Program Participation in QRIS

The number of programs participating in a QRIS is a key indicator of system functioning. The total number of programs participating and the density of participation (the percentage of eligible programs participating) varies depending on factors such as the length of time the system has been operational, whether QRIS participation is voluntary or mandatory, which types of programs are eligible to participate, and incentives for participation. This fact sheet summarizes QRIS participation in 2016 by program type and quality level.

Participation by Program Type

Across all QRIS, all 41 have licensed center-based programs participating; 38 (93 percent) have licensed family child care home (FCC) providers participating. In addition, more than 70 percent of QRIS include Head Start/Early Head Start.

Table 1: Percent of Program Types Participating in QRIS, 2016

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed centers</td>
<td>100%</td>
</tr>
<tr>
<td>Licensed family child care homes</td>
<td>93%</td>
</tr>
<tr>
<td>Head Start/Early Head Start</td>
<td>71%</td>
</tr>
<tr>
<td>School-operated early childhood programs</td>
<td>61%</td>
</tr>
<tr>
<td>School-age programs</td>
<td>41%</td>
</tr>
<tr>
<td>Legally license-exempt centers</td>
<td>19%</td>
</tr>
<tr>
<td>Legally license-exempt homes</td>
<td>5%</td>
</tr>
</tbody>
</table>

Note: N = 41 QRIS

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 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.
Total Participation

There are 80,958 participating and rated programs across all 41 QRIS in the country in 2016. The range of programs participating is 12 (New Jersey) to 12,908 (Illinois). This vast range includes new QRIS, like New Jersey, which has just begun rating programs. It also includes QRIS that mandate participation in some way, like Illinois. QRIS that mandate participation often have many programs at the first level of quality, like Illinois with 80 percent of its programs at the first level, Colorado with 65 percent, and Arkansas with 48 percent.

The median number of programs participating in all QRIS is 1,134. The median participation for voluntary systems is 1,167, and 1,067 for mandatory systems. These similar medians show that being voluntary or mandatory may not impact participation.

In addition to understanding participation across program types, it is helpful to know participation at different levels of quality. Because QRIS have different numbers of quality levels, this analysis includes only QRIS with five levels of quality.

There are 54,189 rated programs participating in the 25 QRIS that have 5 levels. Among these 5-level systems, most programs are at the first level of quality (40 percent), while nearly equal percentages of programs are at the second, third, and fourth levels (16 percent, 17 percent, 15 percent, respectively). The lowest percentage of programs are at the fifth level of quality (12 percent).

Figure 1: Percentage of Programs at Each Quality Level in All 5-Level QRIS, 2016

Average participation of programs at the highest levels of quality has increased over the past 3 years. The average number of programs at levels 4 and 5 increased from 378 in 2014 to 456 in 2015 to 560 in 2016. Across those three years, more programs were rated at level 4 than level 5.
Figure 2: Number of Programs at Levels Four and Five, From 2014 to 2016
QUALITYstarsNY is a five-level QRIS with voluntary participation open to FCC, centers, and school-based programs. This QRIS has seen a rapid increase over the past few years in the number of participating programs. In 2016, approximately 570 programs were participating in QUALITYstarsNY, a substantial increase from the 330 that participated in 2015. Approximately 66 percent (200 of 304) rated programs in QUALITYstarsNY are centers and 27 percent (82 of 304) are FCC homes. The remaining programs are school-based. Some of this increase in participation is attributable to requirements in New York’s prekindergarten expansion grant as well as federal guidance that promotes Head Start programs’ participation in state QRIS. New York initiated an additional strategic planning process to increase QUALITYstarsNY participation across the State in order to ensure access to high-quality programs in areas with low population density.

To implement this strategic plan, QUALITYstarsNY has focused on working with strategic partners, like the New York State Department of Education and the Head Start Association, to build relationships and promote the benefits of QUALITYstarsNY in regions where the system does not yet have a strong presence. Champions in the Governor’s Office and the wider philanthropic community have also acted as strategic partners to support the expansion of the QRIS and increase the number of high-quality programs in high-need areas.

At the program level, QUALITYstarsNY engages in outreach activities to educate providers about the system, how to get involved, and what the quality improvement and rating process entails. A couple of strategies the state has successfully used to accomplish this goal include integrating with licensing to provide another point of contact about the QRIS, having community partners distribute mailings, and undertaking grass root efforts in communities by holding meetings to address the unique concerns of provider stakeholder groups.
References


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