



T E X A S
EARLY LEARNING
C O U N C I L

Where Do We Go From Here?

Designing a Quality Rating and Improvement System in Texas

A working paper from the Texas Early Learning Council

June 2011





Introduction

The Texas Early Learning Council (TELC) is the designated State Advisory Council on Early Childhood Education and Care for Texas, under the 2007 federal *Improving Head Start for School Readiness Act*. Texas Governor Rick Perry established the 19-member Council in late 2009. As stipulated in its application to the federal government for funding under the American Reinvestment and Recovery Act, the Council will make recommendations to the Governor regarding the development of a Texas Quality Rating and Improvement System (QRIS).ⁱ

The National Child Care Information and Technical Assistance Center defines QRIS as a “systematic approach to assess, improve, and communicate the level of quality in early and school-aged care and education programs.”ⁱⁱⁱ Twenty-three states currently implement some type of QRIS.ⁱⁱⁱ These systems have grown in popularity among policymakers, advocates, and researchers due to a confluence of realities and ideas about early care and education in the United States.

Researchers and advocates have successfully asserted the potential long-term benefits for society of large-scale investments in early care and education. Nationwide, these investments in early care and education are significant; only 10 states lack some version of publically funded pre-kindergarten programs,^{iv} and nationally, Head Start (\$7.2 Billion) and the Child Care Development Block Grant (\$5 Billion) account for significant investments.^v Currently, a significant amount of funds are spent on early care and education services in Texas. In 2010 – 2011 \$735,000,000 is budgeted for the Texas public school pre-k program^{vi}, \$494,959,267 for Texas Head Start^{vii}, and \$443,948,121 for the Texas Child Care Development Fund (CCDF)^{viii}. Though the merits of high-quality early care and education are recognized and reflected in local, state, and national expenditures, a growing call for *demonstrations* of effectiveness have emerged. At all levels of government, demand for program accountability and demonstrable outcomes are growing in popularity.

Advocates and policymakers recognize that parents and providers need information and support concerning quality. Parents have difficulty selecting care and are often unaware of the characteristics of high-quality programs. Providers need both financial supports and technical assistance if they are to raise the quality of their programs.

In theory, QRISs facilitate improved confidence in early care and education by providing a clear framework for rewarding quality programs with higher levels of funding. They are also intended to instruct programs on the specific steps needed to achieve agreed upon levels of quality such as 1, 2, 3, or 4 star ratings. For parents, a QRIS should serve as a valuable tool to approach the difficult choices involved with early care and education program selection. Overall, QRISs are built on the assumption that these elements will contribute to increased program quality on a large scale, leading to improved outcomes for children.

The intent of this paper is to contextualize the choices facing the TELC concerning recommendations for a Texas QRIS system. The paper recognizes as a basis of discussion standard suggested components of QRIS development offered by such organizations as the National Child Care Information and Technical Assistance Center, the National Association for the Education of Young Children (NAEYC), as well as guidance provided by the QRIS National Learning Network.

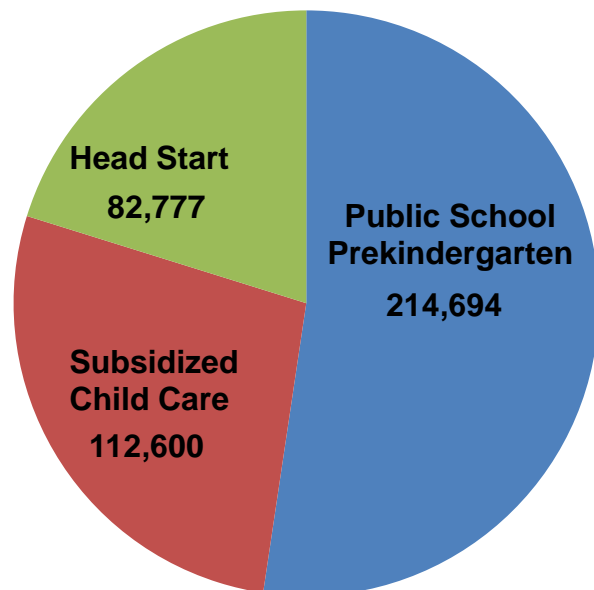


ECE in Texas

Texas has the largest and fastest growing early childhood population in the country, a significant portion of which are developmentally at risk.^{ix} The need for quality early care and education in the state is unprecedented, and a number of publically funded programs are currently offered to enhance the development of young children in the state:

- **Public school Prekindergarten:** Serving 214,694 children, the public school pre-k program mandates a half-day program for children facing certain risk factors such as homelessness, involvement with child protective services, poverty, military families, or unable to speak or comprehend English. Any school district with at least 15 four year-old children meeting at least one of these criteria must provide services.
- **Subsidized child care:** Serving 112,600 children, from ages birth to 13, the subsidized child care program provides child care assistance for families meeting income and work, education, or job training requirements. For profit and non-profit child care providers agree to care for children at a subsidized rate paid by the Local Workforce Development Boards (Local Boards).
- **Head Start (encompassing ages birth to 6):** Serving 82,777 children in Texas, the federally funded Head Start program provides comprehensive services for families and children ages birth to five, including education, health, nutrition, and social services. Families that meet the federal poverty guidelines are eligible for Head Start services. Programs may also serve some families at up to 130% of the poverty line.

Texas ECE Enrollment 2010





Texas' Quality Improvement Infrastructure

Texas has several quality improvement systems that address different components of early childhood programs, including learning environments, early childhood facilities, interactions between teachers and children, and child outcomes. The primary systems involved in Texas' early learning and child care quality improvement infrastructure include:

- *The Texas School Ready! Certification System (SRCS)*;
- *The Texas School Ready! (TSR!) Project*;
- The Texas Rising Star (TRS) Certification System;
- Department of Family and Protective Services (DFPS) Child Care Licensing; and
- National Accreditation systems.

Additionally, there are several entities in the state that are available to provide supports for early childhood programs. These include:

- Education Service Centers (ESC);
- Child Care Resource and Referral (CCR&R) organizations;
- Local Workforce Development Board (Boards) Child Care Quality Contractors; and
- Texas Head Start Technical Assistance Network.

The Texas School Ready! Certification System (SRCS) and the Texas School Ready! (TSR!) Project:

The *Texas School Ready! Certification System (SRCS)* and the *Texas School Ready! Project* are quality improvement efforts operating in Texas that are unique in design. SRCS is awarded to preschool education *classrooms* that effectively prepared their students for kindergarten. In general, most certifications or accreditations operate at the facility level; SRCS operates at the classroom level. SRCS is the only quality certification system in the country that certifies all three primary early childhood programs —child care, Head Start, and public pre-k. It is based, in part, on the actual linking between quality instructional practices that must be in place in a preschool program to get children ready for kindergarten and the children *actually* achieving scores showing they were on track in the areas of reading and social skills when they went to kindergarten. Head Start, public schools, and child care centers participate in the program; however, resources limit the number of programs that can take advantage of this system. SRCS is also currently limited in that it measures school readiness based on the experience of three and four-year olds only. The *TSR! Project* is a quality improvement program that combines in-service training, mentoring, and progress monitoring to help teachers achieve SRCS status.

Texas Rising Star (TRS)

The TRS program is under the auspices of the Texas Workforce Commission (TWC) and is available to all child care providers licensed or registered by the Texas Department of Family and Protective Services (DFPS) that agree to accept TWC-subsidized children. TRS also includes Head Start programs and school-based, before- and after-school child care programs licensed by DFPS. TRS is administered through 28



Local Workforce Development Boards. Much like a typical QRIS, TRS offers increasing star-level distinctions for child care programs that meet increasing levels of standards. TRS includes measures impacting children age birth to 13. However, the program varies both in funding and practice throughout the state. Some Local Boards have used TRS as a vehicle to create robust local QRIS programs that include program supports, like mentoring and significant resource incentives, while other areas of the state operate the program at its most basic level. TRS certification is available statewide.

Texas Department of Family and Protective Services (DFPS) Child Care Licensing

Texas has a strong child care licensing infrastructure. Child Care Licensing regulates child care in a variety of settings including licensed centers, licensed homes, and registered homes. A staff of just over 400 people monitors, inspects, and regulates 17,657 licensed and registered child care operations in the state; an additional, 7,589 Listed Family Homes are issued permits to operate within the state.^x Listed Family Homes are not required to follow state minimum standards, and they are inspected only when a report of abuse and/or neglect is made.

National Accreditation

Accreditation by nationally recognized professional organizations such as the National Association for the Education of Young Children (NAEYC) and the National Association of Child Care Professionals (NAACP) is limited in Texas, covering less than 4% of the eligible providers in the state.^{xi} Providers often find accreditation too costly, thus programs serving primarily low-income children are considerably under represented.

Local Quality Programs

Significant local efforts aimed at early care and education improvement must be considered, as well. Throughout Texas, localities have directed resources aimed at raising the level of care in their communities. Educational First Steps in Dallas engages child care providers in mentoring techniques and support aimed at increasing quality and working toward national accreditation. Workforce Solutions of Austin, in partnership with the local United Way, has implemented an enhanced version of the Texas Rising Star program that offers significant financial incentives for providers at each star level of the program, as well as mentoring and technical assistance for providers in the program. In Houston, the United Way sponsors Bright Beginnings, which aims to increase child care quality through professional development strategies, curriculum enhancements, wage supplements, resources and mentoring. Also in Houston, the Collaborative for Children's QualifindSM Criteria ranks Houston area child care centers as Excellent, Good, or Minimal in six areas: Teacher-to-Child Ratio and Group Size, Teacher Education and Training, Accreditation, Teacher Tenure, Family Involvement, and Compliance with Licensing Standards. In Wichita Falls, the local United Way created the Race for the Stars program, a local QRIS system, providing financial incentives to providers at each level of the program. These are just a sample of the innovative local strategies found throughout the state on quality improvement.

The quality improvement landscape of Texas offers considerable opportunities to ask, *what works?* However, among all of these efforts, program evaluation that is linked to child outcomes is scarce. SRCS offers information on child outcomes when they reach kindergarten, but is currently limited in its ability to project outcomes for children as they move forward in the Texas school system. TRS and national accreditation offer



no methods for measuring child outcomes. A few local quality improvement programs operating in Texas, as well as other states' QRIS have studied improvements in program quality over time as a result of quality improvement efforts; however, few offer ongoing measures of child outcomes.

The collection of quality improvement strategies found in Texas offers rich, fertile ground for discourse related to QRIS, but it also provides a glimpse of the fragmentation and disagreement among stakeholders as to how the state should tackle the complexities inherent in developing a statewide QRIS. The TELC recognizes this reality, and is dedicated to developing recommendations, in part, based on diverse stakeholder feedback at key junctures in the recommendation development process. To read more about the TELC's QRIS recommendation development process, visit the policymaker section of earlylearningtexas.org.

QRIS Development Components

Multiple organizations and sources have produced literature regarding the creation, implementation, and revision of QRISs. In fact, combing through the resources available to states is its own unique challenge; however, review of the literature produces a somewhat consistent set of topics to consider in investigations of QRIS. These topics include:

1. System Financing and Public Policy considerations
2. Implementation
3. Standards and Criteria
4. Program Accountability and Program Funding
5. Workforce and Provider Support
6. System Evaluation
7. Public Engagement

The following section describes the Texas context for each topic area, as well as key points raised by relevant research. The intent of this section is not to answer all of the questions inherent in each topic area, rather to broach critical discourses associated with these topic areas.

System Financing and Public Policy Considerations

A critical first step in QRIS development is assessing both Texas's capacity for funding such a system and the will of policymakers to endorse and implement a QRIS. Most states with a QRIS fund the system with Child Care Development Fund (CCDF) dollars. The Texas Workforce Commission (TWC) is the Lead Agency for CCDF in Texas. In Federal Fiscal Year (FFY) 2010, the state was allotted \$443,948,121 in federal CCDF. Additionally, state funds and local expenditures are also used as match for CCDF matching funds:^{xii}

- \$42,600,000 in general revenue funds;
- \$33,000,000 certified expenditures in Pre-K match; and



\$34,500,000 in Board and Texas Education Agency (TEA) certified expenditure match.

Currently the federal government requires that states spend 4% of their CCDF on quality efforts; for Texas, in FFY 2010, the amounts subject to the 4% requirement equated to \$22.4 million. However, in FFY2010 Texas exceeded the required 4% quality set-aside at \$31.5 million. In FFY 2010 Texas directed:^{xiii}

- \$17,499,411 to the Department of Family and Protective Services (DFPS) to administer the child care licensing program
- \$11,700,000 to the Texas Education Agency (TEA) to fund the *TSR!* Project¹
- \$1,000,000 to the TEA to fund professional development partnerships for early childhood education in higher education settings²
- \$1,000,000 to the Health and Human Services Commission to support 2-1-1 Texas (child care resource and referral services)
- \$300,000 towards Texas Child Care Quarterly Journal, which is distributed at no cost to all regulated child care providers

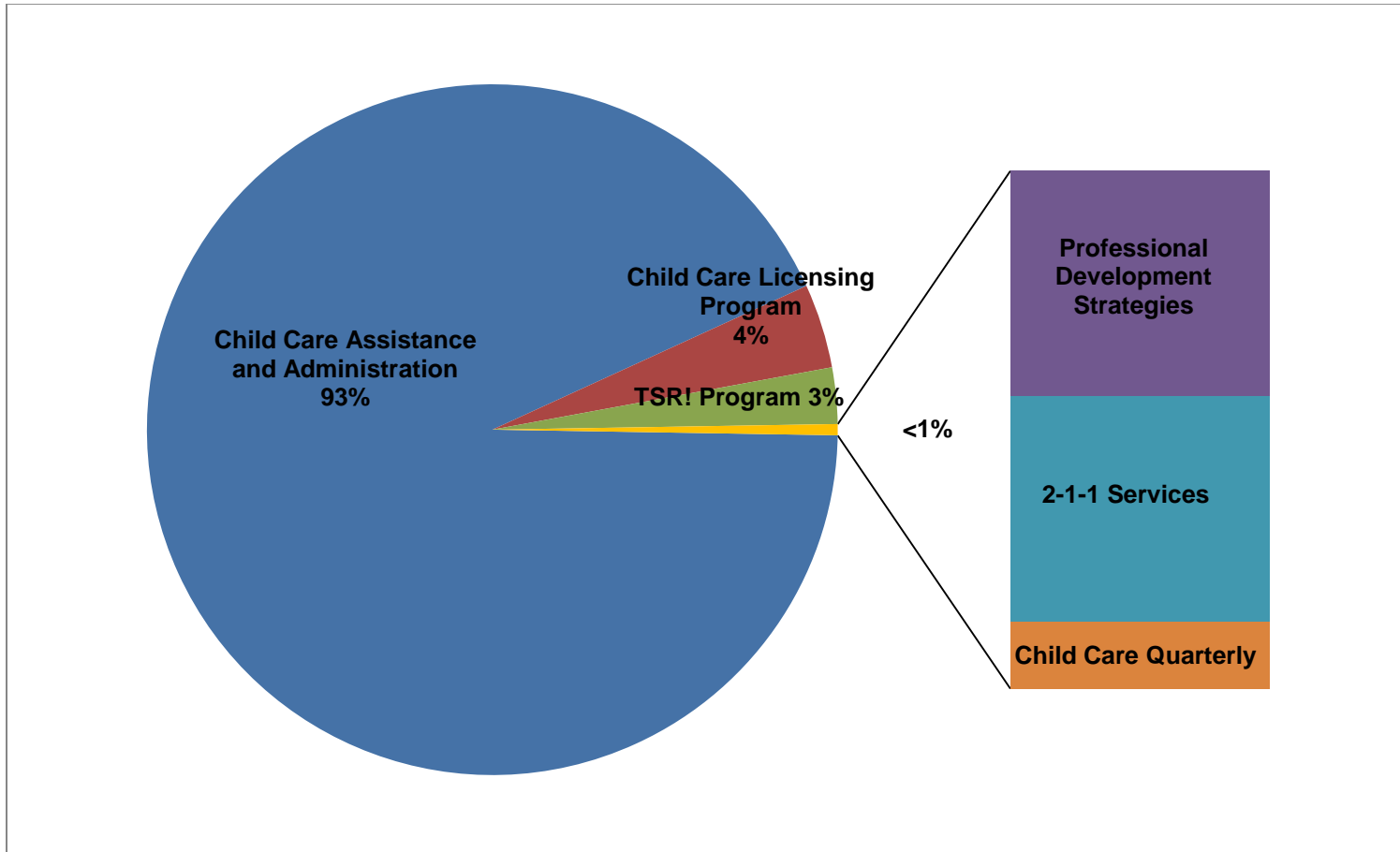
Remaining CCDF dollars are allocated to 28 different Local Boards to provide for the state's child care assistance program. Local Boards spend their CCDF dollars on purchasing subsidized child care, program administration, and limited child care quality improvement efforts such as TRS program administration and enhanced subsidy rates for TRS programs, nationally accredited programs, and programs with SRCS classrooms.

TWC receives a legislatively established target for the number of children it serves each day (110,845 children per day in Fiscal Year 2011^{xiv}). However, the need for services far exceeds the available resources. Local Boards maintain waiting lists for parents who are actively seeking subsidized child care. In March, 2011, the statewide waiting list for child care assistance was 21,165. The waiting list reached a three-year high of 43,037 in September of 2008. Waiting lists provide only a snapshot of the total need for subsidized child care. Overall, TWC estimates that sixteen to seventeen percent of the CCDF federally eligible children and families in Texas are served with TWC funds allocated to the Boards.^{xv} Therefore, given the high demand for subsidized child care provided by CCDF and legislative targets for the number of children served per day, there currently seems to be little flexibility to redirect funds towards a QRIS. However, Texas has a great deal of services and QRIS-like supports that if organized and aligned properly could help the state take significant steps forward. Part of TELC's effort on the QRIS will be to align these efforts.

¹ TEA Contracts with the Children's Learning Institute to operate the *TSR!* Project

² TEA contracts with Children's Learning Institute to operate the higher education grant

Texas CCDF Expenditures by Area and Percentage





Given the funding landscape described above, coupled with the current financial landscape, the development of recommendations for a statewide QRIS for Texas requires careful funding decisions based on several options that could include the following:

1. *Redirect CCDF dollars towards a QRIS, which would likely lead to fewer dollars available for subsidized child care*
2. *Create a new legislative appropriation to fund QRIS*
3. *Identify additional funding sources (e.g., Head Start, TEA, IDEA, ECI, TANF transfers, local or private funding)*
4. *Establish a system that does not include quality improvement resources – a system that provides the standards for quality improvement but does not provide incentives or quality improvement resources*

Whatever decisions are made, they can be adjusted or changed to reflect changes in the political or policy landscape. For example, if the system began as a Quality Rating System (QRS) as option 4 above alludes to, it could potentially transition to a QRIS as funding became available, or local areas could invest in local QRIS initiatives that followed the state prescribed QRS levels.

Another policy consideration is governance. The two most likely government agencies to govern a QRIS are DFPS through its Child Care Licensing program or the TWC through its child care assistance program administered through its 28 different Local Boards. TEA could also administer a QRIS through its 20 Educational Service Centers. Some states have utilized non-profits to run various aspects of their QRIS programs; Texas could consider this as well. Overwhelmingly, states utilize health and human service agencies to administer their QRIS, while relying on contracted services for support functions, e.g., environmental assessments, technical assistance, public awareness.

Implementation

In considering any statewide system in Texas, one must consider scale. Texas is diverse in population and geography. Programs do not operate the same way in West Texas as they do in large urban areas like Houston or Dallas. QRIS development must be sensitive to the differences in early care and education among the varying communities throughout the state; otherwise, the system will lack relevance and accessibility. On the other hand, variations in QRIS standards and implementation are confusing to parents and policymakers, more difficult and expensive to manage, and potentially unfair to providers.

Specifically, the state must answer the question, *what early care and education sectors will a Texas QRIS cover?* A multi-sector QRIS that includes public schools, child care, and Head Start programs, presents many challenges related to governance and standards unification. Head Start programs follow the Head Start Performance Standards. These programs also conform to Texas Minimum Standards for Child Care Centers. Likewise, though there are many instances of successful collaborations between schools and child care programs in Texas, the regulation disparity between the two is significant. Schools have few state-level early care and education-specific regulations they must meet, while child care programs must follow the Minimum



Standards. Similarly, most child care programs serve infants, toddlers, and preschool aged children, while schools limit early education to pre-k, which can include 3-, 4-, and 5-year olds. Because there are many challenges related to comparison between these sectors, most state QRISs are voluntary and are geared toward child care and Head Start, not schools. After one considers sectors, the various types of child care in Texas must be considered. According to the Department of Family and Protective Services, there are 4 major types.^{xvi}

- **Licensed Child-Care Centers:** Licensed Child-Care Centers provide care for seven or more children under 14 years old for less than 24 hours per day at a location other than the permit holder's home. All types of licensed facilities have published standards they are required to follow and are routinely monitored and inspected. The application process requires that the licensed operation provider receive orientation and background checks are conducted. A license is issued after licensing staff completes on-site inspection(s) to ensure minimum standards are met. Licensed facilities are inspected at least once every 12 months and to investigate reports alleging violations of standards or child abuse/neglect. Licensed Facilities include day care and 24 hour residential care.
- **Licensed Child Care Homes:** Licensed Child Care Homes provide care for less than 24 hours per day for 7-12 children under 14 years old in the permit holder's own home. All types of licensed facilities have published standards they are required to follow and are routinely monitored and inspected. The application process requires that the licensed operation provider receive orientation and background checks are conducted. A license is issued after licensing staff completes on-site inspection(s) to ensure minimum standards are met. Licensed facilities are inspected at least once every 12 months and to investigate reports alleging violations of standards or child abuse/neglect. Licensed Facilities include day care and 24 hour residential care.
- **Registered Child Care Homes:** Registered Child Care Homes provide care in the caregiver's home for up to six children under age 14; they may also take in up to six more school-age children. The number of children allowed in a home is determined by the ages of the children. No more than 12 children can be in care at any time, including children of the caregiver. The application process requires that a registered child care home provider complete an orientation class and receive clearances on background checks. A registration certificate is issued after licensing staff completes an on-site inspection to ensure minimum standards are met. Registered homes are inspected every 1-2 years and if a report is received related to child abuse/neglect or standards deficiencies.
- **Listed Family Homes:** People who must list with the division are those who are compensated to provide regular child care (at least four hours per day, three or more days a week, for more than nine consecutive weeks) in their own homes for 1-3 unrelated children. After receipt of an application and licensing background check clearances, a certificate is issued. The listed family home caregiver must be at least 18 years old. However, there are no minimum standards, orientation or training requirements for listed homes. They **are not inspected** unless a report is received alleging child care is offered subject to registration and reports of abuse or neglect are investigated

Given the multiple types of care available, impetus does exist for a system that provides parents with resources to quickly understand and distinguish between the quality of programs available in their



communities. TRS attempts this; it is designed to include all provider types in order to allow parents to choose among the full-range of Texas providers. Allowing registered homes (RCCHs), licensed homes (LCCHs), and licensed centers (LCCs) all to participate may be helpful to parents in their considerations of programs, but some problems do exist with this practice. There are significant differences between the standards required of each of the three types of providers in TRS. Because minimum standards are different for the different types of child care available, LCCHs, LCCs, and RCCHs all take different paths to equivalent star designations in the TRS system. LCCs must meet standards that are more stringent than the requirements homes must meet, but there are also key differences in requirements for LCCHs and RCCHs at equivalent star levels.^{3 xvii} Throughout the TRS, problems associated with trying to fit LCCHs, RCCHs LCCs into one system exist.

One can hardly fault TWC for their efforts – it is difficult to create a rating system that measures quality improvement along so many variables. In developing a Texas QRIS, considerations must be given to how the state incorporates or excludes particular types of child care operating in Texas. Additionally, CCDF regulations require that parents receiving subsidized child care “must have their choice of any legally operating child care provider, including those providers whom the state has determined do not need to be licensed.”^{xviii} Recently, however, the Administration for Children and Families issued a Policy Interpretation on parent choice in quality improvement systems. The interpretation suggests that states *are* allowed to ask providers that receive child care subsidies to meet certain quality requirements, as long as those requirements are consistent with CCDF parental choice requirements. So, while a Texas QRIS cannot expressly limit the choices of parents in selecting child care providers, the state is not barred from excluding programs or types of care from the QRIS. In other words, a state can exclude programs from the QRIS that do not meet basic requirements, but they cannot exclude specific types of care from providing subsidized child care, if that policy limits the choice of parents.^{xix}

Many states designate minimum state regulatory standards as one-star status, adding successive levels of requirements for programs to climb their way to quality. Texas could consider this strategy, which would decrease the difficulties in achieving parity among the separate types of care; however, that would ensure a significant portion of the child care supply is locked out of the QRIS. RCCHs account for 8% of Texas child care supply and represent 2.8% of children receiving subsidized care and 12.9% of providers offering subsidized care in the state.^{xx} Designating licensure as the one-star level may limit opportunities to “touch” registered homes with strategies for quality improvement. Nevertheless, it should be noted that all states that include home-based care in their QRIS require basic licensing in their QRIS.^{xxi} Louisiana and Mississippi do not currently include homes in their QRIS.^{xxii}

³ TRS provides star level designations for LCCs, but not for Homes. Homes are officially either TRS provisional or fully-certified or not. However, many LWDBs incorporate Homes into their star system by labeling certified homes as 3 star certified.



Standards and Criteria

By far the most difficult task in creating a QRIS is deciding what standards to include in the system. Before one can engage in a conversation about quality criteria, some distinctions are necessary. The history of early care and education quality improvement efforts have largely focused on *structural* aspects of care: group sizes, teacher qualifications, ratios, materials, etc. The logic model employed in these efforts assumes that when the correct structural elements are in place, improved outcomes for children will follow. Structural efforts reflect a belief that optimal environments provide educators with the resources and inputs needed to provide high-quality early care and education. In recent years, however, growing attention is being paid to *process* elements of care: how adults interact with children or how children interact with other children. Robert Pianta describes the distinctions between structure and process well in a recent paper: “process quality concerns interactions among individuals (emotional and instructional); whereas structural quality concerns features of programs that do not directly involve interactions between teachers and children (e.g., teacher qualifications, materials and equipment, class size and ratios).”^{xxiii}

Overwhelmingly, QRISs throughout the nation reflect a preference for structural efforts. QRISs are typically designed as series of tiers requiring more and more stringent levels of structural criteria that programs must adhere to in order to attain higher and higher ratings. As programs move up the scale, they are required to increase professional development efforts, lower group sizes and/or ratios, increase health and safety efforts, and implement approved curriculum. Few QRISs provide rich descriptions of the quality of the interactions between adults and children. For instance, most states require QRIS evaluations based on the Environmental Rating Scale (ERS), which captures limited data on the quality of interactions. A major part of the ERS is the Early Childhood Rating Scale – Revised (ECERs-R) for preschool to kindergarten-aged children (2 to 5 years of age). The scale consists of 43 items and is organized into seven subscales, only one of which measures interaction, and that subscale has just five items.^{xxiv}

Some states have begun to move towards process efforts. The Office of Head Start, Minnesota, Georgia and Virginia, employ the Classroom Assessment Scoring System (CLASS), a scale that is based on interactions between teachers and children in the classroom. CLASS does not evaluate the presence of materials, the physical environment or safety, or the adoption of specific curricula.^{xxv} It should be noted that two of three states utilizing CLASS also utilize ERS, demonstrating an emphasis on both process *and* structural quality. Also of note, CLASS is currently piloting the scale for infant classrooms and has completed the scale for toddler classrooms.^{xxvi}

Also important to note, the *TSR!* Project employs the Teacher Behavior Rating Scale (TBRS), an unpublished scale that measures the “implementation of best practices and nurturing interactions with children.”^{xxvii} “The TBRS contains 63 items across 13 separate content areas – all process related. Most items utilize both a 3-point scale to evaluate the *quantity* of the observed behavior and a 4-point scale to evaluate the *quality* of the observed behavior.”^{xxviii} For example, the General Teaching Behaviors subscale of the TBRS includes 9 items that relate to the positive social emotional behaviors of early childhood educators. For this subscale, the observer would rate the teacher on how frequently the teacher demonstrated pro-social emotional behaviors and how well the teacher demonstrated them, as well. A trained observer must complete the TBRS within 2.5 to 3 hours of classroom observation.^{xxix}



In recent years, research has emerged indicating the value of emphasizing process quality. However, most QRISs have not caught up to this development. A possible explanation is found in the difficulty inherent in measuring process quality compared to measuring structural quality. It is comparatively simple to build a QRIS around increasing measurable structural demands, whatever they may be, but measuring quality relative to the interactions between individuals presents challenges related to funding, evaluation, subjectivity, and the improvement aspect of a QRIS. From a provider perspective, improvement strategies related to process quality can be more difficult to conceptualize and implement when compared to structural deficit remediation.

As mentioned above, several quality initiatives currently exist in Texas. National accreditations, TRS, SRCS, and the *TSR! Project* all currently serve providers in Texas. Some states incorporate national accreditation into their QRIS standards, allowing nationally accredited programs to enter the QRIS at a prescribed level or by adding weight to the program's QRIS application. In other words, a center that is NAEYC accredited could receive an automatic 3 or 4 star rating in the system or receive a point boost for QRISs that use score card systems. SRCS links to child outcomes in kindergarten and process quality criteria in preschool. TRS offers subsidized child care providers star-level distinctions for implementing structural quality improvements. In terms of a Texas QRIS, decisions must be made regarding whether or not to incorporate this current existing infrastructure. While at least 16 states have decided to recognize national accreditation as a QRIS standard, it should be noted that the report, *Child Care Quality Rating and Improvement Systems in Five Pioneer States: Implementation Issues and Lessons Learned*, specifically recommends against including national accreditation as a mandatory system component of a QRIS. Key issues include accreditation costs, discrepancies in standards between states and accreditation bodies, and the labor and time needed among programs to go through the accreditation process.^{xxx} One option would be to recognize program efforts in attaining national accreditation by awarding points to programs rather than making accreditation a requirement for the highest rating level.

There are broad philosophical questions to be answered in the development of a Texas QRIS, like process quality vs. structural quality, but there are also specific, narrow criteria questions to answer, as well. Development of a Texas QRIS requires a thoughtful, researched-based response to a series of critical questions on standards and criteria. Below is a list of important questions to answer in the development of a Texas QRIS:

- *Should the QRIS emphasize process or structural quality, or both?*
- *If structural quality criteria are included, should programs be directed to adhere to tier distinctions alone, or should a measurement like CLASS or TBRS be employed, as well?*
- *If structural quality criteria are included, which of the following areas should be measured?*
 - *Licensing compliance*
 - *Group size*
 - *Ratios*
 - *Qualifications, certification and degree requirements for administrators and teachers*
 - *On-going or specialized training*
 - *Pay scales for employees*



- *Curriculum*
 - *Health Screenings*
 - *Parent Involvement*
 - *Nutrition*
 - *Health and Safety*
 - *Ethnic and cultural sensitivity*
 - *Inclusion of children with disabilities*
 - *Administration and management*
 - *Learning environment*
 - *Program evaluation and improvement*
- *If process quality is included, what system of assessment should be employed – what should be measured?*
 - *Should national accreditation be included in the QRIS?*
 - *What role should TRS and SRCS play in a Texas QRIS?*
 - *Should child care licensing correspond to an automatic one-star rating?*
 - *Should criteria vary across the different types of care available (LCCH, RCCH, LCC)?*

After answering the questions listed above, more questions related to specific criteria at each tier level of a Texas QRIS must be answered. There are strong resources and examples available in this area; the major hurdle is making the actual decisions. Many states have approached decision making in this area through assessment of how attainable the criteria are for providers coupled with a transparent development process with many opportunities for feedback.

Given the amount of resources and research available on QRIS efforts throughout the country Texas has a unique opportunity to create a system that incorporates QRIS lessons learned and the most current and relevant research on quality and child outcomes into its system. Perhaps the goal for Texas should not be to “catch up” to other states on QRIS, but to “leap ahead” of QRIS pioneers, utilizing the most effective criteria to measure the quality of early care and education.

Program Accountability and Funding

No matter what standards are selected for a Texas QRIS, they are only as good as the monitoring system measuring them. That is, it is of considerable importance that programs rated by a QRIS deserve and continue to maintain the rating they receive, and appropriate actions are taken when rated programs fail to meet the standards at their designated star level. Clearly, funding has a significant influence on the types and



frequency of program monitoring needed to ensure accurate ratings, but regardless of funding, there are process decisions to be made.

Monitoring and evaluation involves several key decisions:

- *What entity is responsible for monitoring?*
- *What process for monitoring and rating enforcement will be enacted?*
- *How will training and reliability measures for monitoring be handled?*

What entity is responsible for monitoring?

Child Care Licensing, Local Boards, Education Service Centers (ESCs), and the CLI could all play a significant role in this process. Texas has a strong statewide child care licensing program with a significant amount of staff already engaged in child care operation licensing and monitoring. They have experience interacting with the diverse landscape of child care in Texas and knowledge of child care operation record keeping in relation to staff training requirements, group size, and basic safety measures. They also maintain a complex but highly useful licensing database and a website that provides parents with meaningful and accessible information. It is plausible that with proper training and support, child care licensing staff could play a critical role in monitoring and rating enforcement in a Texas QRIS. Of course, without new funding to support the extra work involved with QRIS monitoring, child care licensing staff would be stretched more thin than they already are. Naturally, as a QRIS grew in participation, these demands would continue to increase. It is also important to consider that there may be statutory, regulatory, and provider perception issues with employing DFPS licensing staff to conduct minimum regulatory compliance monitoring and inspections, as well as monitoring for voluntary QRIS standards.

Local Boards currently operate and administer TRS in their respective workforce development areas. TRS staff is responsible for monitoring and evaluating child care operations in the program. TRS staff currently uses the TRS assessment tool to measure child care programs ability to meet the different star-rating levels. In some areas, they also provide quality improvement technical assistance. Should Texas develop a QRIS, TRS staff could conceivably play a significant role in monitoring, as they do now with the TRS system. Similarly to DFPS licensing issues, TRS may also deal with provider perceptions regarding certification and technical assistance. Therefore, significant changes should be considered in separating the role of certification and monitoring from quality improvement technical assistance, as there are clear challenges related to monitoring reliability inherent in a system that combines technical assistance and accountability measures.

There are 20 ESCs in Texas, all employing School Readiness Integration Specialists. These specialists are typically engaged in supporting partnerships between schools and community-based providers. However, with proper training they could also serve as QRIS monitors. Limitations related to caseload are also extremely relevant to this group, perhaps more so than with child care licensing staff. Additionally, many ESCs also house child development staff to train and provide technical assistance to Head Start and child care providers. Therefore, it may be possible to leverage these current resources not necessarily to monitor program quality, but to provide technical assistance as part of the QRIS.



Finally, the CLI employs technical support staff throughout Texas to implement the *TSR! Project*. This group works closely with schools, Head Start programs, and child care programs to create school ready classrooms through a combination of in service training, curriculum support, and ongoing feedback. They possess extensive knowledge of pre-k quality improvement; however, the focus of the program is on 3 and 4 year olds, and the model of quality improvement is firmly rooted in educator supports, whereas most QRISs focus on structural elements. Additionally, implementation of the *TSR! Project* is not evenly distributed statewide; therefore, challenges related to infrastructure and scalability limit the participation of this workforce, as it currently stands. The participation of CLI in monitoring and evaluation or quality improvement efforts would greatly depend on the extent to which the *TSR! Project* was incorporated into the system.

Clearly there is a rich workforce to draw upon in creating a QRIS monitoring system, though selecting the administrative entity and the model of resource deployment remain as challenges. It is possible that monitoring can be accomplished through a bank of area-based, trained specialists that could be deployed as needed, much like national accreditation organizations operate. With this model, however, it is critical that the proper supports are in place to ensure rural areas have access to monitors, monitoring is timely, and monitors are well trained and follow strong reliability measures.

What process for monitoring and assessment will be enacted?

There are two processes involved in monitoring and assessment: verifying that the criteria are being met, and conducting assessments included in the criteria. In many states, these functions are provided by different entities, with state employees providing the on-going monitoring and a contracted agency or university conducting the assessments.

Monitoring and assessment decisions include decisions on assessment tools. As discussed above, most states utilize the ERS; however, the CLASS is gaining in popularity and is now being incorporated into Head Start classrooms. ERS is generally focused on structural quality, while CLASS is geared towards process quality. All states that employ the CLASS also use some version or elements of the ERS.^{xxxii} 19 of the 23 QRISs described by OPRE in its compendium on QRIS require specific assessment scores for ratings.^{xxxii} Naturally, whatever assessment tools are selected, each will require that QRIS staff are trained in providing the assessment reliably. CLASS is generally more expensive in that regard than ERS. Additionally, for programs to truly benefit from the assessment process most states provide training on the instrument and then quality improvement planning based on the results. The *TSR! Project*, as mentioned above, employs TBRs, which is also a process related scale. It's predictive qualities of child outcomes are strong, and it may be significantly more affordable for the state to utilize compared to ERS or CLASS.^{xxxiii} The tool does, however, require a significant amount of training before reliability can be ensured, as well as 2.5 or more hours per assessment.^{xxxiv}

States must also consider how frequently monitoring and assessments occur and how many classrooms in a program are assessed. Nearly equal numbers of states conduct 1 year, 2 year, and 3 year monitoring visits.^{xxxv} Higher frequency of visits increases two key things: rating reliability and costs. States struggle to balance these demands in their QRISs. Through the SRCS, Texas has had strong success using data and technology to support quality improvement. Teachers upload assessment data to a database which provides ongoing rich material for determining quality improvement needs in the classroom. Perhaps Texas can build upon this ingenuity in the development of a QRIS. There may be ways, through provider online self-reporting,



to minimize cost and increase the efficiency of monitoring. A state as large and populous as Texas should take steps to utilize technology as much as possible to increase efficiency in creating and operating a QRIS.

A particularly thorny monitoring issue relates to penalty. *What happens to programs that decline in quality from their first to second monitoring?* TRS currently handles these programs in two ways: 1) programs lose their certification if certain minimum licensing standards have not been met during the most recent inspection^{xxxvi} and 2) if a TRS certified provider falls below their designated star level, the program enters into a Service Improvement Agreement (SIA) with the Local Board's child care contractor. The SIA outlines the remediation activities and timelines that need to be met in order for the child care operation to regain their star level designation.^{xxxvii} National Research on QRIS did not turn up a great deal of information this topic; however, there seems to be several options to choose from:

- Programs could be immediately sanctioned and moved down to the appropriate star level – to return to their star level they would have to reinitiate the process.
- Programs could be given a brief remediation period to bring their program back up to their assigned level of quality, failing to do so would result in lower a star level.
- Programs could be sanctioned and all parents could be notified of the star level notification.

Given the scarcity of resources in Texas, any extra state expense incurred resulting from programs that failed to maintain the requirements of their star level should be assigned to the program. That is, if a program is remediated, follow-up monitoring should come at the cost of the program.

How will training and reliability measures for monitoring be handled?

Monitors must receive effective training in whatever tools are selected for a Texas QRIS, and training in assessment tools like ERS and CLASS can be very expensive. Some states utilize their own assessment tools, as Texas does with our TRS system, which can help reduce costs. In order to employ a tool with strong validity, however, it is necessary that the tool be subjected to research and validity testing, which can also be very expensive. Most states also employ initial and ongoing inter-rater reliability requirements – testing of observers to ensure adequate performance on their ability to use observational tools appropriately. These types of efforts are necessary to ensure quality, but they also come with more costs. Typically, states require initial reliability requirements of 85% agreement or higher on initial visits when compared to an expert. Ongoing requirements include reassessment every 6 – 10 visits or various designated time intervals.^{xxxviii}

Another important reliability issue relates to the sampling of classrooms included in program observation. That is, *should a QRIS assess all child care classrooms in the building or a random sampling?* Overwhelmingly, most states choose to utilize a random sampling. The range of classrooms sampled is from 1/3 to 1/2 of the classrooms in the building.^{xxxix} Interestingly, TRS uses a mixture of efforts in this area. The initial assessment is conducted in every classroom, as well as all outdoor environments. However, yearly follow-ups are less stringent. Centers must re-certify every two -to- three years, depending on their star level; recertification includes the full building assessment.^{xl} SRCS classrooms must recertify every two years.



The entire discussion on program accountability is about ensuring quality ratings are reliable—giving parents, providers, and policymakers accurate pictures about the care provided in participating programs. But accountability is also strongly related to funding, for the system and for participants. Every attempt to increase reliability, validity, and monitoring comes with cost multipliers. The balance between serving many providers and creating a reliable system is a difficult one. Additionally, should a Texas QRIS emerge as one that is connected to significant consequences related to program funding, key funding decisions will need to be made for programs at each tier of a star system. *Will programs that refuse to participate in the Texas QRIS receive a lower subsidy reimbursement rate than those programs that do participate? Will there be technical assistance grants for programs that want to improve quality but cannot afford to?*

Workforce and Provider Support

The early care and education workforce, particularly the child care workforce, has many challenges related to professional development and ongoing training. Quite often childcare employees earn wages that are lower than what most consider a livable wage. Because of high demand and limited resources, the child care subsidy system pays reimbursements to providers that are well below the federally recommended level that would demonstrate equal access to all provider types: the 75th percentile of market rate. Additionally, most parents cannot afford to pay for child care priced high enough to ensure that child care workers are paid livable wages. Early childhood educators with degrees and formal education in the child development field gravitate towards school-based positions or director positions. Given this construct, the child care workforce tends to be undereducated and under-skilled. Naturally, any effort to improve quality in early care and education settings must consider how to support the on-going learning and training of the workforce.

Baseline requirements for child care staff training and staff qualifications in the state are minimal, though recent legislation raises standards. Senate Bill 260 from the 82nd Texas Legislature increased training requirements for child care workers and child care directors.^{xii} Texas law now requires an increase in pre-service training for child care workers from 8 to 24 hours, as well as an increase from 17 to 24 hours of annual training. Additionally, directors must now have 30 hours of pre-service training—up from 20 hours. Also, Governor Rick Perry signed SB 265 into law, which requires that training for child care professionals “must be appropriately targeted and relevant to the age of the children who will receive care from the individual receiving training...” SB 265 also increases the standards regarding who may provide training.^{xiii}

Director and teacher training and minimum qualifications are key elements of nearly every QRIS in the country. Should Texas include these components in its QRIS, decisions regarding training hours and the quality of training would need to be made. Presumably, increased training hours could be required at each tier-level of the system, but perhaps thought should be given to the quality and accountability of *who* is providing the training. The Texas Trainer Registry could play a critical role in a Texas QRIS should the state design a system that measures the quality of those training hours. In 24 states, practitioner registries also track the qualifications and training of staff which can simplify monitoring of QRIS criteria.^{xiii}

If a key goal of a QRIS is to elevate quality throughout the early care and education landscape, the system should offer methods to assist child care centers with meeting quality improvement goals, particularly professional development. As mentioned above, the pay scale for child care workers is low; therefore, there is little financial incentive among this group to seek out and pay for ongoing professional development.



Additionally, child care operation owners, particularly those serving low income families, do not always have the resources to ensure their workers are receiving high-quality ongoing professional development. Many states offer program stipends or ongoing worker training to offset the inherent costs of professional development. Texas AEYC recently brought the TEACH program to Texas, which provides scholarship opportunities for child care workers and directors; the size and reach of TEACH in Texas is still unclear. Scholarships began in the Spring of 2011. Texas could consider expanding TEACH or implementing other efforts that provide quality improvement scholarships to programs serving low-income families. In the past, the Texas Legislature allowed for CCDF dollars to be allocated by TWC to the Local Boards to provide training to child care workers in their areas. Currently, some Local Boards do spend available CCDF on professional development. ESCs currently provide occasional professional development opportunities for child care professionals, the Texas Agrilife Extension Office provides free child care training in different communities throughout Texas, United Ways and other non-profit organizations do the same. Perhaps a critical function of a Texas QRIS should be to empower the Texas Trainer Registry to organize, evaluate, endorse and publicize the disparate training opportunities occurring throughout Texas.

System Evaluation

Once a Texas QRIS is in place, how will we know if it is working? Key questions like, *is the QRIS helping to improve the quality of early care and education in the state or do children in higher rated QRIS programs on average have better outcomes than child in lower rated programs* are important to policymakers and advocates. Most states with a QRIS have some type of evaluation system in place. The most common type of evaluations examine the validity of the ratings and issues related to QRIS implementation.^{xliv} Very few states examine the impact QRIS has on child outcomes. Equally important, the impact of QRIS on family outcomes – particularly the role quality child care has in developing stable and healthy families as well as the role of quality child care in family economic and employment stability — is an area that is relatively unexplored. Texas could ‘leap ahead’ of other states by including these aspects in evaluating the QRIS.

It is wise to build evaluation funds into a QRIS, particularly if ratings translate to funding for providers and others. High stakes decisions about programs related to measurements of quality should be made on principles that are supported by ongoing research and evaluation. As mentioned above, Texas has unique infrastructure related to quality improvement and child outcomes. SRCS utilizes child outcomes in kindergarten to validate pre-school programs’ ability to prepare children for school. Perhaps SRCS, or something comparable, could serve as a tool to measure how children from different QRIS programs perform when they reach kindergarten. Validity testing on the QRIS as well as overall quality improvement measurements should also be incorporated into a Texas QRIS. Texas has a wealth of universities, non-profits, and research organizations that could serve as high-quality evaluators of a Texas QRIS.

Evaluations of QRIS from different states throughout the nation do show evidence that QRISs tend to contribute to improved quality in early care and education settings, as measured by tools like ERS. But that is not the complete picture. Few evaluations examine the ability of the QRIS to predict outcomes for children. In other words, there is a lack of evidence demonstrating correlations or linkages between program star rating and how the children in those programs perform. If the idea behind these systems is that increased quality (as measured by the QRIS) leads to improved environments for children, it should hold true that children



attending four-star rated centers, on average, perform better than children in one-star rated centers, particularly for low-income children. Unfortunately, that question has rarely been asked in the evaluations of state QRISs, perhaps due to a lack of coordinated data systems and the high cost of longitudinal research. Two states, however, have been bold in their approach to evaluation. A 2008 Rand Corporation evaluation of Colorado's QRIS, *Qualistar* (Q-QRIS) found mixed results: though provider quality overall improved since the inception of the Q-QRIS, this improvement could not be linked to Q-QRIS. Additionally, "The researchers found few relationships between individual Q-QRIS components and child outcomes and virtually none between star ratings and child outcomes."^{xlv} In the only other evaluation of a QRIS measuring outcomes, the Missouri Quality Rating System did show significantly better outcomes for children in higher star-rated facilities.^{xlvi} Texas must utilize this knowledge and evidence-base when designing a Texas QRIS. It is paramount that any system describing the quality of care considers the validity of the claims it makes, particularly if parent marketing, funding decisions, and provider costs are all at stake.

Additionally, it could be assumed that parents with children in stable, quality child care settings are less likely to have absenteeism at work and more likely to have better employment outcomes. With the subsidized child care system integrally linked to the Texas workforce system, Texas could be in a position to lead the nation in evaluating the effectiveness of a QRIS system on the two equally important goals of supporting child development and school readiness as well as supporting family economic stability.

Public Engagement

How do we introduce a QRIS to the public, providers, and policymakers? As captured above, Texas has a complex quality infrastructure, including statewide and local efforts. Programs like TRS and SRCS have invested resources in building name recognition and outreach to providers and families. Similarly, local initiatives have engaged their own respective audiences. Introducing a new program comes with challenges related to public and provider understanding. One can anticipate questions like, *how is this different from what we used to do* OR *how are these ratings different from other forms of certification*. It is critical that a QRIS be understandable to the groups it serves; therefore, QRIS identity in the Texas early care and education landscape is a key item for consideration. It is also key to limit changes to the QRIS once it is introduced to the public; provider fatigue and confusion among parents are serious risks for a QRIS that changes its requirements.^{xlvii} Some states have tackled these issues by pilot-testing the QRIS in several communities, making needed adjustments based on the pilot, and then rolling out the QRIS statewide. Piloting warrants consideration for a state as large and heterogeneous as Texas.

For a QRIS to work for all populations it is intended to serve, outreach and awareness must be strong. Texas has a particularly difficult challenge to overcome in creating a QRIS; at both the state level and the local level, there are various systems of quality improvement co-existing. This is confusing to providers, policymakers, and to parents. Introducing yet another, new system must be done strategically and carefully. The ground work for this must be laid in the design phase of a Texas QRIS. It is important that the system be designed in a way that local quality improvement organizations can "plug" into it. For example, local non-profits aimed at increasing quality in child care would ideally adopt the Texas QRIS framework in their efforts to improve quality. To accomplish this, significant effort must be invested in stakeholder engagement throughout the



development of the system. State level quality improvement systems must find ways to incorporate the best aspects of each into the new Texas QRIS.

To the extent that the Texas Legislature responds favorably to a Texas QRIS, public engagement will be made easier. That is, if the Legislature approves a Texas QRIS in statute in some capacity, state agencies, localities, and other entities are more likely to accept and conform to the tenants of the system. Furthermore, should the Texas Legislature tie program funding to a Texas QRIS, providers would be much more likely to join the system. Some states include all child care programs in their QRIS, by giving one star to any program that achieves basic licensure; clearly, this strategy would help with outreach to providers as they would be somewhat forced to enter the system.

Parent awareness and understanding of a Texas QRIS is also critical. Consider what parents must think through currently when making decisions about care in Texas: numerous types of national accreditations, SRCS, TRS levels, local quality improvement programs, cost, location, and reputation in the community. Policymakers and advocates must consider how attempts to inform parents can create more confusion. Therefore, a necessary precursor to any Texas QRIS should be a willingness among state and local entities to fold their quality improvement efforts into the QRIS. If localities, state agencies, and non-profits support the Texas QRIS in general, outreach efforts to parents will be much more successful. This type of agreement will allow for consistent messages and consistent expectations about quality improvement throughout the state. Naturally, utilizing trusted entities like United Ways, PBS, doctor's offices, faith-based institutions, and other community organizations will be key components of a parental outreach strategy, once institutional agreement is in place on a Texas QRIS.

The TELC contains key leadership from many of the statewide agencies needed to build an effective QRIS for Texas. Additionally, our process for developing QRIS recommendations for the state includes key points of public and stakeholder engagement, so that when our recommendations are finalized they incorporate diverse voices and ideas from all throughout the state.

Conclusion

Designing a QRIS for Texas requires patience, research, and significant stakeholder engagement. The Council is well positioned to create a system that is inclusive of all sectors involved and has the resources to engage significant stakeholders in the development of the system. The Council's Data and QRIS Subcommittee will lead the effort to develop recommendations for a Texas QRIS. The Council expects to finalize its recommendations by October, 2012. The Subcommittee's plan for developing the recommendations includes key points for feedback from stakeholders and the public, which will be announced through newsletter, twitter, facebook, and on the Council's website communications. Please visit earlylearningtexas.org for more information.



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