completion of a fully functioning professional development registry, development of software that has capacity to capture each structural quality criterion, as well as capability to provide a summary score to participants that will identify areas for improvement, and available supports for progress.

Levels 4 & 5

QRIS Levels 4 and 5 will be determined by the results of the on-line self-assessment, as well as the completion of the Program Quality Assessment (PQA) by an objective individual, trained in the administration of and reporting on the PQA. The PQA is a set of tools developed by the High/Scope Educational Research Foundation to measure program quality. The PQA includes tools that measure program quality for infants/toddler programs, preschool programs, and family child care programs. The PQA includes an observational assessment of the interaction between the practitioners and the children in the program being assessed. The PQA is aligned with the Michigan Early Childhood Standards of Quality for both infant/toddler programs and prekindergarten. Michigan already has a significant investment in the PQA which is used by the Great Start Readiness Program.

Quality Improvement

It is recommended that programs/providers at all levels of the QRIS have access to an array of quality improvement resources through the GSCCQP Regional Resource Centers (RRCs). What that array should include and how those resources will be accessed needs to be an element of the QDC/QRIS Field Test plan.

Table 2

Recommended QRIS Program Quality Levels

Program Level	What it demonstrates	Requirements	Rationale
Level 1	Level 1 demonstrates that a program meets at least a level of basic health and safety quality equal to Michigan licensing standards.	Licensing by state: Original Provisional License = Not rated until licensing visit/license approved (or for registered programs, approval visit at 90 days); Licensed= 1 Star, or higher if program completes application process for higher rating; Moving = Programs can carry their rating to new location; Substantial Licensing Violation = 0 Stars.	Programs should at least meet licensing requirements in order to be considered part of the quality program. Having an unrated period on initial licensing requires programs to demonstrate their quality before being rated, and allows programs of higher quality to achieve an appropriate initial rating.
Level 2	Level 2 demonstrates that a program has gone beyond licensing requirements to a higher level of structural quality. That is, programs have demonstrated that the qualifications of their administrators and staff exceed those required by licensing, and that their professional practices include characteristics that have been shown by research to support positive child outcomes.	A program can earn points toward Level 2 by documenting that it has met specific structural criteria. 50% of available points was discussed by the Workstream.	Programs demonstrate some quality characteristics beyond licensing, but are not necessarily "high quality" programs.
Level 3	Level 3 demonstrates that a program has at least a moderate level of quality, and has specifically accomplished a higher level of structural quality than is required in Level 2.	A program can earn points toward Level 3 by documenting that it has met specific structural criteria. 85% of available points was discussed by the Workstream.	Programs demonstrate almost all structural quality characteristics. This is the level at which a program can be deemed "high quality."
Level 4	At Level 4, a program has demonstrated high structural quality by substantively meeting all of the criteria required in Level 3. In addition to meeting a higher level of structural quality, it has also achieved a high level of process quality. That is, a program at Level 4 has demonstrated that it: a) is using effective teaching and learning techniques, including a comprehensive research-based curriculum appropriate to the ages it's serving;b) is demonstrating high quality, dynamic interactions between program staff and children;c) has sufficient and appropriate materials in the setting, and is using them effectively; andd) has appropriate daily routines for the children.	A program can demonstrate the level of quality required for Level 4 by meeting the requirements for Level 3, including specific required criteria related to cultural competence and those criteria that align with elements of national accreditation, <i>and</i> achieving a score of at least a 3.5 on the Program Quality Assessment.	Programs meet structural quality requirements for Level 3 and have demonstrated high quality interactions through the PQA score.
Level 5	At Level 5, a program has met all the requirements of Level 4, plus demonstrated a higher level of implementation of best practices in process quality. § It is more likely to be effective using a curriculum and child assessment to inform its work with children, § Is more consistently demonstrating dynamic high quality interactions between program staff and children, and § Is more effective using materials and the learning environment in its settings.	A program can demonstrate it is at Level 5 by meeting the requirements for Level 3, including specific required criteria related to cultural competence and those criteria that align with elements of national accreditation, and either a) achieving a score of at least 4.5 in the Program Quality Assessment (PQA), or b) achieving national accreditation through NAEYC or another approved accreditation system.	Based on experience in GSRP programs, a program with a PQA score of 4.5 will be able to easily achieve NAEYC accreditation, but a program with a 4 on the PQA may still struggle with accreditation. Research on children participation in GSRP shows that a 4.5 score is linked to better academic outcomes. This break-point for Levels 4 and 5 should be evaluated to see if it accurately reflects different levels of high quality.

Table 3

RECOMMENDED QUALITY STANDARDS

The recommended quality standards are below in Table III. The standards address:

- People - administrator and staff qualifications, professional development, and family partnerships
- Professional Practices - administration and management, community partnerships, and health and safety
- Environment - physical environment and ratios
- Learning - curriculum and instruction.

Each standard is defined for the three regulated child care and early learning settings. The expectations differ for child care centers, group child care homes and family child care homes. These standards predominantly focus on the structural measures of quality for an early learning program. The elements of structural quality that are reflected in the standards have a strong foundation in research and best practices.

I. PEOPLE

Staff Qualifications					
Administrator Qualifications					
Child Care Centers	Pts	Group Child Care Homes	Pts	Family Child Care Homes	Pts
CDA or Montessori credential with 960 hrs of experience including a minimum of 18 hrs in Early Childhood Education / Child Development		CDA or Montessori Credential		CDA or Montessori Credential	
Associate’s degree in Early Childhood Education / Child Development with 480 hrs of experience including a minimum of 18 hrs in Early Childhood Education / Child Development		Associate’s Degree in Early Childhood Education or related field		Associate’s Degree in Early Childhood Education or related field	
Bachelor’s degree or higher in child related field including a minimum of 18 hrs in Early Childhood Education / Child Development		Bachelor’s degree or higher in Early Childhood Education or related field		Bachelor’s degree or higher in Early Childhood Education or related field	
Bachelor’s degree or higher in Early Childhood Education / Child Development OR child related field including a minimum of 18 hrs in Early Childhood and 3 credits in administration					

TOTAL PTS AVAILABLE

(minimum)

Staff Qualifications					
Lead Caregiver/Teacher Qualifications					
Child Care Centers	Pts	Group Child Care Homes	Pts	Family Child Care Homes	Pts
At least 50% of classrooms have lead teachers with CDA or higher appropriate to age served.					
100% of classrooms have lead teachers with CDA or higher appropriate to age served.					
At least 50% of classrooms have teachers with Associates degree or higher.					
100% of classrooms have teachers with Associates degree or higher.					
At least 50% of classrooms have teachers with Bachelor’s degree or higher in early childhood education or child development.					

100% of classrooms have teachers with Bachelor's degree or higher in early childhood education or child development.					
Assistant Caregiver/Teacher					
Child Care Centers	Pts	Group Child Care Homes	Pts	Family Child Care Homes	Pts
At least 50% of assistants have CDA or equivalent or higher, appropriate to age served.		At least one assistant has a CDA.		At least one assistant has a CDA.	
100% of assistants have CDA or equivalent or higher, appropriate to age served.					
At least 50% of assistants have Associates degree or higher.		At least one assistant has an Associates degree or Infant-Toddler CDA.		At least one assistant has an Associates degree or Infant-Toddler CDA.	
100% of assistants have Associates degree or higher.					
Other Staffing					
Child Care Centers	Pts	Group Child Care Homes	Pts	Family Child Care Homes	Pts
Director has a graduate degree in Early Childhood or Child Development or a related field, or program works with an early childhood specialist with a graduate degree in Early Childhood or Child Development or a related field.		Provider has graduate degree in Early Childhood or Child Development or a related field, or works with an early childhood specialist with graduate degree in Early Childhood or Child Development or a related field.		Provider has graduate degree in Early Childhood or Child Development or a related field, or works with an early childhood specialist with graduate degree in Early Childhood or Child Development or a related field.	
TOTAL PTS AVAILABLE					
<i>min</i>					
(*Points for criteria from this point forward ARE cumulative, and can be earned in addition to staff qualifications points.)					
Professional Development					
Child Care Centers	Pts	Group Child Care Homes	Pts	Family Child Care Homes	Pts
All program staff annually complete at least 24 clock hours of professional development.		Provider annually completes at least 20 clock hours of professional development, and assistant(s) complete 10 hours of professional development.		Provider annually completes at least 20 clock hours of professional development, and assistant(s) complete 10 hours of professional development.	
All staff attend professional development training on cultural competence and inclusive practices, related to serving children with special needs or disabilities, as well as teaching diverse children and supporting diverse children and their families.		Provider and any staff attend professional development training on cultural competence and inclusive practices, related to serving children with special needs or disabilities, as well as teaching diverse children and supporting diverse children and their families.		Provider and any staff attend professional development training on cultural competence and inclusive practices, related to serving children with special needs or disabilities, as well as teaching diverse children and supporting diverse children and their families.	
Family Partnerships and Family Strengthening					
Program has evidence of family engagement and involvement, which may include: <ul style="list-style-type: none"> · Participation in governance (1 point) · Parent education opportunities (1 point) · Ongoing opportunities for informal communication with parents (1 point) · Opportunities for formal communication (i.e. parent/teacher conferences, home visits) to inform parents of children's developmental progress (1 point) 		Provider has evidence of family engagement and involvement, which may include: <ul style="list-style-type: none"> · Parent education opportunities (1 point) · Ongoing opportunities for informal communication with parents (1 point) · Opportunities for formal communication (i.e. parent/caregiver conferences, home visits) to inform parents of children's developmental progress (1 point) · Communication, education, and informational materials and opportunities for families are delivered in a way that meets their diverse needs (e.g. literacy level, language, cultural appropriateness, etc.) (1 point) 		Provider has evidence of family engagement and involvement, which may include: <ul style="list-style-type: none"> · Parent education opportunities (1 point) · Ongoing opportunities for informal communication with parents (1 point) · Opportunities for formal communication (i.e. parent/caregiver conferences, home visits) to inform parents of children's developmental progress (1 point) · Communication, education, and informational materials and opportunities for families are delivered in a way that meets their diverse needs (e.g. literacy level, language, cultural appropriateness, etc.) (1 point) 	

<ul style="list-style-type: none"> · Opportunities for parents to participate in education inside and outside the classroom (1 point) 				
<ul style="list-style-type: none"> · Communication, education, and informational materials and opportunities for families are delivered in a way that meets their diverse needs (e.g. literacy level, language, cultural appropriateness, etc.) (1 point) 				

TOTAL PTS AVAILABLE
min

Subtotal PEOPLE
min required from PEOPLE

II. PROFESSIONAL PRACTICES

(*All points for criteria from this point forward ARE cumulative. Programs and providers can earn points on any and all of the criteria below toward their total scores.)

Child Care Centers	Pts	Group Child Care Homes	Pts	Family Child Care Homes	Pts
Administration and Management					
Program has written personnel policies and procedures, which improve and lead to staff retention, and evidence those policies and procedures have been implemented. <ul style="list-style-type: none"> · Evidence of staff evaluation and individual professional development plans for staff members (1 point) · A documented, graduated salary scale for staff that takes into account education and experience (1 point) · A flexible benefit plan that may include health, tuition assistance, etc. for staff (1 point) · Paid leave time which may include holiday, vacation, educational leave, and/or sick time (1 point) 		If provider has staff, there are written personnel policies and procedures, which improve and lead to staff retention, and evidence those policies and procedures have been implemented, which may include: <ul style="list-style-type: none"> · Evidence of staff evaluation and individual professional development plans for staff members · A documented, graduated salary scale for staff that takes into account education and experience · A flexible benefit plan that may include health, tuition assistance, etc. for staff · Paid leave time which may include holiday, vacation, educational leave, and/or sick time 		If provider has staff, there are written personnel policies and procedures, which improve and lead to staff retention, and evidence those policies and procedures have been implemented, which may include: <ul style="list-style-type: none"> · Evidence of staff evaluation and individual professional development plans for staff members · A documented, graduated salary scale for staff that takes into account education and experience · A flexible benefit plan that may include health, tuition assistance, etc. for staff · Paid leave time which may include holiday, vacation, educational leave, and/or sick time 	
		Provider has a basic contract for services rendered, which may include: <ul style="list-style-type: none"> · Description of payment schedule · Description of provider and child vacation policy · Description of sick leaves for child · Description of alternate care options · Description of provider's termination policy 		Provider has a basic contract for services rendered, which may include: <ul style="list-style-type: none"> · Description of payment schedule · Description of provider and child vacation policy · Description of sick leaves for child · Description of alternate care options · Description of provider's termination policy 	

Community Partnerships (Includes Developmental Screening)				
<p>Program has evidence that it is involved in partnerships and/or collaborations that enhance its services to families. For example, these community partnerships may include:</p> <ul style="list-style-type: none"> Partnerships to provide or connect families to appropriate comprehensive services Partnerships that take basic steps to facilitate children's transition between and among programs, agencies, and schools Participation in community associations 		<p>Provider is involved in partnerships and/or collaborations that enhance its services to families. For example, these community partnerships may include:</p> <ul style="list-style-type: none"> Partnerships to provide or connect families to appropriate comprehensive services Partnerships that take basic steps to facilitate children's transition between and among programs, agencies, and schools Participation in community associations 		<p>Provider is involved in partnerships and/or collaborations that enhance its services to families. For example, these community partnerships may include:</p> <ul style="list-style-type: none"> Partnerships to provide or connect families to appropriate comprehensive services Partnerships that take basic steps to facilitate children's transition between and among programs, agencies, and schools Participation in community associations
Health and Safety				
<p>Program has evidence that it has and implements a plan that supports maintenance and improvement of children's health, and may include:</p> <ul style="list-style-type: none"> A nutritional plan, reviewed by a dietician or nutritionist (1 point) 30 minutes of every 3 hours dedicated to active outdoor time, with appropriate indoor physical activities available when weather prohibits outdoor play (1 point) Provisions for reviewing and updating health records according to the most recent Early, Periodic Screening, Diagnosis and Treatment (EPSDT) schedule for infants, and reviewing and updating records for toddlers and older children annually (1 point) A process for observing each child's health and development on a daily basis and communicating observations to the child's family, other caregivers, and to specialized staff, with recommendations for family to seek medical opinions as necessary (1 point) A regular oral care routine, including tooth brushing and/or gum wiping (for infants) at least once per day (1 point) 		<p>Provider has a plan that supports maintenance and improvement of children's health, and may include:</p> <ul style="list-style-type: none"> A nutritional plan, reviewed by a dietician or nutritionist (1 point) 30 minutes of every 3 hours dedicated to active outdoor time, with appropriate indoor physical activities available when weather prohibits outdoor play (1 point) Provisions for reviewing and updating health records according to the most recent Early, Periodic Screening, Diagnosis and Treatment (EPSDT) schedule for infants, and reviewing and updating records for toddlers and older children annually (1 point) A process for observing each child's health and development on a daily basis and communicating observations to the child's family, other caregivers, and to specialized staff, with recommendations for family to seek medical opinions as necessary (1 point) A regular oral care routine, including tooth brushing and/or gum wiping (for infants) at least once per day (1 point) 		<p>Provider has a plan that supports maintenance and improvement of children's health, and may include:</p> <ul style="list-style-type: none"> A nutritional plan, reviewed by a dietician or nutritionist (1 point) 30 minutes of every 3 hours dedicated to active outdoor time, with appropriate indoor physical activities available when weather prohibits outdoor play (1 point) Provisions for reviewing and updating health records according to the most recent Early, Periodic Screening, Diagnosis and Treatment (EPSDT) schedule for infants, and reviewing and updating records for toddlers and older children annually (1 point) A process for observing each child's health and development on a daily basis and communicating observations to the child's family, other caregivers, and to specialized staff, with recommendations for family to seek medical opinions as necessary (1 point) A regular oral care routine, including tooth brushing and/or gum wiping (for infants) at least once per day (1 point)
Total Available PROFESSIONAL PRACTICES				
<i>Minimum required from PROFESSIONAL PRACTICES</i>				

III. ENVIRONMENT

Physical Environment

Program is in a physical location that is free of environmental risks (e.g. lead, mercury, asbestos, and indoor air pollutants.)	Provider is in a physical location that is free of environmental risks (e.g. lead, mercury, asbestos, and indoor air pollutants.)	Provider is in a physical location that is free of environmental risks (e.g. lead, mercury, asbestos, and indoor air pollutants.)
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Ratios

Program demonstrates that it has smaller group size and better teacher:child ratio than required by licensing.	Home demonstrates that it has smaller group size and better teacher:child ratio than required by licensing.	Home demonstrates that it has smaller group size and better teacher:child ratio than required by licensing.
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Total Available ENVIRONMENT

Minimum required from ENVIRONMENT

IV. LEARNING

Curriculum and Instruction (Includes Child Assessment)

<p>Program demonstrates exemplary practices in instruction and assessment, including evidence that it:</p> <ul style="list-style-type: none"> · Fully implements an approved comprehensive curriculum (2 points) · Uses an approved child assessment tool (1 point) · Uses assessment to inform individual, small group, and whole group instruction and interaction (1 point) · Uses a curriculum that reflects a respect and valuing of children’s culture and demonstrates cultural competence. (1 point) · Practices inclusive instruction and assessment, using an inclusive curriculum. (1 point) <p>Program can demonstrate that it structures and schedules staff such that each child has a consistent team of caregivers over a week, and over a calendar year.</p>	<p>Provider demonstrates exemplary practices in instruction and assessment, including evidence that it:</p> <ul style="list-style-type: none"> · Fully implements an approved comprehensive curriculum (2 points) · Uses an approved child assessment tool (1 point) · Uses assessment to inform individual, small group, and whole group instruction and interaction (1 point) · Uses a curriculum that reflects a respect and valuing of children’s culture and demonstrates cultural competence. (1 point) · Practices inclusive instruction and assessment, using an inclusive curriculum. (1 point) 	<p>Provider demonstrates exemplary practices in instruction and assessment, including evidence that it:</p> <ul style="list-style-type: none"> · Fully implements an approved comprehensive curriculum (2 points) · Uses an approved child assessment tool (1 point) · Uses assessment to inform individual, small group, and whole group instruction and interaction (1 point) · Uses a curriculum that reflects a respect and valuing of children’s culture and demonstrates cultural competence. (1 point) · Practices inclusive instruction and assessment, using an inclusive curriculum. (1 point)
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Total Available LEARNING

Minimum required from LEARNING

OVERALL SCORING

Total available

Total required

Threshold for Level 2

Threshold for Level 3

Threshold for Level 3 w/Distinction

Finishing and Testing the Quality Rating Standards

Items are included in the quality standards in Levels 2-3 that are not measured by the PQA at Levels 4 -5. Standards need to be developed for these items before the testing/validation of the overall set of standards can occur. The National Association for the Education of Young Children (NAEYC) accreditation process does have related standards in these areas and is recommended as a resource to inform the development of the missing standards.

The corresponding points need to be developed for each standard, and each section of standards. Some preliminary conversations were held by the QRS Workstream regarding assignment of points but no recommendations were reached. There are many factors to be considered in the development of the scoring structure and Michigan can take advantage of the lessons learned from other states in this aspect of the work.

The Quality Rating Standards were “cross walked” with the *Michigan Early Childhood Standards of Quality for Infant and Toddler Programs and Prekindergarten*. The national Head Start Program Standards are currently being revised and so a cross walk was not able to be completed by the Workstream. It is advantageous and desirable for the QRIS Standards to align with, and in cases where it makes sense to do so, to be the same as the program quality standards of other key early childhood education and care programs.

Prior to Field Test

When the Quality Rating Standards are complete, it is recommended that they be initially tested with a few nationally accredited programs in Michigan. The purpose of this initial testing is to ascertain how the highest quality programs do in meeting standards that are intended to be developmental, and far below those required of accredited programs. Depending on the findings from this sample, there may be a need to readjust the standards.

Finance

Scope for the Finance Workstream

Provide QRIS and QDC cost and cost benefit analysis and overall budget proposal/recommendations for final set of QRIS and QDC recommendations.

Activities of the Finance Workstream

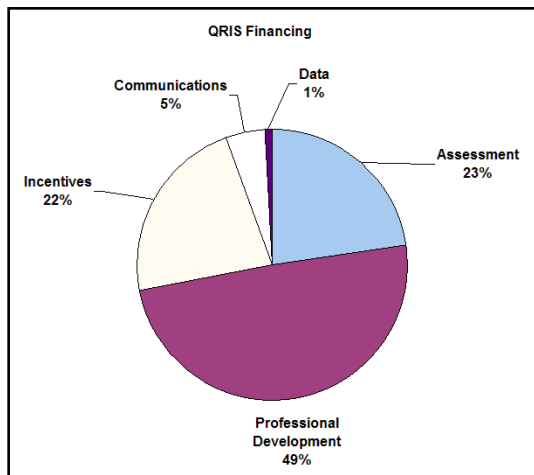
The QDC/QRIS Design Committee endorsed the following members for the Finance Workstream:

- Jeremy Reuter, Director, Head Start State Collaboration Office, ECIC
- Karen Roback, Director, Great Start Child Care Quality Program, ECIC
- Erin Emerson, Analyst, Michigan Department of Human Services
- Jim Marsden, QRIS/QDC Project Manager, Lean In, LLC
- Deb Strong, Fund Development, Wayne Great Start Collaborative

The QDC/QRIS Design Committee sought the consultation of Anne Mitchell, Early Childhood Policy Research, to advise the Finance Workstream on its recommendations. Anne Mitchell is the creator of *The QRIS Cost Estimation Model* a customizable, web-based software program. Ms. Mitchell provided consultation to the Finance Workstream in the use of the software and how to use the software to its best advantage given practical realities.

As the Finance Workstream began to interface with the cost modeling software, it became clear that a high confidence and reasonably accurate cost estimation of state-wide QDC/QRIS implementation was not achievable, given the gaps in knowledge that were present regarding, for example, scope and scale of implementation. It did appear possible that a higher confidence model with reasonably accurate cost estimation for state-wide implementation could be developed through Field Testing. One of the purposes of the Field Test is to implement on a scale and scope manageable enough to discern true costs, prior to full scale implementation.

Given general assumptions to date, the chart below details the cost categories present in implementation – whether during a Field Test or a full scale implementation.



* Professional Development includes costs related to training and technical assistance

* Funds for evaluation and facilities improvements are additional costs typically included in QRIS systems – these costs are typically integrated in later years of QRIS implementation

Current funding available in Michigan to support the activities of a Field Test and subsequent implementation locally and statewide include the following:

- T.E.A.C.H. Early Childhood Scholarships
- Great Start Regional Child Care Resource Centers
- Great Start CONNECT
- Greta Start Early Learning Advisory Council

In other states, Head Start and state funded prekindergarten programs are encouraged and sometimes incentivized to participate in the QRIS. Some states require these programs to contribute to the cost of the quality assessment process that takes place in what would be Levels 4 and 5 of the MI QRIS. Other states mandate that programs be rated and achieve a Level 4 or 5 rating to be eligible for competitive funding. The participation of these early learning programs would impact over 60,000 children in Michigan.

Recommendations

The Finance Workstream recommends that a detailed budget be developed as a key component of the Field Test and that the QRIS cost estimation software be used as the basis for this development.

Building Public and Policy-maker Support

The QDC/QRIS Design Committee discussed the need to build public and political will at every meeting. Due to the time limited nature of this project, the Committee prioritized the completion of the design of the QDC and the QRIS. The Committee did agree that building sufficient public and political will requires a multifaceted and strategic approach, and that the county and local components of this support will be critical to the successful implementation of a state-wide QDC and QRIS. What follows is the initial thinking of the QDC/QRIS Design Committee regarding the need to build public will for the QDC and QRIS; much more detailed thinking and planning needs to be conducted in this area as a key element of the plan for the Field Test.

Champions

- Use non-traditional early childhood champions to talk with legislators about the need for the QDC and the QRIS. Potential message points: Improves outcomes for children, increases access for vulnerable children to higher quality services, potentially positions the state for federal funding, improves public transparency, and increases informed consumer choice.
- Work with GSCs to identify and deploy local, non-traditional early childhood champions.
- Provide a QRIS Communications “tool-kit” for GSCs and GSPCs.
- Don’t wait to get GSCs talking to their stakeholders about what a QRIS/QDC would offer – not the specifics of the MI QRIS – but a QRIS to start.
- Consider developing a “Champions Council for QRIS” with both state and local members.

Regional Resource Centers

- Potential message points: RRCs are working on quality in communities already, RRCs are an easy place to access resources, RRCs are bringing training to all providers, and RRCs are helping providers get children ready for school.

Philanthropy

- Create a mechanism by which private funders can help communities “get ready” to implement QRIS. As more and more communities are “ready” a stronger and stronger case will be able to be made for public support.

Why Field Test?

Successfully implementing a system as multi-faceted, and resource intensive as the one encompassed by the QDC, and the QRIS, is a complex and high stakes endeavor. States that have implemented *just* a QRIS in a time of sufficient resources/funding, unlike our current situation in Michigan, have learned many painful and valuable lessons. Given that the proposed quality assurance system will include the QDC and the QRIS, and the state’s financial situation remains highly precarious, the QDC/QRIS Design Committee recommends a Field Test of the proposed system.

A Field Test will provide a time during which:

- Champions can be identified at all levels, and an intentional effort can be launched to build public will for the QDC and QRIS.
- A framework that supports the unique contributions of partners, e.g. people, resources, funding, advocacy communications, etc., can be discerned at both the state and local levels.
- The standards of quality can be demonstrated to be valid and reliable measures of structural quality, e.g. that the points weighting is accurate, and the rating distinguish true levels of quality.
- Potential raters can be trained to inter-rated reliability in the Program Quality Assessment (PQA) tool.

- The Great Start Child Care Quality Program (GSCCQP) can lead the determination of best practices for managing the conduct of and reporting on the PQA at the state, regional, county and local levels.
- Effective and user friendly administrative procedures for all aspects of the QRIS, e.g. application, documentation, and assessment, under a variety of community conditions, e.g. low/high presence of quality improvement supports, geography, program setting types, and demographics, can be determined.
- A baseline profile of current program quality will be established and can be used for planning and communications purposes in Field Test sites.
- The “real” costs of operating a QDC and QRIS will be documented, and a higher level of confidence will be able to be brought to bear on estimating costs for full or phased in implementation.
- The incentives that matter most in motivating, supporting, and rewarding quality will be able to be discerned.

Recommendations

1. Convene a Field Test Committee to prepare a plan that includes:
 - A completed set of quality standards.
 - Assignment of points, both within, and across quality standards, based on findings from testing the standards with a sample of providers.
 - Administrative procedures for application and appeals to the QRIS.
 - Criteria for community readiness and selection for Field Test Sites.
 - Scope, scale and duration of the Field Test.
 - Priorities and recommended strategies for building public will.
 - Budget for Field Test, determined through use of QRIS cost modeling software.
 - Proposed evaluation design for Field Test.
2. ECIC via the Great Start Child Care Quality Improvement Program will:
 - Prepare foundational communications products for use by Field Test sites.
 - Conduct test of the completed quality standards with sample of nationally accredited programs.
 - Create a plan for the identification, training, ongoing support and financial compensation of individuals qualified to administer the PQA.
 - Create a plan to implement Level 3 of the QDC.
 - Create a plan for the implementation of the quality improvement portion of the Field Test.
 - Fund the development of the software for self-assessment for Levels 2 through 3; extensive testing of Level 2 and Level 3 structural quality standards needs to be completed prior to the development of this software.
 - Plan the amendment and development of Great Start CONNECT required for implementation of the QDC and the QRIS.
3. The Office of Early Education and Care at the Michigan Department of Human Services:
 - Adjust required training hours from 6 to 8 for the *Great Start to Quality* orientation training – Level 1 of the QDC.
 - Realign training topics required for Level 2 of the QDC.

Seeking agreement from the Great Start Early Learning Advisory Council for the following:

- ECIC will lead the preparation of the QDC and QRIS Field Test Plan.
- ECIC will form a Committee to advise and assist in the preparation of the Plan.
- The GSCCQP will complete its portion of the Plan and seek the advice and assistance of the Field Test Committee as needed.
- QDC and QRIS Field Test Plan to be presented at the May 25, 2011 GS-ELAC Meeting.

APPENDIX I

QDC/QRIS Design Committee

APPENDIX II

Summary of Unlicensed Provider Focus Groups in Michigan

APPENDIX III

Michigan QRIS Review Memo
Review of Michigan Quality Rating and Improvement System