

History of QRIS Growth Over Time

The Start of QRIS

The first pilot of a QRIS started in New Mexico in 1997. Oklahoma implemented the first statewide QRIS in 1998. In the late 1990s, some states used national accreditation status as a marker for high quality, but states were aware that programs struggled to achieve accreditation. In response to the gap between licensing and accreditation standards, states implemented QRIS, helping programs move up in quality in manageable steps, in part by offering professional development and financial incentives.

This fact sheet is one of a series about the state of quality rating and improvement systems (QRIS) in the United States. In 2016, there were 41 fully operational QRIS in the United States.¹ Data are from the QRIS Compendium (<http://QRIScompendium.org>), a catalog of the QRIS operating in the United States as of October 31, 2016.²

Growth and Traction

The growth and spread of QRIS reflects the acknowledgement among policymakers, researchers, and the public that the quality of early care and education services is an important support for children's school readiness and positive social development. As shown in Figure 1, while the growth of QRIS was slow in the early years of the new millennium, QRIS implementation has been increasing rapidly since 2005, with an increase from 28 to 37 from 2011–2013. This increase was partly in response to federal funding (i.e., Race to the Top-Early Learning Challenge) to support ECE system development, which was awarded to 9 states in 2012 to 2013; an additional 11 states were awarded funding in 2014 and 2015.

In addition to the 41 fully operational systems, four QRIS (10 percent) QRIS were in a pilot phase in 2016, so lessons learned from these pilots will continue to inform system development and maturation over time. Overall, 12 QRIS (29 percent) were rolled out statewide without first going through a pilot phase.

Adaptability in QRIS

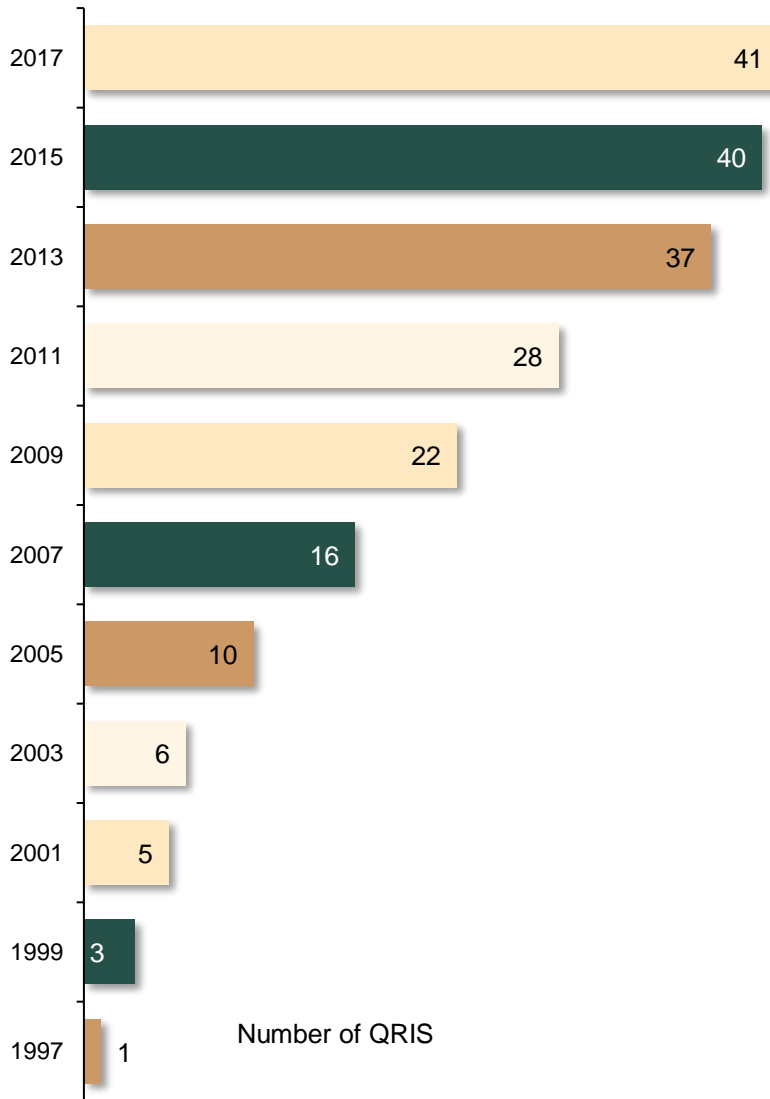
QRIS share common activities: setting standards and indicators, rating ECE programs, supporting quality improvement with technical assistance, distributing grants, and awards, conducting outreach, and determining governance structures. Yet each QRIS was developed in a particular state or local context, and system details are unique to that context. The reach of the QRIS across programs and the families served, the parameters that

¹ State with a QRIS: AR, AZ, CA, CO, DE, FL (3 localities), GA, IA, ID, IL, IN, KY, MA, MD, ME, MI, MN, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, VT, WA, WI. While most QRIS operate at the state level, three represent separate counties in Florida (Duval, Miami-Dade, and Palm Beach). The California QRIS, while represented in the Compendium as one system, is implemented at the county level and does not include all counties in the state.

² Data compiled in 2014 and 2015 from <http://QRIScompendium.org> are used to show change in the number of QRIS with specific features. These data are supplemented by an earlier version of the Compendium titled *Compendium of Quality Rating Systems and Evaluations*, which was released in 2010. Retrieved from <https://www.acf.hhs.gov/opre/resource/compendium-of-quality-rating-systems-and-evaluations>. Publicly available details about QRIS standards and implementation and interviews with QRIS administrators also inform the fact sheet.

define how quality is measured, and the scope and intensity of financial and technical assistance vary widely across QRIS.

Figure 1: Growth in the Number of QRIS Since 1997

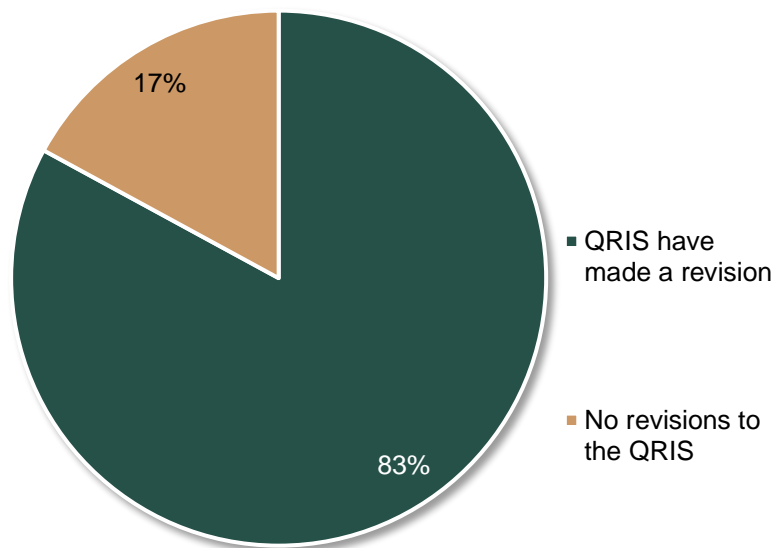


Changes Over Time

With QRIS implementation reaching the 20th year in some states, investments in activities to monitor and evaluate progress have increased, particularly in response to Race to the Top–Early Learning Challenge grant requirements³. Many QRIS have undergone evaluation activities that informed ideas for changes to the QRIS. Task forces and subcommittees have been formed to provide input on QRIS design changes.

As shown in Figure 2, most QRIS have undergone some revision (34 QRIS, 83 percent). These revisions include changes to the quality indicators (including addition or subtraction of observational tools), rating structure, and technical assistance.

Figure 2: Percentage of QRIS That Have Made a Major Revision Since 1997



Looking Ahead

For the seven QRIS (17 percent) that have not been revised, future efforts may reveal strengths and weaknesses that require revisions or a redesign. As of spring 2017, 36 (88 percent) of QRIS have completed an evaluation of their system and 30 (73 percent) assessed system implementation. Research partnerships continue to provide valuable data and findings to inform future directions.

³ Race to the Top – Early Learning Challenge was a competitive grant program that focused on supporting states’ efforts to design and implement an integrated system of high-quality early learning and development programs and services and to increase the number of children with high needs enrolled in those programs and services. Additional information is available at <https://www2.ed.gov/programs/racetothetop-earlylearningchallenge/index.html>.

References

Mathematica Policy Research Inc. & Child Trends. (2010). Compendium of Quality Rating Systems and Evaluations. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from <https://www.acf.hhs.gov/opre/resource/compendium-of-quality-rating-systems-and-evaluations>

The Build Initiative & Child Trends. (2016). A Catalog and Comparison of Quality Rating and Improvement Systems (QRIS) [Data System]. Retrieved from <http://qriscompendium.org/>

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