



## **Quality Rated Validation Study Report #3: Director, Teacher, and Provider Perceptions of Quality Rated**

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# REPORT HIGHLIGHTS

## Key findings

1

**Over three-quarters of directors in center-based programs and family child care learning home (FCCLH) providers reported that they joined Quality Rated to be recognized as a high-quality program.** When asked about their *most important* reason for joining Quality Rated, being recognized for their program's quality was the top choice. However, relative to FCCLH providers, significantly more center directors reported joining because they were required to participate, and significantly more FCCLH providers joined for access to resources and supports than center directors. In addition, significantly more center directors and FCCLH providers from lower-rated programs (0-star center-based programs and 1-star FCCLHs) reported joining Quality Rated for access to resources and supports, compared to higher-rated programs.

2

**A large majority of FCCLH providers, center directors, preschool teachers, and toddler teachers had positive impressions of Quality Rated.** Over three-quarters of all respondents reported feeling *somewhat positive* or *extremely positive* about Quality Rated. When asked to explain their answer, the most common theme was that Quality Rated had improved their program. When asked how Quality Rated could be improved, many did not have recommendations. Of those that made suggestions, the most common recommendations were changes to the observation process or to technical assistance (TA), which is provided free of charge from the programs' local child care resource and referral agency (CCR&R).

3

**A composite *Positive Attitudes toward Quality Rated* score was created based on responses to 16 opinion items. Attitudes toward Quality Rated were positive among respondents across star ratings, but the level of agreement tended to increase as the rating increased for all groups.**

Two items did not fit the scale; responses to these items indicated that, although FCCLH providers and center directors tended to agree that becoming Quality Rated was a time-consuming process, they did not typically see the process as more work than it was worth.

4

**The two most-used Quality Rated supports were the bonus package based on the star rating (an incentive package given to programs that earn a rating of 1-star or above) and TA from the program's CCR&R.** When asked to rank the helpfulness of the supports they had used, a majority of both center directors and FCCLH providers ranked the TA from their CCR&R at the top. In addition, FCCLH providers and center directors who received TA from their CCR&R prior to submitting their portfolio were very satisfied with the TA received.

## Background and methods

**Quality Rated is Georgia's systematic approach to assessing, improving, and communicating the level of quality in early childhood and school-age care and education programs.**

This report is the third in a series of four from the Quality Rated Validation Project, and the first that presents data collected by Child Trends and Georgia State University. The overarching goal of the Quality Rated Validation Project is to provide Georgia's early childhood leaders with high-quality data about the validity of Quality Rated that can be used to strengthen the system. As part of this data collection, participants were asked for their perceptions of Quality Rated. This report examines those providers', directors', and teachers' perceptions, including what motivated them to join, what supports they have used and found most helpful, and their suggestions for improving the system.

This report presents self-reported questionnaire data collected in winter 2016-17 and 2017-18 from 156 FCCLH providers, 177 center directors, 173 preschool teachers, and 143 toddler teachers, all from Quality Rated center-based programs and FCCLHs that were taking part in the larger validation study. The questionnaires were distributed online but were also available on paper. The questionnaires were available in English or Spanish.

# TABLE OF CONTENTS

- Key Findings ..... [ii](#)
- Table of Figures ..... [v](#)
- Table of Tables..... [v](#)
- Common Abbreviations ..... [vii](#)
- Key findings from previous reports ..... [1](#)
- Background and Introduction ..... [1](#)
- Methods..... [2](#)
  - Sample and recruitment..... [2](#)
  - Data collected..... [2](#)
  - Star rating ..... [4](#)
  - Research questions ..... [4](#)
- Findings..... [5](#)
  - 1. Why were programs motivated to join Quality Rated? ..... [5](#)
  - 2. What were programs’ perceptions of Quality Rated?..... [8](#)
    - Display of star rating..... [12](#)
  - 3. What Quality Rated supports did programs report using and find most helpful? ..... [13](#)
    - Quality Rated supports ..... [13](#)
    - Quality Rated TA ..... [15](#)
  - 4. What recommendations did programs make for QR? ..... [17](#)
- Summary and Discussion..... [19](#)
  - Motivations for joining Quality Rated ..... [19](#)
  - Perceptions of Quality Rated..... [19](#)
  - Attitudes toward Quality Rated ..... [19](#)
  - Quality Rated supports..... [20](#)
  - Limitations..... [20](#)
- Future Considerations..... [20](#)
- References ..... [22](#)
- Appendices ..... [23](#)
- Appendix A: About the Quality Rated Validation Study participants..... [23](#)
  - Gender, race, and language..... [23](#)
  - Age and experience..... [24](#)
  - Education and certifications ..... [25](#)
  - Site-level descriptions..... [26](#)

Curricula .....	<a href="#">27</a>
Hours of operation .....	<a href="#">30</a>
Program characteristics by star rating .....	<a href="#">31</a>
Appendix B: Motivations for joining Quality Rated across program type and star rating .....	<a href="#">32</a>
Appendix C: Overall perceptions across star rating .....	<a href="#">33</a>
Appendix D: Explanations for impressions of Quality Rated.....	<a href="#">34</a>
Appendix E: Positive Attitudes toward Quality Rated item scores and Cronbach’s alpha results .....	<a href="#">36</a>
Item Scores.....	<a href="#">36</a>
Cronbach’s alpha .....	<a href="#">38</a>
Appendix F: Quality Rated supports across star ratings .....	<a href="#">40</a>
Appendix G: Satisfaction with TA item scores and Cronbach’s alpha results.....	<a href="#">42</a>
Item Scores.....	<a href="#">42</a>
Cronbach’s alpha .....	<a href="#">43</a>
Appendix H: Suggested improvements to Quality Rated.....	<a href="#">44</a>

# TABLE OF FIGURES

Figure 1. Star ratings of all Quality Rated programs and all programs in the Quality Rated Validation Study sample ..... [4](#)

Figure 2. Reason for joining Quality Rated across program type..... [5](#)

Figure 3. Most important reason for joining Quality Rated across program type..... [6](#)

Figure 4. Most important reason for joining Quality Rated across star rating ..... [7](#)

Figure 5. Overall impressions of Quality Rated across program and staff type ..... [8](#)

Figure 6. Average positive attitudes toward Quality Rated across staff type and star rating ..... [10](#)

Figure 7. Mean level of agreement with statements about the time to complete the Quality Rated application process..... [11](#)

Figure 8. Quality Rated supports reported by center directors and FCCLH providers ..... [14](#)

Figure 9. Percentage of respondents who ranked each support as the most helpful ..... [14](#)

Figure 10. Director and provider’s average satisfaction with TA, across star rating ..... [16](#)

Figure A1. Percentage of teachers that use a curriculum across star rating ..... [28](#)

# TABLE OF TABLES

Table 1. Response rates for questionnaires..... [3](#)

Table 2. Themes from responses to the open-ended question: “What is your overall impression of Quality Rated, please explain” ..... [9](#)

Table 3. Percentage of FCCLH providers and center directors that display their program’s star rating..... [12](#)

Table 4. Total hours of TA received by FCCLH providers and center directors before submitting their portfolio to Quality Rated ..... [15](#)

Table 5. Themes coded from participants’ open-ended replies to the question: “What suggestions do you have for improving Quality Rated?” ..... [17](#)

Table A1. Demographics of questionnaire participants ..... [23](#)

Table A2. Age and years of experience of questionnaire participants..... [24](#)

Table A3. Education and certifications of participants ..... [25](#)

Table A4. Description of participating sites ..... [26](#)

Table A5. Curricula used by preschool and toddler teachers ..... [29](#)

Table A6. Description of schedules of sites ..... [30](#)

Table A7. Description of sites across star rating ..... [31](#)

Table B1. Motivations for joining Quality Rated across program type and star rating..... [32](#)

Table C1. FCCLH provider and center director’s overall impressions of Quality Rated across star rating ..... [33](#)

Table C2. Preschool and toddler teacher’s overall impressions of Quality Rated across star rating ..... [33](#)

Table D1. Themes coded from the question: “What is your overall impression of Quality Rated, please explain” ..... [34](#)

Table E1. Item-level means for Positive Attitudes toward Quality Rated items..... [36](#)

Table E2. Cronbach’s alpha for all 18 items measuring Positive Attitudes toward Quality Rated ..... [38](#)

Table F1. Quality Rated supports used by FCCLH providers and center directors across star rating ..... [40](#)

Table F2. Percentage of participants who ranked each support as most helpful..... [41](#)

Table G1. Item-level means for questions related to satisfaction with TA ..... [42](#)

Table G2. Cronbach’s alpha for the eight items measuring satisfaction with TA..... [43](#)

Table H1. Themes coded from responses to the question: “What suggestions do you have for improving Quality Rated?” ..... [44](#)



## COMMON ABBREVIATIONS

Throughout this report, some words are frequently abbreviated. A list of these abbreviations is below.

<b>CCLCs</b>	Child Care Learning Centers
<b>FCCLHs</b>	Family Child Care Learning Homes
<b>ERS</b>	Environmental Rating Scale
<b>DECAL</b>	Department of Early Care and Learning
<b>CAPS</b>	Childcare and Parent Services
<b>NAEYC</b>	National Association for the Education of Young Children
<b>NAFCC</b>	National Association for Family Child Care
<b>CLASS</b>	Classroom Assessment Scoring System
<b>CCR&amp;R</b>	Child care resource and referral
<b>TA</b>	Technical assistance
<b>PD</b>	Professional development
<b>CDA</b>	Child Development Associate
<b>TCC</b>	Technical Certificate of Credit
<b>TCD</b>	Technical College Diploma
<b>GELDS</b>	Georgia Early Learning and Development Standards



# Quality Rated Validation Study Report #3: Director, Teacher, and Provider Perceptions of Quality Rated

## BACKGROUND AND INTRODUCTION

Quality Rated is Georgia’s systematic approach to assessing, improving, and communicating the level of quality in early childhood and school-age care and education programs. In Quality Rated, center-based programs<sup>a</sup> and family child care learning homes (FCCLHs) apply to receive a star rating based on a combination of Structural Quality points, as measured by an online portfolio, and Process Quality points, as measured by the program’s average score on the Environmental Rating Scale (ERS).<sup>b</sup>

Bright from the Start: Georgia Department of Early Care and Learning (DECAL) has committed to expanding and evaluating Quality Rated as part of Georgia’s Race to the Top – Early Learning Challenge grant. One part of that evaluation is the Quality Rated Validation Project, led by Child Trends in partnership with Georgia State University. The goal of the Quality Rated Validation Project is to provide Georgia’s early childhood leaders with high-quality data about the validity of Quality Rated that can be used to strengthen the system and support leaders in future implementation and revision.

The current report is the third in a series of four reports from the project, and is the

<sup>a</sup> In this report, we use the term *center-based programs* to refer to Child Care Learning Centers (CCLCs) and some programs categorized as *Others*, which are unlicensed programs subject to different government oversight. Although previous reports presented CCLCs and *Others* separately, the small number of *Other* programs in the current study sample (n=10) led us to combine them into one category.

<sup>b</sup> The ERS is a group of observational tools used to assess process quality in early childhood care and education programs. See <http://ersi.info> for more information.

## Key findings from previous reports

[Quality Rated Validation Study Reports #1 and #2](#) (Early et al., 2017; Orfali, Early, & Maxwell, 2018) examined the Quality Rated administrative data.

### Report #1 included administrative data through May 2017.

#### Key findings included:

1. The most common rating for Quality Rated programs was a 2-star, followed by a 1-star. There were differences in the distribution of star ratings among different types of programs.
2. Programs earned a higher proportion of the available Structural Quality points than Process Quality points.
3. Programs that were held to more rigorous standards than licensing, such as Georgia’s Pre-K and Head Start, generally attained a higher star rating.
4. The star rating is driven almost entirely by the Process Quality component (i.e., the program’s average ERS score).

### Report #2 included administrative data through December 2018. Key findings included:

1. Programs with Childcare and Parent Services (CAPS) scholarships—that is, funding to serve children from low-income families—had lower star ratings than those that did not. In addition, child care learning centers (CCLCs) that served infants and/or toddlers had lower star ratings than those that did not.
2. CCLCs with accreditation from the National Association for the Education of Young Children (NAEYC) had higher star ratings than CCLCs that did not.
3. Programs took about a year to submit their portfolio after applying to Quality Rated. After the portfolio was submitted, it took about four months to receive a rating.
4. Most programs that were re-rated—because their rating was expiring or at the program’s request—either maintained (44 percent) or increased (39 percent) their rating.

first that includes data collected by Child Trends and Georgia State University from center directors, teachers, and FCCLH providers participating in Quality Rated. The first two reports focused on administrative data from all participating Quality Rated programs (see the sidebar for a summary of the findings). This report focuses on perceptions of and experiences with Quality Rated based on the sample of programs recruited to participate in the validation study. The fourth and final report, to be released in 2019, will answer other questions, including the extent to which Quality Rated star ratings are meaningful indicators of program quality and are related to children's development and learning.

This report includes information about programs' experiences and opinions of Quality Rated, including their reasons for joining, use of and helpfulness of supports, and their overall impressions. Additionally, it summarizes suggestions for improving Quality Rated, based on feedback received from participants.

## METHODS

This report presents results from questionnaires distributed to center directors, preschool and toddler teachers, and FCCLH providers as part of the larger Quality Rated Validation Study. A more detailed description of the methodology of the Quality Rated Validation Study will be included in the fourth report, which will focus on the associations between star ratings and classroom quality, and between star ratings and children's growth and development.

### Sample and recruitment

The Quality Rated Validation Study invited all Quality Rated FCCLHs,<sup>c</sup> regardless of star rating, to participate because the number of rated FCCLHs was relatively small and we expected that many programs would decline. Across the two years of data collection, we invited 407 rated FCCLHs to participate, of which 158 (39%) agreed. This response rate was in the mid-range of response rates seen in other QRIS validation studies. Tout et al. (2017) reviewed reports from nine states and found that response rates ranged from 25 to 73 percent, with a median of 44 percent.

The total number of center-based programs with a star rating was large (n = 1,140 at the time of recruitment), so a randomly selected sample was invited to join the study. A power analysis was conducted to ensure sufficient power to compare findings across star ratings. We aimed to recruit a stratified random sample of 50 center-based programs at each star rating, including 1-star, 2-star, and 3-star programs, as well as programs that complete the rating process but do not meet the criteria for a star, which we refer to as *O-star*. We created four lists of programs, one for each star rating, ordered randomly. We contacted programs on each list, starting at the top and continuing until 50 programs had agreed to participate or all programs had been contacted. When we exhausted the lists at the lower ratings, we contacted additional programs at the higher ratings. In total, we contacted 411 center-based programs, of which 181 (44%) agreed to participate. Again, this response rate is in the mid-range of that seen in other QRIS validation studies. We did not meet the goal of recruiting 50 programs with each star rating because the total number of center-based programs with each star rating in Quality Rated is small at some levels, and because many programs declined to participate.

### Data collected

In each participating FCCLH and center-based program, the Quality Rated Validation Study collected:

- An observation of the quality of provider-child interactions (Classroom Assessment Scoring

<sup>c</sup> During the second year of data collection, FCCLHs who had submitted their portfolio but not yet received a rating were invited to participate because we knew they would receive a rating during the course of the study year.

System [CLASS] Toddler; La Paro, Hamre, & Pianta, 2012) or teacher-child interactions in one preschool (CLASS Pre-K; Pianta, La Paro, & Hamre, 2008) and one toddler classroom (CLASS Toddler)

- An audio-recording of the provider’s or teacher’s language use, which was coded for quantity and quality
- Fall and spring assessments of children’s social-emotional, language, and early academic skills
- Children’s attendance based on document review in spring
- Questionnaires from providers, directors, preschool teachers, and toddler teachers regarding their background, training, and perceptions of Quality Rated

In a sample of participating center-based programs, we also collected a minute-by-minute assessment of the teacher and child behaviors in one preschool classroom.

The questionnaires that are the focus of the current report were distributed via Survey Gizmo, an online platform, and included a mix of multiple choice, check-all-that-apply, and open-ended questions. Participants also had the option to complete the questionnaire on paper. The questionnaires were available in both English and Spanish. Questionnaires were collected concurrently with classroom or program CLASS observations.

For FCCLHs, data collection was split into two school years (2016–2017 and 2017–2018). During the first year, questionnaires were collected from December 2016 to April 2017; during the second year, questionnaires were collected from December 2017 to May 2018.

In center-based programs, data collection took place during a single school year (2017–2018); director and teacher questionnaires were collected from December 2017 to May 2018. In each center, the goal was to collect a questionnaire from the director, the lead teacher in the participating preschool classroom (if any), and the lead teacher in the participating toddler classroom (if any).<sup>d</sup> See Table 1 for the sample sizes and response rates for each type of questionnaire.

**Table 1. Response rates for questionnaires**

*Most FCCLH providers, center directors, and teachers in the Quality Rated Validation Study responded to the questionnaire.*

Questionnaire Type	Number in Quality Rated Validation Study Sample	Number of Questionnaires	Response Rate
FCCLH provider	158	156	99%
Center director	181	177	98%
Preschool teacher	180	173	96%
Toddler teacher	152	143	94%

Source: Child Trends’ director questionnaire and teacher questionnaires, winter 2017–2018; Child Trends’ provider questionnaire, winter 2016–2017 and winter 2017–2018.

In both preschool and toddler classrooms, the goal was to collect the questionnaire from the same teacher who was present on the day of the CLASS observation. However, when the observed teacher was a substitute, we asked the lead classroom teacher assigned to that room to complete the questionnaire. When the observed teacher left the program prior to completing the questionnaire, we asked the new lead teacher assigned to the classroom to complete it. As thanks for completing both the questionnaire and accommodating the observation, Child Trends gave FCCLH providers and teachers \$50 gift cards. Center directors received a \$50 gift card as thanks for completing the questionnaire and coordinating their program’s participation in the study.

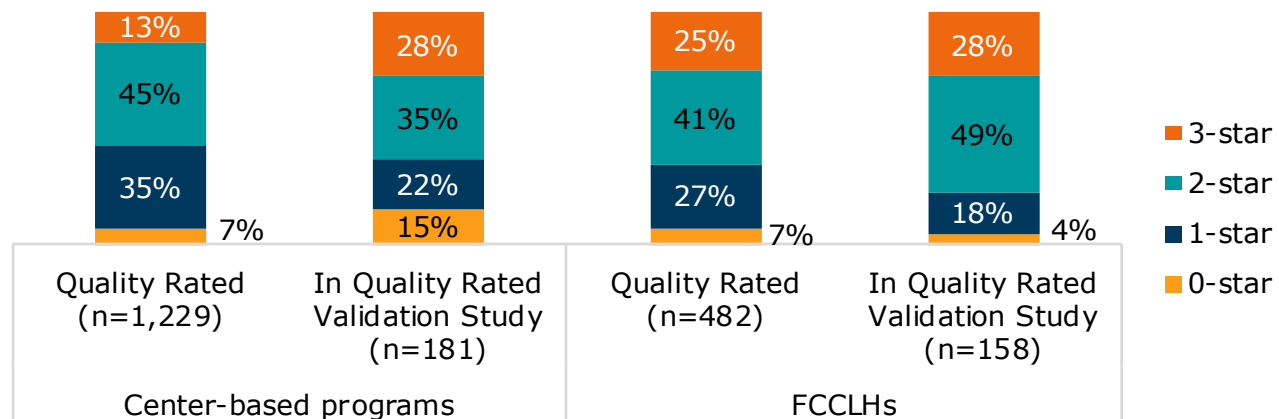
<sup>d</sup> Out of the 181 center-based programs in the study, 180 had a preschool classroom and 152 had a toddler classroom.

## Star rating

The 158 FCCLHs and 181 center-based programs in the study represent 33 percent of FCCLHs and 13 percent of rated center-based programs eligible for recruitment in Quality Rated. To provide context for this report, Figure 1 presents the distribution of ratings for the programs in the study and for all programs in Quality Rated.<sup>9</sup> The star ratings are from the Quality Rated Administrative Data System, which is maintained by DECAL as part of the process for assigning a star rating.

**Figure 1. Star ratings of all Quality Rated programs and all programs in the Quality Rated Validation Study sample**

*Programs in the study had a somewhat different star rating distribution than the overall Quality Rated population.*



Notes: The ratings for programs not in the study were as of the February 15, the midpoint of the observation window, for the year in which they would have participated. Programs that were rated after recruitment efforts for the study were not included. Source: Quality Rated Administrative Data System, May 15, 2018

As described in Report #2 (Orfali, Early, & Maxwell, 2018), some programs have been rated more than once, either because their rating had expired or at their own request. This report uses the star rating that was current on the day of the CLASS observation in the preschool classroom or FCCLH. As mentioned, programs that complete the rating process but do not meet the criteria for 1, 2, or 3 stars are referred to as 0-star. From a policy standpoint, DECAL considers these programs to be participating, but not rated, and does not use the term 0-star. Because these 0-star programs sought a rating and took part in all aspects of the rating process, we considered it important to include their perceptions and experiences when possible. However, few FCCLH providers with 0-star ratings agreed to participate ( $n = 7$ ), so FCCLH providers with 0-star ratings are only included in the overall FCCLH results but not when presenting results separated by star rating.

## Research questions

The questionnaire data presented in this report aimed to answer four broad questions about programs' perceptions of Quality Rated:

1. Why were programs motivated to join Quality Rated?
2. What were programs' perceptions of Quality Rated?
3. What Quality Rated supports did programs use and find most helpful?
4. What recommendations did programs make for Quality Rated?

Throughout this report, we present information for center-based programs and FCCLHs separately because they may experience the rating process differently, and because FCCLH providers serve in a

<sup>9</sup> Because the star rating distribution of programs in the study was somewhat different from that of Quality Rated programs overall, we conducted an analysis with *weighted* data. That analysis is presented later in this report.

role that is similar to both the center director and teacher. We also present some results separately by star rating to see whether programs with different rating outcomes had differing perceptions of Quality Rated.

## FINDINGS

The findings focus on the four research questions described above. See Appendix A for details about the questionnaire respondents, such as education and experience, and the characteristics of participating programs such as enrollment, funding, and curriculum.

### 1

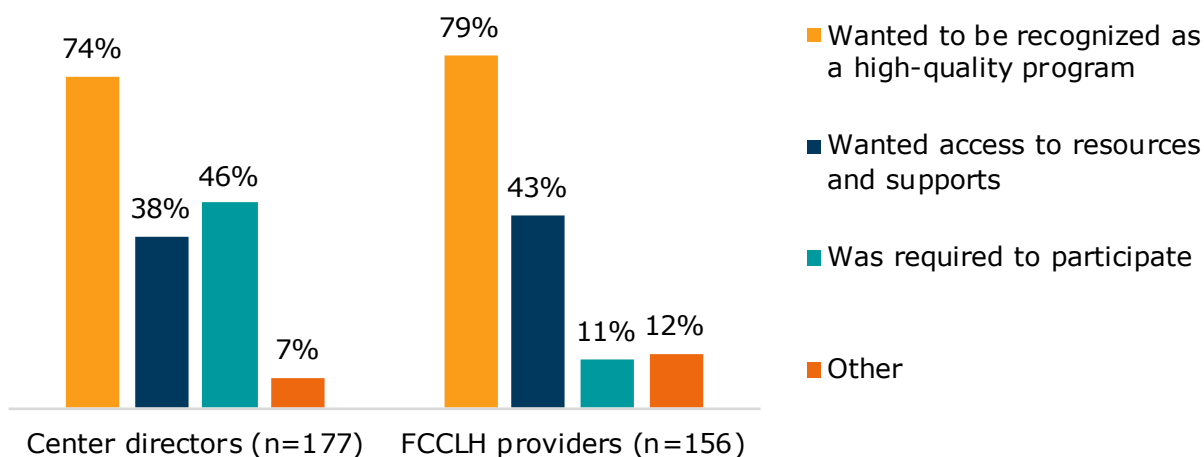
## Why were programs motivated to join Quality Rated?

Center directors and FCCLH providers were asked to indicate their reasons for joining Quality Rated, from a list of three options and “other.” If they chose more than one reason, we asked them to select the most important reason. If only one reason was selected initially, we considered that to be the most important reason they joined.

Almost three-quarters of center directors (74%) and an even higher proportion of FCCLH providers (79%) reported joining Quality Rated in part because they wanted to be recognized as a high-quality program (see Figure 2). Over one-third of center directors (38%) and almost half (43%) of FCCLH providers wanted access to resources and supports. Almost half of center directors (46%) reported joining because they were required to participate, compared to fewer FCCLH providers (11%). DECAL does not require any programs to participate, so these programs may have been referring to a requirement from their funder or a requirement to receive increased subsidy reimbursement. Some center directors (7%) and FCCLH providers (12%) reported joining for a reason not listed; of those who wrote in a response, the most common theme involved a desire to improve quality. See Appendix B for responses broken down by star rating.

**Figure 2. Reason for joining Quality Rated across program type**

*The most common motivation for joining Quality Rated was a desire to be recognized as a high-quality program.*

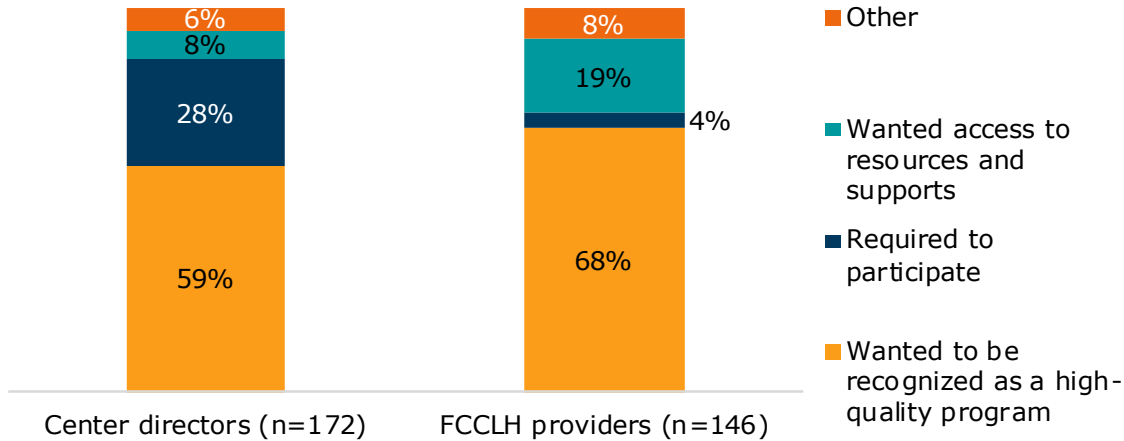


Source: Child Trends’ director questionnaire, winter 2017–2018; Child Trends’ provider questionnaire, winter 2016–2017 and winter 2017–2018.

As seen in Figure 3, when center directors and FCCLH providers were asked about their *most important* reason for joining Quality Rated, their top choice was still the desire to be recognized for their program’s quality. However, significantly<sup>†</sup> more center directors reported being required to participate (28%) than FCCLH providers (4%), and significantly more FCCLH providers wanted access to resources and supports (19%) than center directors (8%).

**Figure 3. Most important reason for joining Quality Rated across program type**

Over two-thirds of FCCLH providers reported that their most important reason for joining Quality Rated was to be recognized as a high-quality program.



Source: Child Trends’ director questionnaire, winter 2017–2018; Child Trends’ provider questionnaire, winter 2016–2017 and winter 2017–2018

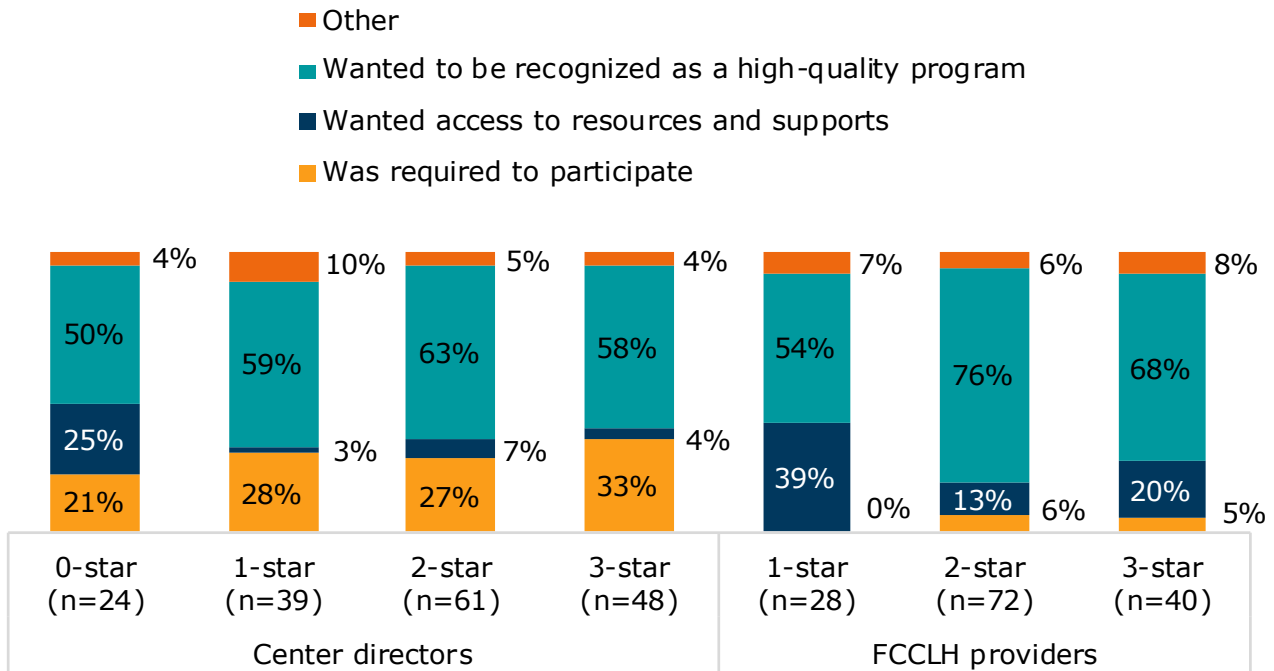


<sup>†</sup> Throughout this report, we use the modifier “significantly” to refer to a probability of less than five percent ( $p < .05$ ) that the two groups being compared are the same according to a statistical test. Pairs of Chi-square tests were used to compare rating distributions and independent sample t-tests were used to compare means.

When examined by star rating, center directors in 0-star programs were significantly more likely to report wanting access to resources and supports (25%) than those at higher star ratings (an average of 5%). FCCLH providers with 1-star ratings were also significantly more likely to report wanting access to resources and supports (39%) than FCCLHs with higher star ratings (15% on average).

**Figure 4. Most important reason for joining Quality Rated across star rating**

Over one-quarter of 0-star center-based programs and 1-star FCCLHs reported that their most important reason for joining Quality Rated was to access resources and supports.



Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.

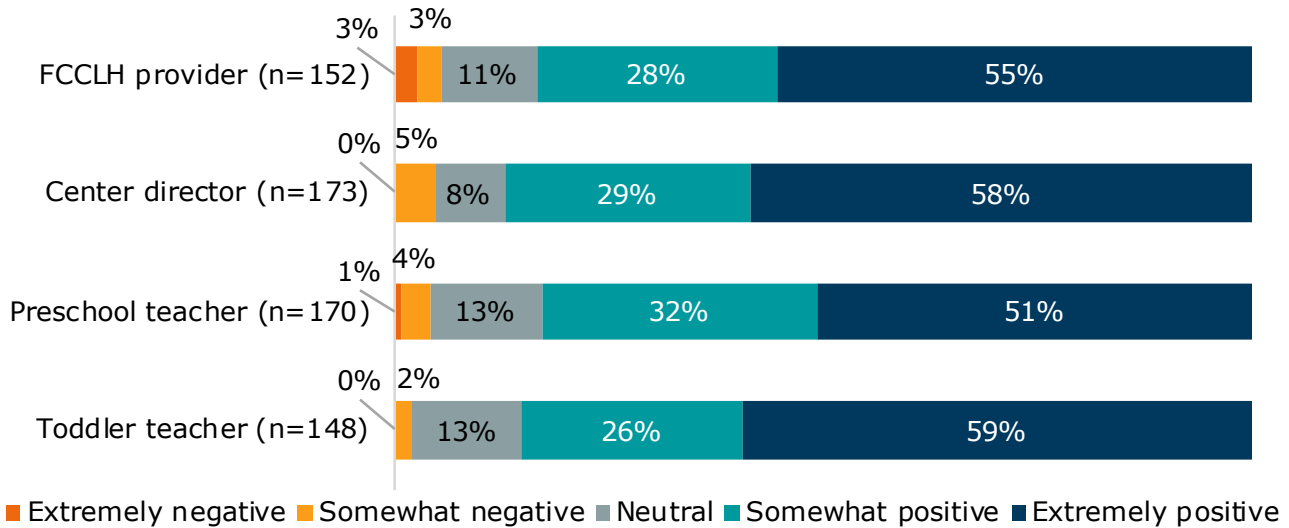


# 2

## What were programs' perceptions of Quality Rated?

FCCLH providers, center directors, and teachers were asked how they would rate their overall impression of Quality Rated, from extremely negative to extremely positive. Almost all respondents had positive impressions of Quality Rated (see Figure 5).<sup>9</sup> See Appendix C for the responses broken down by star rating.

**Figure 5. Overall impressions of Quality Rated across program and staff type**  
A large majority of all participants had positive impressions of Quality Rated.



Source: Child Trends' director questionnaire and teacher questionnaires, winter 2017–2018; Child Trends' provider questionnaire, winter 2016–2017 and winter 2017–2018.

After rating their overall impressions of Quality Rated, participants were asked to explain their selection; over half of participants responded. Two independent coders reviewed and categorized each comment into themes and a third individual reconciled and reviewed all codes. When there was disagreement, the third individual made the final decision. Individual comments could be coded as fitting into multiple themes. Table 2 lists the major themes that appeared in comments. Smaller themes were coded within each major theme and can be found in Appendix D.

“Quality Rated gives a standard of care and rates it in a way parents can use to help with their choice of who will provide a safe environment and great care for their child.”

- PRESCHOOL TEACHER

A large portion of comments were positive. Over half of FCCLH providers and center directors (53% of each) and approximately three-quarters of preschool and toddler teachers (76% and 71%, respectively) noted that participating in Quality Rated led to improvements to their program or practices. Specifically, the improvements mentioned referred to enhancing teaching practices and interactions with children

<sup>9</sup> Because the distribution of star ratings in the current study was somewhat different from the distribution of all Quality Rated programs, we conducted an analysis in which the responses to this item were *weighted* to match the overall distribution. For that analysis, instead of each response contributing equally to the mean, the responses were weighted so that the relative contribution matched what it would have been if the study sample distribution matched the distribution of all programs (i.e., for star ratings that were overrepresented in the sample, the amount each response contributed was decreased in calculating the mean; for star rating that were underrepresented in the sample, each response the amount each response contributed was increased). The weighted and unweighted means and standard deviations were extremely similar (e.g., among center-based directors the unweighted mean was 4.4 and SD was 0.8, the weighted mean was 4.3 and the SD was 0.9). For that reason, unweighted results are presented throughout this report.



“This is the best program possible. It sets realistic and research proven standards for childcare. It helps me to be my best ... and the children benefit significantly from my best efforts.”

- FCCLH PROVIDER

and families, improving overall center and classroom quality, and setting standards and providing accountability.

Some comments provided negative feedback for Quality Rated, but the proportion of negative comments varied widely by respondent type. For each staff type, the most common negative response was that the Quality Rated process was too stressful, time-consuming, or

“The benefits of going through the tedious process do not measure up to the time and money spent to become rated.”

- CENTER DIRECTOR

unrealistic (22% of FCCLH providers, 15% of center directors, 9% of preschool teachers, and 6% of toddler teachers). See the pull-out boxes for example comments from respondents.

**Table 2.** Themes from responses to the open-ended question: “What is your overall impression of Quality Rated, please explain.”

*Over half of comments explaining participants’ overall impression of Quality Rated described improvements made to their program or their own practices due to Quality Rated.*

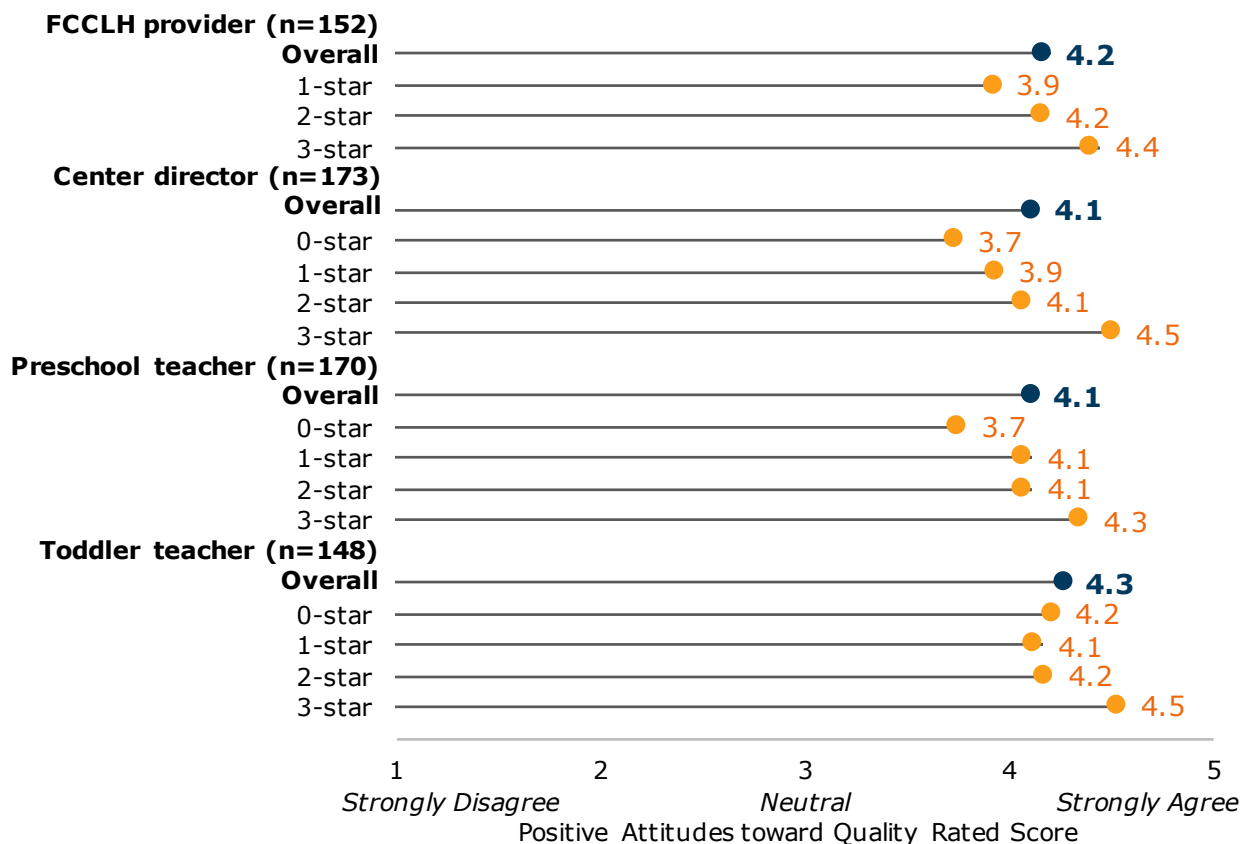
Category	FCCLH provider (n=109)	Center director (n=99)	Preschool teacher (n=119)	Toddler teacher (n=106)
Positive feedback				
Quality Rated resulted in improvements to program or practices	53%	53%	76%	71%
General positive feedback about Quality Rated	13%	17%	9%	13%
Quality Rated gave external recognition of quality (including helping parents find high-quality care)	18%	10%	10%	13%
Positive experiences with Quality Rated TA/training	15%	5%	8%	5%
Negative feedback				
The Quality Rated process was stressful, required too much time/effort (including observation)	22%	15%	9%	6%
Quality Rated does not relate to quality or inform parents’ child care decisions	15%	15%	5%	4%
Quality Rated does not fit my program (including does not fit FCCLHs)	8%	3%	5%	8%
Had negative experiences with Quality Rated TA or communication	5%	2%	2%	1%
Other	1%	7%	6%	5%

Note: Comments were often coded into multiple themes, so columns sum to more than 100%. Source: Child Trends’ director questionnaire and teacher questionnaires, winter 2017–2018; Child Trends’ provider questionnaire, winter 2016–2017 and winter 2017–2018.

FCCLH providers, center directors, and teachers were asked for their level of agreement on a series of 13 to 18 statements regarding their attitudes toward Quality Rated. Examples included, “I believe my program is of higher quality because I joined Quality Rated,” and “Families are more likely to choose my program because I joined Quality Rated.” Response options ranged from *strongly disagree* (1) to *strongly agree* (5). Because the questions were designed to address similar types of information, Cronbach’s alpha was calculated to examine the extent to which respondents provided consistent answers across items.<sup>h</sup> That analysis indicated that 16 of the 18 items were strongly intercorrelated, indicating that people tended to give similar answers to all 16, and that analyzing them separately would not provide additional information. For that reason, the items within these 16 were combined into a single *Positive Attitudes toward Quality Rated* score.<sup>i</sup> We provide the overall means of these items here, followed by the remaining two items. See Appendix E for descriptive statistics for each item and more information about the alpha calculations.

On average, all respondents had positive opinions of Quality Rated (see Figure 6). Further, impressions of Quality Rated were positive among respondents across star ratings, but the level of agreement tended to increase as the rating increased for all groups. This pattern was statistically significant among FCCLH providers, center directors, and preschool teachers; the trend was marginally significant among toddler teachers.

**Figure 6. Average positive attitudes toward Quality Rated across staff type and star rating**  
All staff types tended to have positive attitudes toward Quality Rated, with staff at higher-rated programs agreeing slightly more on average than staff at lower-rated programs.



Source: Child Trends’ director questionnaire and teacher questionnaires, winter 2017–2018; Child Trends’ provider questionnaire, winter 2016–2017 and winter 2017–2018.

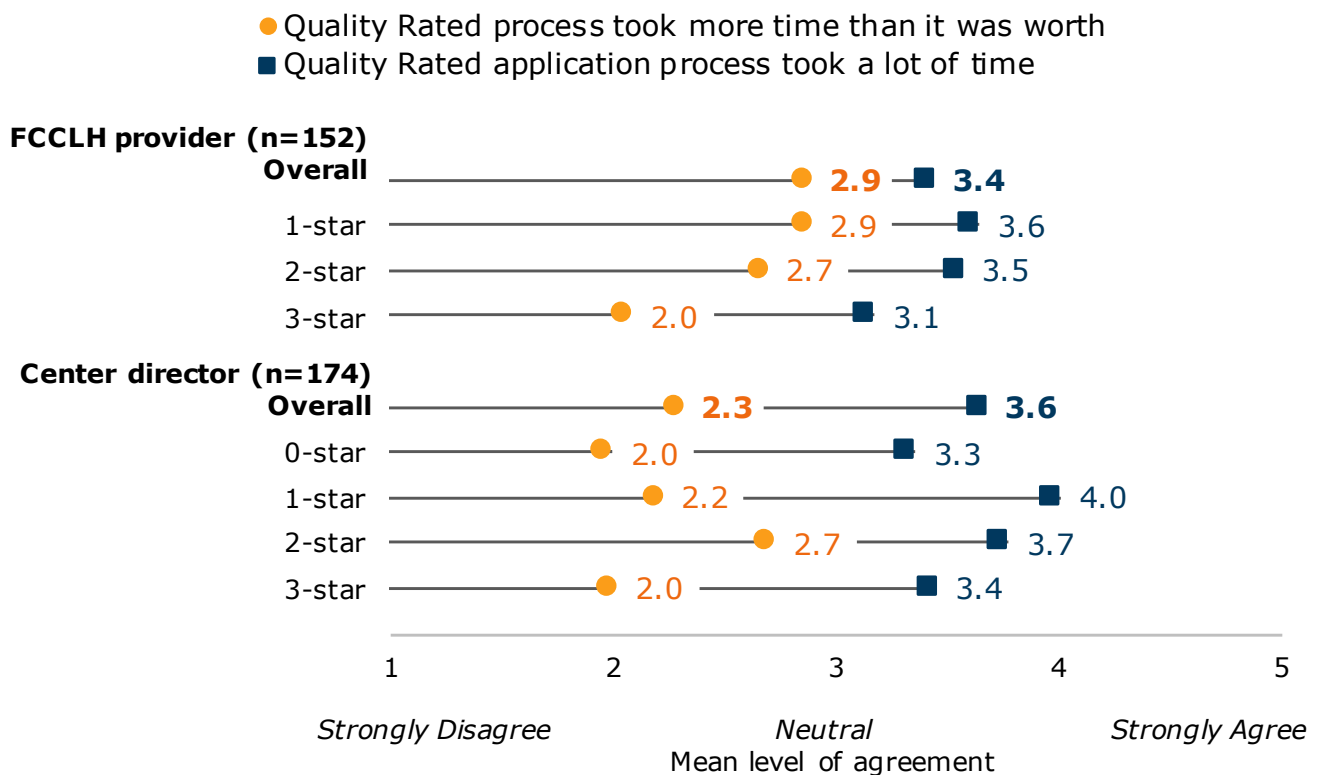
<sup>h</sup> Factor analysis could not be conducted because most items were heavily, positively skewed.

<sup>i</sup> This analysis was conducted with all survey respondents combined to ensure consistency, but not all items were asked of FCCLH providers or teachers. The director survey included 18 opinion questions, and 16 were included in the Positive Attitudes toward Quality Rated score ( $\mu = 0.92$ ). The provider survey included 17 opinion-based questions, and 15 were included in the score ( $\mu = 0.92$ ). The preschool and toddler teacher surveys included 13 opinion questions, and 12 were included in the score ( $\mu = 0.93$  and  $\mu = 0.92$ , respectively).

Two items regarding the Quality Rated process tended to have different responses from the 16 items that were combined into the Positive Attitudes toward Quality Rated score. This means that knowing a respondent's score on the 16 items on the latter score did not necessarily tell us about their responses on these two items, so these were not included in the overall score. These items were, "The Quality Rated application process took a lot of my time," and "The Quality Rated process took more time than it was worth." Although respondents reported that the application process took a lot of time, most did not think the Quality Rated process took more time than it was worth (see Figure 7). We cannot be certain which steps of the process the respondents were thinking of when answering these questions, but as noted in Report #2, the Quality Rated application process includes many steps, including submission of a detailed portfolio.

**Figure 7. Mean level of agreement with statements about the time to complete the Quality Rated application process**

*Although respondents agreed, on average, that the application process took a lot of time, most did not agree that the Quality Rated process took more time than it was worth.*



Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.

## Display of star rating

Almost all FCCLH providers (88%) and center directors (91%) that earned a 1-star rating or higher reported displaying their star rating (see Table 3).<sup>j</sup> Significantly fewer FCCLH providers with 1-star programs reported displaying their star rating (67%) than 2-star FCCLHs (92%) and 3-star FCCLHs (95%). Significantly more center directors in 3-star programs reported displaying their star rating (98%) than those in 2-star (90%) and 1-star (84%) programs.

**Table 3. Percentage of FCCLH providers and center directors that display their program's star rating**  
*FCCLH providers and center directors at higher-rated programs were significantly more likely to display their star compared to those at lower-rated programs.*

	1-star	2-star	3-star	Overall
FCCLH provider (n=144)	67%	92%	95%	88%
Center director (n=147)	84%	90%	98%	91%

Source: Child Trends' director questionnaire, winter 2017–2018; Child Trends' provider questionnaire, winter 2016–2017 and winter 2017–2018.



<sup>j</sup> According to the [Quality Rated Program Manual](#), programs that are rated 0-stars (e.g., did not receive a star) may not have the Quality Rated logo displayed. If the program previously held a 1-star rating or above, they have 30 days to remove the Quality Rated logo. For this reason, 0-star programs are not included on Table 5 or in the “Overall” calculation, although 36 percent of center directors at 0-star programs did report displaying their star rating.

# 3

## What Quality Rated supports did programs report using and find most helpful?

As detailed in Report #2 (Orfali, Early, & Maxwell, 2018), there are multiple steps in the rating process for Quality Rated. At each stage, Quality Rated offers programs various types of support (see pull-out box for more information). First, programs create an online account and apply to Quality Rated. After applying, they attend training sessions provided by their CCR&R. They can also request TA from their CCR&R at this stage. Next, they submit an online portfolio, receive ERS observation(s) from DECAL, and are notified of their star rating.

### Quality Rated supports

#### **Training from the program's child care resource and referral (CCR&R) agency**

After submitting their application, staff attend mandatory Quality Rated orientation and introduction to ERS training sessions, provided by their CCR&R. Programs can also participate in optional ERS scale-specific training or content-specific training from their CCR&R.

#### **Technical assistance (TA) from the program's CCR&R and TA mini-grants**

Individualized on-site TA is available for free from the program's local CCR&R. The level of intensity and content of TA depends on the program's needs. In addition, mini-grants are issued to child care programs that receive Quality Rated technical assistance from their CCR&R. These funds provide materials and resources to programs as they pursue higher quality standards.

#### **Bonus package based on the program's rating**

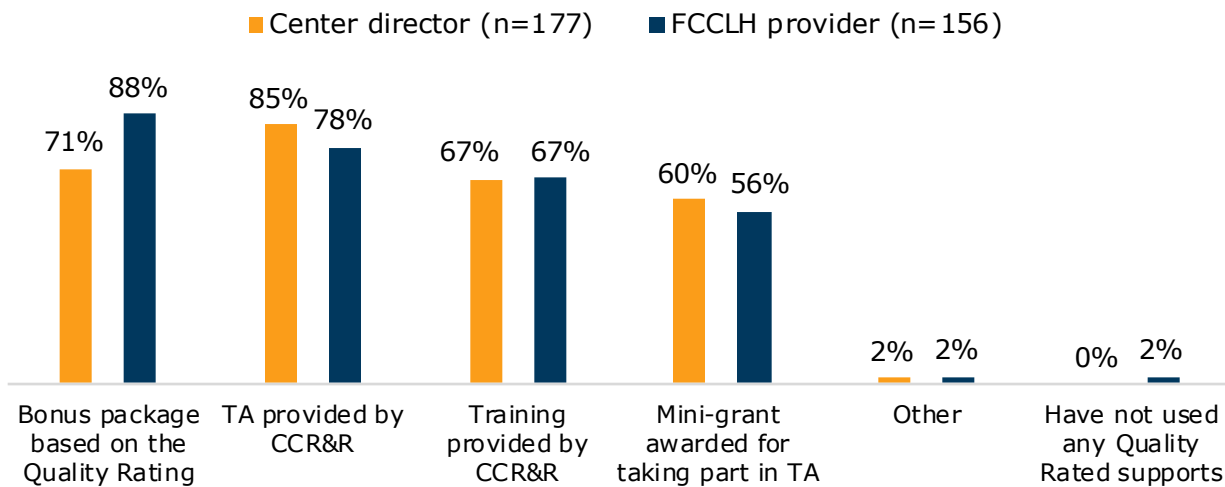
Local philanthropies and private organizations have provided funds so that programs earning a 1-star rating or above receive a bonus package. For the bonus package, 1-, 2-, and 3-star programs are given choices of furniture, materials, additional resources, and/or professional development packages (for example, a book display, ERS materials, or online professional development for one year).

FCCLH providers and center directors were asked which Quality Rated supports they used (see Figure 8). Among FCCLH providers, the most commonly reported support was the bonus package based on their rating. Many center directors also reported using the bonus package based on their rating.<sup>k</sup> Many FCCLH providers and center directors reported using TA provided by the CCR&R. DECAL reports that almost all programs are offered these resources and almost all accept them. The fact that a substantial percentage of center directors and FCCLH providers did not report having received them may reflect the amount of time that has lapsed since the supports were received, whether the respondent was part of the program when it was rated, or different terminology used by DECAL relative to programs. See Appendix F for information about supports reportedly used by center directors and FCCLH providers, broken down by star rating.

<sup>k</sup> As noted in the Methods section, some programs in the study have been re-rated. Therefore, a program that was a 0-star at the time of the CLASS Pre-K observation (or CLASS Toddler observation, for FCCLHs) may have received a bonus package at some point while participating in Quality Rated. In addition, a program that had been recently rated 1-star or above may not have selected their bonus package at the time of the survey.

**Figure 8. Quality Rated supports reported by center directors and FCCLH providers**

The most commonly reported supports were bonus packages based on the programs' rating and TA provided by the CCR&R.

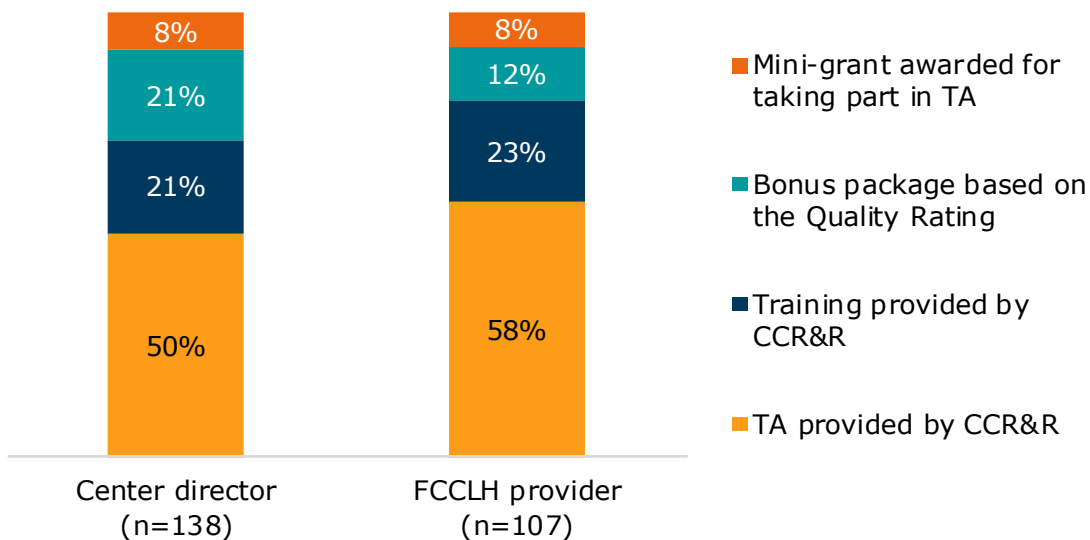


Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.

Center directors and FCCLH providers were asked to select the support that they found most helpful from the list of supports they had reported using.<sup>1</sup> Both center directors and FCCLH providers ranked TA from their CCR&R as the most helpful, followed by training from their CCR&R, and then bonus packages (see Figure 9).

**Figure 9. Percentage of respondents who ranked each support as the most helpful**

Directors and providers ranked TA from their CCR&R as the most helpful Quality Rated support they used.



Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.

<sup>1</sup> Participants also ranked the second- and third-most helpful supports, but the findings are not presented here because they did not provide any additional information.

## Quality Rated TA

Local CCR&Rs offer free TA to programs participating in Quality Rated. The content of the TA depends on the goals of the program. For example, a center director or FCCLH provider might request targeted TA on the ERS or the Georgia Early Learning and Development Standards. TA is also available to help programs as they advance through the Quality Rated portfolio and observation process. As seen in the previous section, the uptake and the perceived helpfulness of the TA among Quality Rated participants were very high.

FCCLH providers and center directors who reported receiving TA from their CCR&R prior to submitting their Quality Rated portfolio (89% and 87%, respectively)<sup>m</sup> were asked how many TA visits they received from their CCR&R and how long each visit typically lasted. The total number of hours of TA received was calculated by multiplying these two responses. Overall, FCCLH providers and center directors received a median<sup>n</sup> of 10 and 14 hours of TA, respectively. The range of hours reported varied widely.

**Table 4.** Total hours of TA received by FCCLH providers and center directors before submitting their portfolio to Quality Rated

*FCCLH providers and center directors reported receiving a median of 10 and 14 hours, respectively, of TA from their CCR&R prior to submitting their portfolio.*

Staff Type	Overall	0-star	1-star	2-star	3-star
	<i>Median (Range)</i>	<i>Median (Range)</i>	<i>Median (Range)</i>	<i>Median (Range)</i>	<i>Median (Range)</i>
FCCLH provider	10 (1 - 136)	11 (6 - 20)	15 (5 - 136)	10 (1 - 49)	10 (1 - 33)
Center director	14 (1 - 90)	15 (6 - 45)	12 (2 - 90)	16 (2 - 60)	12 (1 - 64)

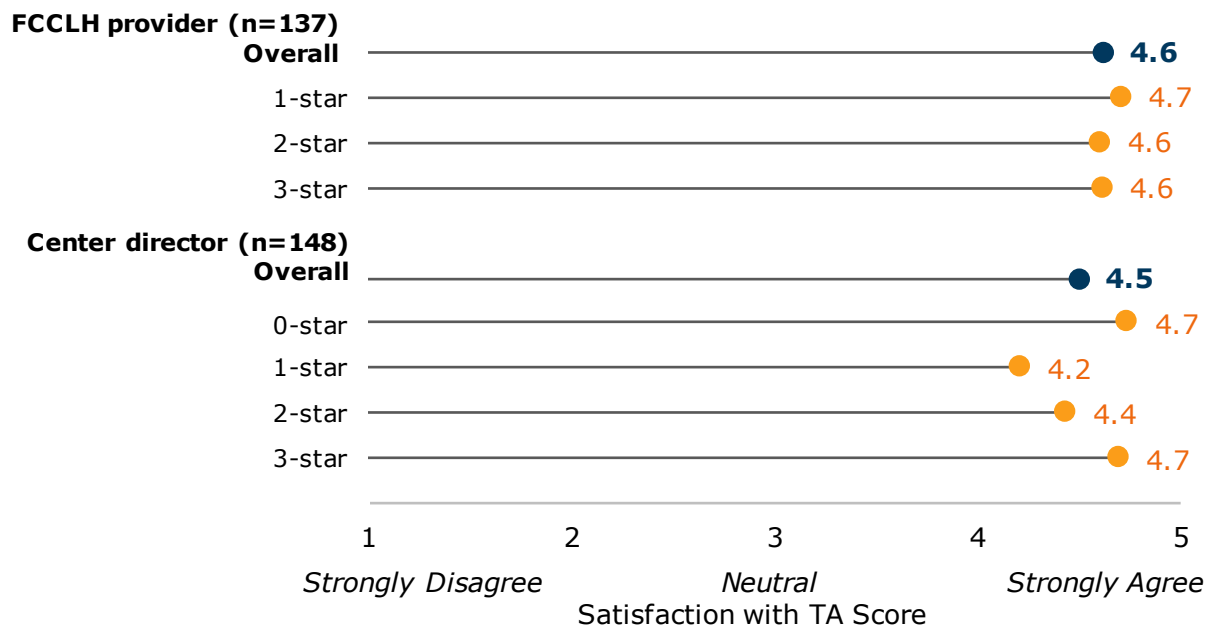
Note: Medians are reported instead of means to minimize the influence of extreme values. Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.

<sup>m</sup> FCCLH providers and center directors were asked twice about receiving TA from their CCR&R—once in a list of Quality Rated supports they had used and once as a standalone question about receiving TA from their CCR&R prior to submitting their portfolio. The percentage of FCCLH providers and center directors who reported receiving TA from their CCR&R prior to submitting their portfolio was slightly higher than those who selected TA from their CCR&R from the list of supports. According to DECAL, almost all programs receive TA.

<sup>n</sup> The median is the middle score. By definition, half of all values are below the median and the other half are above the median.

FCCLH providers and center directors who reported receiving TA from the CCR&R prior to submitting their portfolio were asked eight questions about their satisfaction with the TA. Response options ranged from *strongly disagree* (1) to *strongly agree* (5). Examples of items included: “The TA helped me understand the Quality Rated requirements and process,” and “The quality of my [center, family child care home] improved because of the Quality Rated TA I received.” A composite score from these eight items was calculated after an inspection of Cronbach’s alpha indicated that all items together strongly measured the level of satisfaction with TA ( $\mu = 0.96$  for directors and  $\mu = 0.94$  for providers).<sup>o</sup> Center directors and FCCLH providers were very satisfied with the TA they received (see Figure 10). See Appendix G for each item’s descriptive statistics and details about alpha calculations.

**Figure 10.** Director and provider’s average satisfaction with TA, across star rating  
*FCCLH providers and center directors were very satisfied with Quality Rated TA.*



Source: Child Trends’ director questionnaire, winter 2017–2018; Child Trends’ provider questionnaire, winter 2016–2017 and winter 2017–2018.

<sup>o</sup> Factor analysis could not be conducted because most items were heavily, positively skewed.



# 4

## What recommendations did programs make for Quality Rated?

Participants were asked to suggest improvements to the Quality Rated system, and over half commented. Each comment was coded into themes by two individuals, and all codes were reviewed and reconciled by a third individual. Any theme that came up in 5 percent or more of the comments is listed in Table 5. A larger list of themes can be found in Appendix H.

Two-thirds (67%) of toddler teachers and almost half of preschool teachers (45%) made a comment that was coded but did not have any recommendations for improvements, for example, “none” or “Quality Rated is already great.” FCCLH providers and center directors offered more suggestions for improvements.

The most common theme among FCCLH providers was to suggest changes to the observation process (12%). For example, an FCCLH provider suggested, *“The observation process should take place over time. Just as the TA comes over several months, so should the observations.”* This was also the most common theme among suggestions made by preschool teachers (10%). One commented, *“...The teacher that is trained to be in that room should be the teacher that is evaluated. That can’t happen without scheduling.”*

Among center directors, the most common theme was to suggest changes to TA (20%)—specifically, wanting more time with their TA provider. Examples of comments from center directors included, *“More time with the TA working on the portfolio and getting back with questions in a timely manner,”* and *“Quality Rated should offer trainers to come in and work with staff in the beginning instead of just having a TA come once every two weeks.”* FCCLH providers (12%) also suggested changes to TA: *“Visits by the TA’s should be in two parts—some visits should be for observation purposes to let you know where you need improvement; other visits should just focus on the classroom layout and needs; not all mixed together on each visit.”*

**Table 5.** Themes coded from participants’ open-ended replies to the question: “What suggestions do you have for improving Quality Rated?”

*Of the participants with suggestions for improving Quality Rated, the most requested changes were to the observation process or TA from their CCR&R.*

Recommendations	FCCLH providers (n=109)	Center directors (n=101)	Preschool teachers (n=132)	Toddler teachers (n=122)
No recommendations (e.g., none, N/A, Quality Rated is already great)	34%	36%	45%	67%
Changes to the observation process (e.g., add more observation days, use a different observer each visit)	12%	7%	10%	6%
Changes to TA or more TA	10%	20%	2%	0%
Changes to training or professional development (e.g., trainings offered for new teachers due to high rates of turnover)	6%	9%	9%	8%
Requests for new supports (e.g., continued support to maintain levels of quality after rating)	7%	6%	7%	8%
Improve timeliness and/or communication; more clarity and consistency needed	4%	9%	5%	2%
Changes to the rating system (e.g., points earned)	2%	6%	4%	4%

**Table 5, cont.** Themes coded from participants' open-ended replies to the question: "What suggestions do you have for improving Quality Rated?"

Recommendations	FCCLH providers (n=109)	Center directors (n=101)	Preschool teachers (n=132)	Toddler teachers (n=122)
Changes to or more financial supports or incentives; choices for materials/supplies from bonuses; changes to tiered reimbursement rates	6%	3%	2%	2%
Quality Rated should not be redundant to other systems (e.g., licensing, NAFCC, NAEYC, Pre-K, military, Head Start)	2%	4%	6%	1%
Quality Rated should be more understanding of different program needs	2%	2%	7%	1%
Quality Rated should reduce overall burden and stress	7%	1%	2%	0%
Modify process to be more flexible with the family child care environment (e.g., evening TA)	7%	0%	0%	0%

Source: Child Trends' director questionnaire and teacher questionnaires, winter 2017–2018; Child Trends' provider questionnaire, winter 2016–2017 and winter 2017–2018.



## SUMMARY AND DISCUSSION

One of the most important components of DECAL's process for evaluating Quality Rated is an examination of the perceptions of program staff who participate in the system.

### Motivations for joining Quality Rated

Among both center directors and FCCLH providers, the most common reason for joining Quality Rated was the desire for recognition as a high-quality program. This is an encouraging finding that indicates that center directors and FCCLH providers see Quality Rated as valuable and as a public indicator of quality.

Close to half of center directors reported joining Quality Rated because it was required. DECAL does not require any program to participate, so these directors were likely referring to a requirement from their parent organization or funder. Quality Rated participation will be required to receive Childcare and Parent Services (CAPS) scholarships<sup>p</sup>—that is, funding to serve children from low-income families—by 2020, so it is also possible that some directors were referring to that forthcoming requirement.

Over one-third of center directors and nearly half of FCCLH providers noted access to resources and support as one of their reasons for joining Quality Rated, indicating that they perceived the resources and support to be valuable and underscoring the importance of offering these resources. As Quality Rated continues to be implemented, DECAL may consider offering additional types of resources to encourage more FCCLH providers to participate; this could help the state attain its goal of 100 percent participation in Quality Rated.

### Perceptions of Quality Rated

Respondents expressed strong positive perceptions of the system; over 80 percent of center directors, FCCLH providers, and teachers reported a *somewhat positive* or *extremely positive* impression of Quality Rated. When asked to expand on their answer, many participants reported that they believed Quality Rated helped improve their program. When asked to suggest improvements to Quality Rated, many did not have any recommendations. The respondents who had suggestions wanted to see changes to the observation process or more TA from their CCR&R.

### Attitudes toward Quality Rated

Across star ratings, attitudes toward Quality Rated were positive, but they became more positive as the program's star rating increased. This pattern was statistically significant among FCCLH providers, center directors, and preschool teachers; the trend was marginally significant among toddler teachers. Two items did not fit the scale. Although center directors and FCCLH providers tended to agree that becoming Quality Rated was a time-consuming process (3.4 and 3.6 out of 5, on average), they did not typically see the process as requiring more time than it was worth (2.9 and 2.3 out of 5, on average).

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<sup>p</sup> In 2017, the CAPS program transitioned from the Division of Families and Children Services to DECAL and "certificates" were renamed "scholarships." For more information about the CAPS program, see <http://caps.dec.al.gov/>.

## Quality Rated supports

Quality Rated offers supports to programs throughout and after the rating process, including training and TA from their CCR&R, bonus packages (incentives based on the rating), and other mini-grants or awards. The most-used Quality Rated supports were the bonus package and TA provided by the CCR&R. When asked to rank the helpfulness of the supports they used, both center directors and FCCLH providers ranked the TA from their CCR&R as the most helpful support. We also asked questions to gauge participants' satisfaction with the TA they received prior to submitting their portfolio. Those who reported using that TA were very satisfied.

## Limitations

The results presented in this report have some limitations. Self-reported data rely on the participants' feelings and opinions at the time they completed the questionnaire. For some participants, it may have been two or more years since they applied to Quality Rated; for others, the process may have been more recent. In addition, for some directors and teachers, their center may have gone through the process before they began working at the program. Self-reported data could also be affected by a participant's understanding or interpretation of the questions or response options; for example, a 4 on a 5-point scale may not mean the same for all participants. In addition, the sample was not designed to be representative of all Quality Rated center-based programs because we sought to include equal numbers of centers at each star rating. Thus, the distribution of ratings in the study sample differed from the overall distribution of ratings in Quality Rated. Further, it is possible that center directors or FCCLH providers who were unhappy with Quality Rated did not agree to participate in our study, thus biasing our sample toward those who feel positively about the system. Because the sample is not entirely representative, the findings should be interpreted with caution; respondents' perceptions may be somewhat different from those who are not in the sample.

## FUTURE CONSIDERATIONS

Programs that participated in the Quality Rated Validation Study had positive experiences with the Quality Rated process and value the system. We recommend that DECAL continue to collect this type of data in a systematic way to monitor programs' ongoing experiences with Quality Rated. DECAL could, for example, consider sending a link to an online questionnaire when they notify programs of their rating.<sup>9</sup> This would allow for timely feedback to gauge programs' experiences with the rating process.

To address the previously mentioned limitations, DECAL could consider conducting a survey of FCCLHs and center-based programs that are eligible to participate in Quality Rated but have not yet applied. Such a survey could provide insight into how a broader group of programs see Quality Rated and their perceived barriers to participation. It could also allow DECAL to learn about the types of resources, supports, and other strategies that would motivate nonparticipating programs to join Quality Rated. For example, Child Trends, on behalf of the state of Minnesota, conducted such a survey about the state's QRIS and found that nonparticipating programs were less likely than participating programs to see the ratings as useful to parents or programs (Child Trends, 2014; Cleveland, Bultinck, & Tout, 2016). DECAL might also include programs that completed the Quality Rated application, which is the first step of the Quality Rated process, but then made little or no progress toward submitting their portfolio after an extended period of time. The experiences of such

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<sup>9</sup> DECAL already sends a link to online questionnaires when TA is completed and when the ERS observation(s) are completed. We suggest sending a questionnaire after the rating is received, so directors and providers can provide feedback on the entire rating process.

programs with Quality Rated may be quite different from those that completed the rating process, especially with regard to portfolio submission. Understanding their experiences may help DECAL make refinements that will expand participation in Quality Rated.

It is encouraging that center directors and FCCLH providers generally felt that their time spent on the Quality Rated application was worthwhile; however, they did express that it was a time-consuming process. The portfolio is the most time-consuming part of the rating process, and Report #1 (Early et al., 2017) noted that the portfolio currently plays a minimal role in determining the final rating. DECAL could consider identifying ways to reduce the time needed to complete the rating process, such as streamlining the portfolio submission process, to alleviate some of the burden on programs.



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# Appendices

## Appendix A. About the Quality Rated Validation Study participants

Demographic, site-level, and classroom-level information was collected from study participants as part of the questionnaires. This information is provided here as context for the results in the current report and the final report in the series (to be released in 2019).

### Gender, race, and language

According to the questionnaire, respondents were almost all female and spoke English with parents or children in their program<sup>r</sup> (see Table A1). The largest racial/ethnic group was black/African American, followed by white.

**Table A1. Demographics of questionnaire participants**

*The majority of study participants were female, black/African American, and spoke English with parents/children.*

		FCCLH providers (n=149-155)	Center directors (n=174-177)	Preschool teachers (n=170-172)	Toddler teachers (n=143-148)
		Percentage	Percentage	Percentage	Percentage
Gender	Female	100%	95%	98%	99%
	Male	0%	5%	2%	1%
Race/ethnicity	Black/African American	63%	50%	57%	66%
	Hispanic or Latino	11%	0%	4%	1%
	White	21%	43%	35%	28%
	Other <sup>s</sup>	4%	3%	1%	1%
	Multi-racial <sup>t</sup>	1%	4%	3%	3%
Language(s) spoken with parents/children	English	100%	99%	100%	99%
	Spanish	13%	14%	8%	5%
	Other	1%	1%	1%	1%

Source: Child Trends' director questionnaire and teacher questionnaires, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.

<sup>r</sup> Center directors were asked what language(s) they spoke with the parents of the children who attend their program, while teachers and FCCLH providers were asked what language(s) they spoke with the children they teach.

<sup>s</sup> Other includes respondents who selected American Indian/Alaskan Native, Asian, Native Hawaiian or Pacific Islander, or the response option "other."

<sup>t</sup> Multi-racial includes participants who selected more than one of the options presented.

## Age and experience

As seen in Table A2, FCCLH providers, center directors, and teachers had a wide range of experience and professional development.

**Table A2. Age and years of experience of questionnaire participants**  
*Questionnaire participants had a wide range of experience and professional development.*

	FCCLH providers (n=145-150)		Center directors (n=169-172)		Preschool teachers (n=158-168)		Toddler teachers (n=132-140)	
	<i>Median</i>	<i>Range</i>	<i>Median</i>	<i>Range</i>	<i>Median</i>	<i>Range</i>	<i>Median</i>	<i>Range</i>
Age	54	19 - 80	48	24 - 71	42	19 - 68	37	19 - 76
Years working with children	20	3 - 50	21	1 - 45	13	0 - 44	10	0 - 49
Years in current position <sup>u</sup>	12	1 - 48	6	0 - 45	3	0 - 40	2	0 - 23
PD hours over the last 12 months	20	0 - 200	20	0 - 300	18	0 - 500	18	0 - 240

Note: Medians are reported instead of means because there are some extreme values which would unduly influence the mean. Source: Child Trends' director questionnaire and teacher questionnaires, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.

<sup>u</sup> FCCLH providers were asked how many years they had been taking care of children in their home.



## Education and certifications

As seen in Table A3, almost one-quarter of FCCLH providers (24%) had a bachelor’s degree or higher. Over one-half of center directors had a bachelor’s degree or higher (54%) and almost one-half of preschool teachers had a bachelor’s degree or higher (45%). Only 16% of toddler teachers had a bachelor’s degree or higher.

Most FCCLH providers, center directors, preschool teachers, and toddler teachers majored in early childhood education, and about one-quarter of center directors studied business (22%). Over half (53%) of FCCLH providers had a CDA, compared to about one-third of center directors, preschool teachers, and toddler teachers (35%, 31%, and 36%, respectively).

**Table A3. Education and certifications of participants**

*There was a wide range of educational attainment among participants, with many having studied early childhood education.*

		FCCLH providers (n=125-156)	Center directors (n=139-177)	Preschool teachers (n=155-171)	Toddler teachers (n=136-146)
		Percentage	Percentage	Percentage	Percentage
Education	Some high school	2%	0%	0%	2%
	High school diploma/GED	17%	6%	12%	26%
	Some college	37%	22%	24%	38%
	Associate’s degree (AA)	19%	18%	19%	18%
	Bachelor’s degree (BA/BS)	18%	27%	32%	11%
	Beyond bachelor’s degree	6%	27%	13%	5%
Major area of study (regardless of whether a degree was attained)	Early childhood	73%	65%	68%	79%
	Other education	8%	11%	4%	3%
	Business	8%	22%	5%	2%
	Other <sup>v</sup>	31%	21%	18%	26%
	Not applicable	0%	5%	5%	14%
Certifications	Child Development Associate (CDA)	53%	35%	31%	36%
	Technical Certificate of Credit (TCC)	36%	20%	20%	22%
	Technical College Diploma (TCD)	26%	17%	19%	19%
Ever taken an early childhood education course		72%	81%	87%	68%

Source: Child Trends’ director questionnaire and teacher questionnaires, winter 2017-2018; Child Trends’ provider questionnaire, winter 2016-2017 and winter 2017-2018.

<sup>v</sup> The category of other includes: human growth and development, psychology, nursing, social work, and the response option “other.”

## Site-level descriptions

Table A4 shows a description of the center-based programs and FCCLHs in the study, as reported by center directors and FCCLH providers. Center-based programs varied widely in the number of children enrolled, with a median of 88. The percentage of center-based programs with at least one child enrolled receiving Childcare and Parent Services (CAPS) scholarships—that is, funding to serve children from low-income families—was 78 percent. Over half of the center-based programs (56%) had a Georgia’s Pre-K classroom, and nearly one-third (30%) received Head Start funding.<sup>w</sup>

Almost half (46%) of FCCLH providers reported having an additional staff member. FCCLH providers served about 7 children on average.<sup>x</sup> Almost half (42%) of FCCLHs had at least one child enrolled who received a CAPS scholarship.

**Table A4. Description of participating sites**

*Over three-quarters of center-based programs in the study had children enrolled receiving CAPS scholarships.*

		Center-based programs (n=166-177)		FCCLHs (n=125-155)	
		Percentage/ Median	Range	Percentage/ Median	Range
Number of classrooms		6	1 - 19	-	-
Number of teachers	Lead	6	1 - 20	-	-
	Assistant	5	0 - 32	-	-
Additional staff	Did not have additional staff	-	-	54%	
	Had paid additional staff only	-	-	25%	
	Had unpaid additional staff only	-	-	17%	
	Had both paid and unpaid additional staff	-	-	4%	
Children enrolled	Total children enrolled	88	12 - 332	6	1 - 13
	Served infants	79%		62%	
	Served toddlers	83%		86%	
	Served preschoolers	98%		86%	
	Served school-aged children	62%		38%	

<sup>w</sup> Note that FCCLHs may have been receiving Head Start funds through Early Head Start partnerships, but this item was not included on the provider questionnaire.

<sup>x</sup> The questionnaires asked for the total children enrolled. The total number of children reported may not attend every day.

**Table A4, cont.** Description of participating sites

		Center-based programs (n=166-177)		FCCLHs (n=125-155)	
		Percentage/ Median	Range	Percentage/ Median	Range
CAPS scholarships	Enrolled at least one child receiving a CAPS scholarship	78%		42%	
	Percent CAPS <sup>y</sup>	20%	<1% - 100%	33%	1% - 100%
	1% - 24% <sup>z</sup>	59%		37%	
	25% - 49%	27%		27%	
	50% - 74%	9%		21%	
	75% - 100%	6%		16%	
Sources of funding	Pre-K	56%		-	-
	Head Start	30%		-	-
Profit status	Not-for-profit	48%		-	-
	For-profit	52%		-	-
Program was full	Yes	40%		67%	
	No	60%		33%	
Additional slots (of those not full)	Infants	3	0 - 75	1	0 - 4
	Toddlers	6	0 - 36	1	0 - 4
	Preschoolers	7	0 - 117	1	0 - 2
	School-aged	8	0 - 78	2	0 - 6

Note: Medians are reported instead of means because there are some extreme values which would unduly influence the mean. A dash “ - ” indicates a that the question was not asked of this group. Source: Child Trends’ director questionnaire and teacher questionnaires, winter 2017-2018; Child Trends’ provider questionnaire, winter 2016-2017 and winter 2017-2018. <sup>y,z</sup>

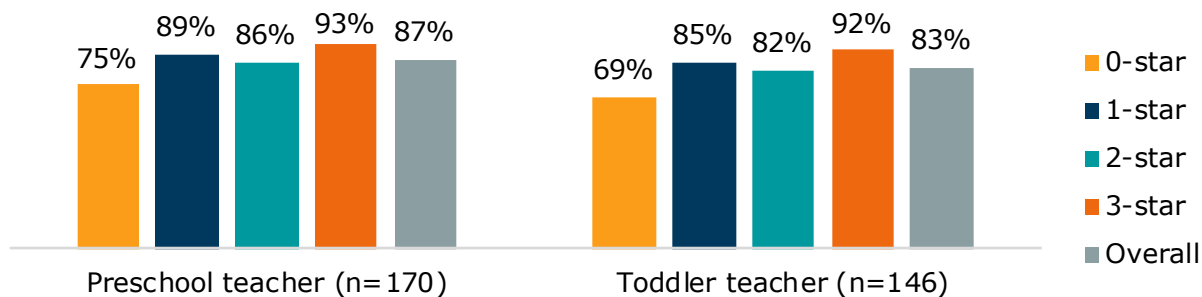
<sup>y</sup> Average percentage of children with a CAPS scholarship, among programs that had at least one child enrolled receiving a CAPS scholarship.

<sup>z</sup> Distribution of CAPS scholarships, among programs that have at least one child enrolled receiving a CAPS scholarship.

## Curricula

Overall, almost all preschool teachers (87%) and toddler teachers (83%) reported using a curriculum.<sup>aa</sup> Figure A1 shows, across star ratings, the percentage of preschool and toddler teachers who reported that they used a curriculum. If they reported using a curriculum, they were asked which one they used from a list of curricula.

**Figure A1. Percentage of teachers that use a curriculum across star ratings**  
*Most preschool and toddler teachers in Quality Rated reported using a curriculum.*



Source: Child Trends' teacher questionnaires, winter 2017-2018.

<sup>aa</sup> FCCLH provider questionnaires did not include an item about curricula.

Table A5 shows the percentage that reported using each curriculum, out of those who reported using a curriculum. Creative Curriculum was the most commonly reported curriculum for both preschool and toddler teachers, followed by HighScope for preschool teachers and InvestiGator Club for toddler teachers. The most common response for those who selected “other” was that they used the Georgia Early Learning and Development Standards (GELDS) or Bright from the Start as their curriculum, which are frameworks for early childhood learning rather than guidance and activities typically found in a curriculum. Examples of other responses were Passport and Handwriting without Tears for preschool teachers and Learn from the Start and Little Miracles for toddler teachers.

**Table A5. Curricula used by preschool and toddler teachers**

*The most commonly used curriculum in preschool and toddler classrooms was Creative Curriculum.*

Curriculum <sup>ab</sup>	Preschool teacher (n=147)	Toddler teacher (n=117)
Creative Curriculum	41%	38%
HighScope	16%	7%
HighReach Learning	7%	15%
Abeka	6%	6%
Locally-created/Theme-based curriculum	6%	11%
Pinnacle Early Childhood	5%	5%
Frog Street Curriculum	5%	2%
Funshine Express	3%	2%
Core Knowledge	3%	4%
Galileo	3%	1%
OWL (Pearson)	2%	0%
Early Foundations	1%	2%
Beyond Centers and Circle Time	1%	6%
Big Day for Pre-K (Scholastic)	1%	0%
InvestiGator Club (Robert-Leslie)	1%	1%
Learn Every Day (Kaplan)	1%	2%
AlphaSkills	0%	1%
DIG: Develop. Inspire. Grow.	0%	2%
Other	14%	10%
Other: GELDS or Bright from the Start	5%	9%

Source: Child Trends’ teacher questionnaires, winter 2017-2018.

<sup>ab</sup> The following curricula were response options but were not selected by any teachers: Montessori, Mother Goose Time, Splash in Pre-K (Houghton Mifflin Harcourt), We Can (Voyager), and WINGS.

## Hours of operation

As seen in Table A6, programs are open about 11 hours per day, on average. All centers and FCCLHs were open on weekdays, with no centers and few FCCLHs open on weekends. Few centers or FCCLHs reported that parents could drop off their child before 6 AM (6% and 7%, respectively) or pick up their child after 7 PM (2% and 5%, respectively). However, some FCCLH providers reported that parents could drop off their child at any time (7%) or pick up their child at any time (8%). About one-third (32%) of FCCLH providers had been paid in the last six months to care for children in the evening, overnight, or on a weekend.

**Table A6. Description of schedules of sites**

*Both center-based programs and FCCLHs reported being open about 11 hours per day, on average.*

		Center-based programs (n=166-177)		FCCLHs (n=125-155)	
		Percentage/ Mean	Range	Percentage/ Mean	Range
Hours open per day		10.8	6 - 17.5	11.3	7.5 - 17.0
Days open	Weekdays	100%		100%	
	Saturday	0%		9%	
	Sunday	0%		5%	
Earliest morning drop-off time	Before 6 AM	6%		7%	
	At or after 6 AM and before 8 AM	89%		80%	
	At or after 8 AM	5%		6%	
	Anytime is fine	-		7%	
Latest evening pick-up time	Before 5 PM	21%		4%	
	At or after 5 PM and before 7 PM	77%		83%	
	At or after 7 PM	2%		5%	
	Anytime is fine	-		8%	
Paid to care at nontraditional times	Evening	-		27%	
	Overnight	-		16%	
	Weekends	-		23%	
	Any of the above	-		32%	

Note: A dash “ - ” indicates a that the question was not asked of this group. Source: Child Trends’ director questionnaire, winter 2017-2018; Child Trends’ provider questionnaire, winter 2016-2017 and winter 2017-2018.

## Program characteristics by star rating

Some program characteristics were examined by star ratings (see Table A7).<sup>ac</sup> Over half of 3-star center-based programs had a Georgia’s Pre-K classroom or received funding from Head Start; these results are in line with administrative data analysis on the entire sample of programs in Quality Rated (Orfali, Early, & Maxwell, 2018).

**Table A7. Description of sites across star rating**

*The percentage of children with CAPS scholarships attending the program decreased as the star rating increased in FCCLHs.*

		Center-based programs				FCCLHs		
		0-star (n=23-25)	1-star (n=34-39)	2-star (n=49-63)	3-star (n=37-49)	1-star (n=25-27)	2-star (n=71-76)	3-star (n=41-45)
Sources of funding	Pre-K	44%	54%	56%	64%	-	-	-
	Head Start	9%	8%	35%	51%	-	-	-
Earliest morning drop-off time	Before 6 AM	12%	5%	6%	4%	7%	8%	7%
	Anytime is fine	-	-	-	-	4%	10%	2%
Latest evening pick-up time	After 7 PM	0%	5%	0%	2%	8%	5%	2%
	Anytime is fine	-	-	-	-	4%	9%	4%
Program full		28%	24%	40%	57%	74%	68%	65%
Median % CAPS (if program had at least 1 child enrolled receiving a CAPS scholarship)		28%	20%	17%	16%	40%	33%	25%
Has an additional staff member		-	-	-	-	41%	51%	48%
Paid to care during nontraditional hours		-	-	-	-	33%	34%	25%

Note: A dash “ - ” indicates a that the question was not asked of this group. Source: Child Trends’ director questionnaire and teacher questionnaires, winter 2017-2018; Child Trends’ provider questionnaire, winter 2016-2017 and winter 2017-2018.

<sup>ac</sup> Throughout this report, FCCLH providers with 0-star ratings are not shown in results split by star rating due to low sample size (n=7). However, FCCLH providers with 0-star ratings are included in the overall FCCLH results.

## Appendix B: Motivations for joining Quality Rated across program type and star rating

Center directors and FCCLH providers were asked to indicate their reasons for joining Quality Rated, from a list of three options and “other.” If they chose more than one reason, we asked them to select the most important reason. If only one reason was selected initially, we considered that to be the most important reason they joined. Table B1 shows the percentage of respondents who reported each reason broken down by star rating. The most common reason for joining Quality Rated across star ratings was to be recognized as a high-quality program. One-quarter of center directors in 0-star programs (25%) and over one-third of FCCLH providers with 1-star ratings (39%) reported wanting access to resources and supports.

**Table B1.** Motivations for joining Quality Rated across program type and star rating

*At least 70 percent of center directors and FCCLH providers reported that at least one reason they joined Quality Rated was to be recognized as a high-quality program. In most cases, it was also their most important reason.*

		Center directors				FCCLH providers		
		0-star (n=25; 24)	1-star (n=39)	2-star (n=61; 63)	3-star (n=50; 48)	1-star (n=28)	2-star (n=77; 72)	3-star (n=44; 40)
Reason(s) for joining	Required to participate	32%	52%	46%	58%	0%	13%	11%
	Wanted access to resources	40%	38%	40%	44%	61%	36%	48%
	Wanted to be recognized as a high-quality program	72%	100%	78%	70%	71%	84%	80%
	Other	8%	14%	5%	6%	11%	6%	20%
Most important reason for joining	Required to participate	21%	28%	27%	33%	0%	6%	5%
	Wanted access to resources	25%	3%	7%	4%	39%	13%	20%
	Wanted to be recognized as a high-quality program	50%	59%	63%	58%	54%	76%	68%
	Other	4%	10%	5%	4%	7%	6%	8%

Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.



## Appendix C: Overall perceptions across star rating

FCCLH providers, center directors, and teachers were asked how they would rate their overall impression of Quality Rated, from extremely negative to extremely positive. The percentage of respondents who selected each option across star ratings is shown in Tables C1 and C2.

**Table C1. FCCLH provider and center director's overall impression of Quality Rated across star rating**  
*FCCLH providers and center directors felt positively about Quality Rated across star ratings.*

	FCCLH providers				Center directors				
	1-star (n=27)	2-star (n=75)	3-star (n=43)	Overall (n=152)	0-star (n=25)	1-star (n=39)	2-star (n=61)	3-star (n=48)	Overall (n=173)
Extremely positive	48%	55%	65%	55%	56%	46%	57%	71%	58%
Somewhat positive	22%	31%	30%	28%	32%	31%	30%	25%	29%
Neutral	22%	11%	2%	11%	8%	10%	10%	4%	8%
Somewhat negative	0%	4%	0%	3%	4%	13%	3%	0%	5%
Extremely negative	7%	0%	2%	3%	0%	0%	0%	0%	0%

Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.

**Table C2. Preschool and toddler teacher's overall impressions of Quality Rated across star rating**  
*Preschool teachers and toddler teachers felt positively about Quality Rated across star ratings.*

	Preschool teachers					Toddler teachers				
	0-star (n=23)	1-star (n=38)	2-star (n=63)	3-star (n=46)	Overall (n=170)	0-star (n=26)	1-star (n=35)	2-star (n=49)	3-star (n=38)	Overall (n=148)
Extremely positive	30%	42%	54%	63%	51%	58%	57%	49%	76%	59%
Somewhat positive	35%	39%	33%	24%	32%	23%	29%	31%	18%	26%
Neutral	26%	16%	6%	13%	13%	15%	11%	20%	3%	13%
Somewhat negative	9%	3%	5%	0%	4%	4%	3%	0%	3%	2%
Extremely negative	0%	0%	2%	0%	1%	0%	0%	0%	0%	0%

Source: Child Trends' teacher questionnaires, winter 2017-2018.

## Appendix D: Explanations for impressions of Quality Rated

After rating their overall impressions of Quality Rated on a 5-point scale, participants were asked to explain their selection. Two independent coders reviewed and categorized each comment into themes and a third individual reconciled and reviewed all codes. Individual comments could be coded as fitting into multiple themes, so percentages do not sum to 100 percent. Table D1 shows the smaller themes coded within each major theme.

**Table D1.** Themes coded from the question: “What is your overall impression of Quality Rated, please explain”  
The most common category of codes included themes about improvements made due to Quality Rated.

Category and code	FCCLH provider (n=109)	Center director (n=99)	Preschool teacher (n=119)	Toddler teacher (n=106)
<b>Positive - Improvements Made</b>	<b>53%</b>	<b>53%</b>	<b>76%</b>	<b>71%</b>
Quality Rated has improved health and/or safety	3%	2%	8%	4%
Quality Rated has improved business practices or generally allowed site to serve community better	5%	5%	2%	0%
Quality Rated has improved interactions with children/families or enhances children’s learning/development	16%	14%	38%	37%
Quality Rated has improved or enhanced quality of program	15%	18%	11%	18%
Quality Rated sets standards for quality and provides accountability	7%	10%	10%	6%
Quality Rated has improved materials, toys, and/or layout of classroom or site	8%	4%	7%	6%
<b>Positive - General</b>	<b>13%</b>	<b>17%</b>	<b>9%</b>	<b>13%</b>
<b>Positive - Recognition</b>	<b>18%</b>	<b>10%</b>	<b>10%</b>	<b>13%</b>
Quality Rated helps parents make child care decisions	14%	7%	10%	12%
Quality Rated gives external recognition of quality; was already doing practices and now have recognition of them	5%	3%	0%	1%
<b>Positive - Quality Rated Supports</b>	<b>15%</b>	<b>5%</b>	<b>8%</b>	<b>5%</b>
Positive comments about Quality Rated trainings or professional development opportunities	5%	2%	6%	3%
Positive comments about the Quality Rated TA or TA staff	10%	3%	3%	2%

**Table D1, cont.** Themes coded from the question: “What is your overall impression of Quality Rated, please explain”

Category and code	FCCLH provider (n=109)	Center director (n=99)	Preschool teacher (n=119)	Toddler teacher (n=106)
<b>Negative - Quality Rated Process</b>	<b>22%</b>	<b>15%</b>	<b>9%</b>	<b>6%</b>
Negative comment about the observations (e.g., one day may not be a typical day, respondent doesn't like an aspect of the ERS, process is too long)	6%	6%	6%	3%
Quality Rated added stress, required too much time/effort/cost, not “worth it”	16%	9%	3%	3%
<b>Negative - Quality Rated is not helpful</b>	<b>15%</b>	<b>15%</b>	<b>5%</b>	<b>4%</b>
Not enough parents know enough about Quality Rated or parents choose not to use it when making child care decisions	9%	6%	1%	1%
Quality Rated is not helpful in improving quality or does not relate to quality; Quality Rated doesn't include the right aspects of quality	6%	9%	4%	3%
<b>Negative - One size fits all</b>	<b>8%</b>	<b>3%</b>	<b>5%</b>	<b>8%</b>
Negative comments about flexibility or conforming to different program needs (e.g., Montessori)	2%	3%	5%	8%
Quality Rated process is not tailored for FCC homes, wish TA knew more about homes, Quality Rated not tailored for mixed age groups	6%	0%	0%	0%
<b>Negative - Quality Rated Supports</b>	<b>5%</b>	<b>2%</b>	<b>2%</b>	<b>1%</b>
Negative comments about TA staff (e.g., unfriendly, not knowledgeable, not well-trained)	1%	1%	1%	0%
Negative comments about timeliness or communication	4%	1%	1%	1%
<b>Other</b>	<b>1%</b>	<b>7%</b>	<b>6%</b>	<b>5%</b>

Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018. Child Trends' teacher questionnaires, winter 2017-2018.

## Appendix E: Positive Attitudes toward Quality Rated item scores and Cronbach's alpha results

FCCLH providers, center directors, and teachers were asked for their level of agreement for a series of 18 questions about their positive attitudes toward Quality Rated. Response options ranged from *strongly disagree* (1) to *strongly agree* (5). Table E1 lists the mean and standard deviation (SD) for each question.

### Item scores

**Table E1.** Item-level means for Positive Attitudes toward Quality Rated items  
Respondents had strong positive attitudes toward Quality Rated.

	FCCLH providers (n=152-155)		Center directors (n=171-174)		Preschool teachers (n=168-170)		Toddler teachers (n=146-148)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
I believe my program is of higher quality because I joined Quality Rated	4.0	1.3	4.2	1.1	4.0	1.1	4.1	1.2
Quality Rated has been beneficial to my program	4.3	1.0	4.3	1.0	4.2	1.0	4.4	1.0
My experience with Quality Rated has been what I expected	4.0	1.2	4.1	1.1	4.0	1.1	4.3	1.0
I would recommend that other programs join Quality Rated	4.3	1.1	4.5	1.0	4.3	1.0	4.5	0.9
I am able to find the training I need	4.3	1.1	4.2	1.1	4.3	1.0	4.4	1.1
My teachers are able to find the training they need	-	-	4.1	1.1	-	-	-	-
The Quality Rated application process was easy	4.0	1.2	3.7	1.1	-	-	-	-
The Quality Rated application process took a lot of time*	3.4	1.4	3.6	1.2	-	-	-	-
The portfolio was easy to complete	3.6	1.2	3.4	1.2	-	-	-	-
My program has made changes as a result of joining Quality Rated	4.4	1.0	4.3	0.9	4.3	1.0	4.4	1.0
The Quality Rated process took more time than it's worth*	2.5	1.5	2.3	1.2	-	-	-	-
The practices recognized by Quality Rated align with what I believe are high-quality practices in early care and education programs	4.4	1.0	4.2	1.0	4.2	1.0	4.4	0.9

**Table E1, cont.** Item-level means for Positive Attitudes toward Quality Rated items

	FCCLH providers (n=152-155)		Center directors (n=171-174)		Preschool teachers (n=168-170)		Toddler teachers (n=146-148)	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
The star rating accurately reflects my program's quality	3.8	1.4	3.5	1.4	3.9	1.2	4.0	1.1
I plan to re-apply for Quality Rated	4.3	1.0	4.7	0.7	-	-	-	-
Families are more likely to choose my program because we joined Quality Rated	3.8	1.2	3.6	1.2	3.9	1.1	4.0	1.1
I tell families in my program about Quality Rated	4.6	0.8	4.5	0.9	3.8	1.2	4.0	1.1
When choosing child care for their child, parents should consider a program's Quality Rating	4.3	1.0	4.3	1.0	4.4	0.9	4.5	0.9
Quality Rated is useful to parents	4.3	1.0	4.1	1.1	4.1	1.0	4.3	0.9

Note: The range for each item was 1 - 5. A "-" indicates an item that was not asked of that respondent type. An asterisk "\*" indicates an item that was not included in the overall Positive Attitudes toward Quality Rated score. Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018, Child Trends' teacher questionnaires, winter 2017-2018.

## Cronbach's alpha

Cronbach's alpha across all 18 items measuring positive attitudes toward Quality Rated was 0.918. This indicates a very high degree of internal consistency.<sup>ad</sup> As seen in the final column of Table E2, removing any one of the 16 items in black would decrease alpha slightly, whereas removing the two items in red would increase alpha slightly. For that reason, we elected to create a single scale measuring Positive Attitudes Towards Quality Rated from the mean of the items in black, if they were available. The remaining two items were analyzed separately.

**Table E2. Cronbach's alpha for all 18 items measuring Positive Attitudes toward Quality Rated**  
Of the 18 items, 16 fit together well in measuring positive attitudes toward Quality Rated as a single scale.

	Number of respondents	Item-rest correlation <sup>ae</sup>	Average interitem correlation <sup>af</sup>	Alpha with item removed
I believe my program is of higher quality because I joined Quality Rated	641	0.64	0.44	0.911
Quality Rated has been beneficial to my program	644	0.75	0.44	0.908
My experience with Quality Rated has been what I expected	644	0.74	0.43	0.908
I would recommend that other programs join Quality Rated	644	0.77	0.43	0.907
I am able to find the training I need	643	0.64	0.45	0.912
My teachers are able to find the training they need	173	0.59	0.45	0.914
The Quality Rated application process was easy	327	0.52	0.45	0.915
The Quality Rated application process took a lot of time	325	-0.11	0.50	0.927
The portfolio was easy to complete	325	0.46	0.46	0.916
My program has made changes as a result of joining Quality Rated	644	0.65	0.45	0.911
The Quality Rated process took more time than it's worth*	324	0.34	0.46	0.919

<sup>ad</sup> Typically, Cronbach's alpha over 0.70 is considered acceptable (Nunnally, 1978).

<sup>ae</sup> The item-rest correlation is the Pearson correlation coefficient indicating the strength of relationship between the item and the total score of the scale formed by all other items, excluding this item. It has a range of 0.0 to 1.0, where 0.0 indicates no relationship at all and 1.0 indicates a perfect relationship.

<sup>af</sup> The average interitem correlation is the average Pearson correlation coefficient for this item with each other item in the scale. According to Clark and Watson (1995), average inter-item correlations should fall somewhere between .15 and .50. Below .15 would indicate that the items are not measuring the same latent construct, and above .50 would indicate that the questions are so similar that they are repetitive.

**Table E2, cont.** Cronbach's alpha for all 18 items measuring Positive Attitudes toward Quality Rated

	Number of respondents	Item-rest correlation	Average interitem correlation	Alpha with item removed
The practices recognized by Quality Rated align with what I believe are high-quality practices in early care and education programs	641	0.66	0.45	0.911
The star rating accurately reflects my program's quality	644	0.49	0.45	0.917
I plan to re-apply for Quality Rated	328	0.58	0.46	0.914
Families are more likely to choose my program because we joined Quality Rated	644	0.64	0.44	0.911
I tell families in my program about Quality Rated	643	0.56	0.45	0.913
When choosing child care for their child, parents should consider a program's Quality Rating	643	0.69	0.43	0.902
Quality Rated is useful to parents	642	0.67	0.42	0.902

Note: An asterisk "\*" indicates the item that was reverse coded for the alpha calculation. Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018, Child Trends' teacher questionnaires, winter 2017-2018

## Appendix F: Quality Rated supports across star ratings

FCCLH providers and center directors were asked which Quality Rated supports they used. See the main text for a description of each support. Table F1 lists the percentage who reported using each support across star rating.

**Table F1.** Quality Rated supports used by FCCLH providers and center directors across star rating  
*The two most commonly used supports by FCCLH providers and center directors were TA and bonus packages.*

	FCCLH providers			Center directors			
	1-star (n=28)	2-star (n=77)	3-star (n=44)	0-star (n=25)	1-star (n=39)	2-star (n=63)	3-star (n=50)
Training provided by CCR&R	68%	69%	70%	64%	49%	71%	76%
TA provided by CCR&R	79%	66%	95%	68%	85%	94%	82%
Mini-grant awarded for taking part in TA	64%	45%	73%	60%	59%	57%	66%
Bonus package based on the Quality Rating	93%	90%	98%	12%	77%	75%	90%
Continuous Quality Improvement award	29%	17%	43%	8%	15%	22%	36%
Other	0%	0%	7%	0%	0%	3%	2%
Have not used any Quality Rated supports	11%	0%	0%	0%	0%	0%	0%

Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.



After reporting the supports that they used, center directors and FCCLH providers were asked to select the support that they found most helpful. The percentage that ranked each support as most helpful across star rating is shown in Table F2.

**Table F2. Percentage of participants who ranked each support as most helpful**

*The support ranked most helpful across all star ratings from participants was TA from their CCR&R.*

	FCCLH providers			Center directors			
	1-star (n=20)	2-star (n=47)	3-star (n=36)	0-star (n=15)	1-star (n=32)	2-star (n=51)	3-star (n=42)
TA provided by CCR&R	60%	53%	58%	60%	50%	43%	50%
Training provided by CCR&R	10%	30%	19%	20%	22%	14%	26%
Bonus package based on the Quality Rating	15%	15%	8%	0%	25%	24%	19%
Mini-grant awarded for taking part in TA	15%	2%	11%	20%	3%	12%	2%
Continuous Quality Improvement award	0%	0%	3%	0%	0%	4%	2%
Other	0%	0%	0%	0%	0%	4%	0%

Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.

## Appendix G: Satisfaction with TA item scores and Cronbach's alpha results

Local CCR&Rs offer free TA to programs participating in Quality Rated prior to submitting their portfolio. See the main text for a description of the TA. FCCLH providers and center directors who reported receiving TA from the CCR&R prior to submitting their portfolio were asked eight questions about their satisfaction with the TA. Response options ranged from *strongly disagree* (1) to *strongly agree* (5). Table G1 shows the item-level means and standard deviations for each question.

### Item scores

**Table G1.** Item-level means for questions related to satisfaction with TA

FCCLH providers and center directors strongly agreed on average with positive statements about the TA they received prior to submitting their portfolio.

Item	FCCLH providers (n=134-137)		Center directors (n=146-148)	
	Mean	SD	Mean	SD
The TA helped me to understand the Quality Rated requirements and process	4.6	0.8	4.6	0.8
The TA was helpful in preparing my Quality Rated portfolio	4.6	0.8	4.5	0.9
The TA was helpful in submitting my Quality Rated portfolio	4.7	0.7	4.5	0.9
The quality of my [family child care home, center] improved because of the Quality Rated TA I received	4.4	0.9	4.4	0.9
I was satisfied with the amount of TA I received	4.6	0.9	4.4	1.0
I was satisfied with the quality of TA I received	4.6	0.8	4.5	1.0
My TA provider was knowledgeable about the Quality Rated process	4.7	0.7	4.6	0.8
My TA provider was knowledgeable about how to improve early childhood quality	4.7	0.7	4.5	0.9

Note: The range for each item was 1 - 5. Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.

## Cronbach's alpha

Cronbach's alpha across all eight items measuring satisfaction with TA was .952. As seen in the final column of Table G2, removing any one of these eight would decrease alpha slightly. For that reason, we elected to create a single scale Satisfaction with TA from the mean of these eight items.

**Table G2.** Cronbach's alpha for the eight items measuring satisfaction with TA  
*The eight items fit together well to measure satisfaction with TA.*

Item	Number of respondents	Item-rest correlation	Average interitem correlation	Alpha with item removed
The TA helped me to understand the Quality Rated requirements and process	284	0.78	0.54	0.947
The TA was helpful in preparing my Quality Rated portfolio	284	0.85	0.52	0.943
The TA was helpful in submitting my Quality Rated portfolio	282	0.82	0.53	0.945
The quality of my [family child care home, center] improved because of the Quality Rated TA I received	285	0.70	0.54	0.953
I was satisfied with the amount of TA I received	284	0.83	0.50	0.945
I was satisfied with the quality of TA I received	283	0.89	0.50	0.940
My TA provider was knowledgeable about the Quality Rated process	285	0.81	0.53	0.946
My TA provider was knowledgeable about how to improve early childhood quality	283	0.89	0.52	0.941

Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018.

## Appendix H: Suggested improvements to Quality Rated

Participants were asked to suggest improvements to the Quality Rated system. Each of the comments were coded into themes by two individuals, and all codes were reviewed by a third individual. All of the themes coded from this question are listed in Table H1.

**Table H1.** Themes coded from responses to the question: “What suggestions do you have for improving Quality Rated?”

*Most respondents did not have any recommendations to improve Quality Rated. Of those that did, they mentioned changes to the observation process or changes to or more TA.*

Recommendations	FCCLH provider (n=109)	Center director (n=101)	Preschool teacher (n=119)	Toddler teacher (n=108)
No recommendations (e.g., none, N/A, Quality Rated is already great)	34%	36%	45%	67%
Changes to the observation process (e.g., add more observation days, use a different observer each visit)	12%	7%	10%	6%
Changes to TA or more TA	10%	20%	2%	0%
Changes to training or professional development (e.g., trainings offered for new teachers due to high rates of turnover)	6%	9%	9%	8%
Requests for new existing supports (e.g., TA to maintain levels of quality after rating)	7%	6%	7%	8%
Improve timeliness and/or communication; more clarity and consistency needed	4%	9%	5%	2%
Changes to the rating system (e.g., points earned)	2%	6%	4%	4%
Changes to or more financial supports or incentives; choices for materials/supplies from bonuses; changes to tiered reimbursement rates	6%	3%	2%	2%
Quality Rated should not be redundant to other systems (e.g., licensing, NAFCC, NAEYC, Pre-K, military, Head Start)	2%	4%	6%	1%
Quality Rated should be more understanding of different program needs	2%	2%	7%	1%
Quality Rated should reduce overall burden and stress	7%	1%	2%	0%
Modify process to be more flexible with the family child care environment (e.g., evening TA)	7%	0%	0%	0%
Quality Rated should be mandatory	1%	1%	1%	1%
More networking or social support opportunities	3%	0%	0%	0%
More marketing to parents or other sites	0%	1%	0%	2%
More opportunities to provide feedback	2%	0%	0%	0%

Source: Child Trends' director questionnaire, winter 2017-2018; Child Trends' provider questionnaire, winter 2016-2017 and winter 2017-2018, Child Trends' teacher questionnaires, winter 2017-2018.