

Implementing a revised Paths to QUALITY™ program

Recommendations for how to define, measure, support and reward quality in Indiana's early care and education settings

FINAL REPORT



Indiana Early Learning Advisory Committee

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Introduction

State Quality Rating and Improvement Systems have struggled to meaningfully measure the characteristics of early care and education settings that are most important to the developmental and learning outcomes of young children. Studies that have attempted to validate QRISs consistently find weak or no association between quality levels and children’s developmental outcomes.¹ As one research synthesis noted: “The lack of robust findings across these studies indicate that QRISs, as currently configured, do not necessarily capture differences in program quality that are predictive of gains in key developmental domains.”²

These overall findings hold true for Indiana’s QRIS—Paths to QUALITY™. A six-year study published in 2018 found that while participation in the PTQ™ steadily increased from 2014 to 2018, there were few differences in quality across ECE providers at different PTQ™ levels when using an independent, validated classroom quality measure. The study also found mixed results related to the association between PTQ™ ratings and children’s early learning and school readiness skills.³ The inability to clearly distinguish different levels of quality and the failure to identify and appropriately measure quality indicators that best promote children development and learning, means that PTQ™ is not helping Indiana’s ECE providers improve in ways that support children’s development.

To initiate a process to improve the measurement properties of PTQ™, the Indiana legislature issued a charge to the state’s Early Learning Advisory Committee to provide a set of recommendations no later than Dec. 31, 2023, for implementing a revised PTQ™. The parameters of the charge included that the recommendations:

- A. Maintain PTQ™ health and safety standards;
- B. Integrate objective measures of kindergarten readiness;
- C. Contemplate accredited kindergarten through grade 12 institutions as onsite providers; and,
- D. Incentivizes child care providers to increase wages for child care workers who complete education and training that result in a postsecondary degree or industry recognized credential.

This report provides recommendations on how best to revise PTQ™ to meet the legislative charge. The recommendations are designed to help PTQ™ fulfill its critical role within Indiana’s ECE system of promoting high-quality ECE by:

1. Identifying quality indicators that research has shown to be predictive of positive developmental and learning outcomes for children.
2. Streamlining the measurement process and making it more consistent across provider types.
3. Embedding the PTQ™ rating within a quality improvement process that is adequately resourced, tailored to individual programs and data-driven.
4. Increasing provider participation in PTQ™.
5. Making the system more understandable and meaningful to families.

Methods

Information was collected and analyzed from several sources to develop recommendations in response to the legislative charge.

- 1 Tout, K., Magnuson, K. Lipscomb, S., Karoly, L, Starr, R., Quick H., ...& Wenner, J. (2017). Validation of the Quality Ratings Used in Quality Rating and Improvement Systems (QRIS): A Synthesis of State Studies. OPRE Report #2017-92. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- 2 Karoly, L.A. (2014). *Validation studies for early learning and care quality rating and improvement systems: A review of the literature.* [Working Paper.] [Validation Studies for Early Learning and Care Quality Rating and Improvement Systems: A Review of the Literature \(rand.org\)](https://www.rand.org/pubs/working_papers/201404)
- 3 Elicker, J., L, S., Gold, Z. S., Mishra, A.,; & Christ, S. (2018). *Final report: Paths to QUALITY evaluation.* Center for Families Publications. Paper 70. [Final_PTQ_Evaluation_Progress_Report_4-18-18.pdf](https://www.cffamilies.org/publications/paper-70-final-ptq-evaluation-progress-report-4-18-18.pdf)

Literature and document review

How quality is defined and measured in ECE settings is perhaps the most heavily researched topic in the early childhood field. To better understand the provider characteristics that are most important to child development and learning and how these characteristics are measured, a review of the ECE quality literature was conducted. In addition, there is a significant body of research specifically on the effectiveness of state QRISs and these validation studies were also reviewed. The findings of an evaluation of the PTQ™ conducted by Purdue University, as well as a series of research briefs about PTQ™, were reviewed in detail and utilized for the recommendations.

Stakeholder interviews

To obtain the perspectives of those who are most directly affected by the PTQ™ revision, virtual interviews and focus groups were conducted with state legislators, administrators, business leaders, ECE associations, PTQ™ raters, representatives of institutes of higher education, ECE providers and families. Interview questions focused on respondents' current experience with PTQ™, the aspects of quality that were most important to them and their recommendations for revising PTQ™. Over 40 stakeholders were engaged through this process and the findings from these discussions provided important context that shaped the final recommendations.

Information on other state QRISs

The recommendations are also informed by the implementation of QRISs in other states. Information on state systems was primarily drawn from the Quality Compendium, a catalog of state Quality Improvement Systems created by the BUILD Initiative and Child Trends.⁴ Two state systems—Virginia and Michigan—were examined in more detail. Virginia was chosen because the state's early childhood administrator is a national leader in QRIS development, creating the Louisiana QRIS before reforming Virginia's quality measurement system. Virginia's implementation plan and transition to the new QRIS were particularly helpful in developing recommendations for this report.⁵

In addition, Michigan was chosen because of the state's unique approach to the QRIS rating levels. Michigan's new system uses a continuous quality improvement progression to assign levels rather than quality indicators. For example, two stars are achieved when a Michigan provider has reflected on quality, and three stars are obtained when the provider has made efforts to enhance quality. A five-star program is one that has demonstrated quality through high scores on a classroom quality assessment.

Key considerations

There are several points to keep in mind when reading this report. The first is that the PTQ™ is only one critical piece of a larger ECE system in Indiana. Like all systems, the PTQ™ relies on other system components—like a high-quality workforce, a strong system of professional development and technical assistance supports and adequate financing and financial incentives—to achieve its goal of accurately measuring and improving the quality of ECE settings. There should be no expectation that a revised PTQ™ alone will meet the state's goals of a higher quality, more accessible child care system for Indiana's families.

As the state works to revise the PTQ™, it will also be important to consider efforts to stabilize Indiana's ECE workforce. Seeking to measure and improve quality using a revised PTQ™ that is embedded within a system where early learning employers cannot find qualified educators or experience high turnover rates will not yield the desired result. As such, it will be important to consider these recommendations in conjunction with other ELAC recommendations related to building an effective early educator system. At the heart of this workforce issue is adequate compensation—wages and benefits—to ensure that ECE professionals do not exit the field for higher paid positions outside the sector.

4 See: qualitycompendium.org

5 Virginia Department of Education. (2023). 2023-2034 Unified Quality Birth to Five System (VQB5) Guidelines. [www.doe.virginia.gov/docx \(live.com\)](https://www.doe.virginia.gov/docx/live.com).

A primer on indiana's current PTQ™

PTQ™ is a voluntary quality rating system for licensed child care centers, licensed family child care homes, unlicensed child care ministries and exempt public school programs in Indiana. The system serves four important roles within the state's ECE system. PTQ™:

1. Defines quality and establishes a method to measure quality among participating ECE providers.
2. Supports and incentivizes quality improvement.
3. Provides information to parents to help them select high-quality child care; and
4. Promotes the child development, well-being and learning of children, birth to five years old.⁶

To accomplish these goals, PTQ™ rates ECE providers on a four-level scale, with each level defined by a different set of criteria. The system uses a “building block” scoring system. Under this system, all the conditions of a lower level must be present to achieve a higher level. For example, a provider seeking a Level 3 rating on PTQ™ must meet the criteria for Level 1 and Level 2. Providers achieve Level 1 by meeting the state health and safety requirements; Level 2 by meeting over 50 indicators related to how the environment supports children's development; Level 3 by meeting over 30 additional indicators related to curriculum implementation;⁷ and Level 4 by achieving and maintaining accreditation by one of nine national accrediting bodies and by committing to “informally mentor” a lower-rated program.⁸

Indicators differ by types of ECE providers, such as schools, licensed centers, licensed homes and unlicensed registered ministries. Eight PTQ™ raters across the state conduct announced visits to ECE settings to observe whether providers meet every standard for the level for which they are seeking a rating. In larger sites, a PTQ™ rater will observe 30 percent of classrooms serving each age level (i.e., 30 percent of the infant rooms, 30 percent of the toddler rooms). Raters use a protocol to ensure that the ratings are consistent across providers and gather information through observation, interviews with staff and a document review.

SPARK Learning Labs, as one of its services to support child care providers in the state, provides coaching to help providers enroll in PTQ™ and maintain and advance their ratings. SPARK offers training sessions, PTQ™ Success Tools and SPARK Group Coaching Cohorts that provide virtual coaching opportunities.⁹

PTQ™ incentivizes providers to achieve higher levels of quality by offering additional funding through the Child Care and Development voucher program. ECE providers who achieve higher levels of quality on the PTQ™ receive higher reimbursement rates per child. For example, a provider in Adams County without a rating will receive \$399 per week for the full-time care of an infant. A Level 4 PTQ™ provider in the county will receive \$451 per week. In addition, only Level 3 and Level 4 providers are eligible to provide On My Way PreK for 4-year-olds, offering another incentive to achieve a higher rating on the PTQ™.

Finally, PTQ™ provider ratings are available to families through Indiana's child care finder website and providers can advertise their rating online and with banners and signs provided by the state. Through the website, families provide information about the child's age, days and times that care is needed, type of care desired, whether the provider participates in the CCDF voucher program and the PTQ™ level of quality desired. Based on the search criteria entered by families, the child care finder system provides a list of providers that matches the criteria, including providers' PTQ™ level.

6 These goals are adapted from Anderson, T., and Elicker, J. *Evaluation Brief #4: Does Paths to QUALITY™ Help Indiana Parents Find Quality Child Care?* See also: [FSSA: Paths to QUALITY: Info for Programs](#).

7 The current PTQ™ standards can be found here: [FSSA: Paths to QUALITY: Paths to QUALITY™ Standards \(in.gov\)](#).

8 The nine nationally recognized accrediting bodies are: Association of Christian Schools International; Cognia; Council on Accreditation - Child and Youth Development; Council on Accreditation; National Accreditation Commission for Early Care and Education Programs; National Association for Family Child Care; National Association for the Education of Young Children; National Early Childhood Program Accreditation; National Lutheran Schools Association. See [FSSA: Paths to QUALITY: Levels of Quality \(in.gov\)](#).

9 For more information about SPARK, [Home - SPARK Learning Labs \(indianaspark.com\)](#).

Assessment of the current PTQ™

The PTQ™ has all the key elements necessary for a high-quality QRIS, including a measurement system, quality supports and a system to engage families. At the same time, when comparing the PTQ™ against best practice in the QRIS field, there are opportunities for significant improvement. These opportunities include:

Measurement: While the primary purpose of PTQ™ is to measure the quality of ECE providers, the methods to determine the rating do not possess strong psychometric characteristics. The PTQ™ rating is derived from a measurement process that does not use one standard scale. For example, each rating level uses different criteria—Level 1 uses licensing compliance; Level 4 uses nationally recognized accreditation and Level 2 and Level 3 use a wide range of indicators that address teacher credentials, classroom materials, family engagement, accommodations for children with special needs and other factors. Providers must meet these varying criteria to determine a Level 2 or Level 3 rating and raters are limited to a yes/no assessment of whether the criteria are met, with no way to indicate how well they are met.

Research indicates that different constructs or dimensions of quality should be measured and reported separately.¹⁰ For example, PTQ's™ current method of measuring quality assumes—particularly for Level 2 and Level 3—that the provider's curriculum implementation is of the exact same quality as its family engagement, two completely different quality areas. Accordingly, the PTQ™ rating at any level is a mix of quality measures that may be very different from one another. This fact is one of the reasons why evaluations of PTQ™ show wide variations in quality within each rating level when using a single validated quality measure.

In addition, PTQ™ lacks an independent measure of process quality (teacher-child interactions), which has been shown to be predictive of child outcomes.¹¹ While structural indicators of quality, like credentials and the presence of books and other materials in the classroom, can be important, research has shown that it is the nature and quality of the interactions between adults and children in the classroom that have the most impact. This is important because, as an analysis of state QRISs noted, "The QRIS rating is more likely to accurately measure quality when there is good evidence that we know how to measure the included quality indicators in a manner that predicts desired outcomes for the QRIS."¹²

Incentives: The state's methods of incentivizing quality improvement include non-cash recognition awards, a one-time cash award for achieving Level 4 and annual cash maintenance awards for Level 4 programs, as well as increased CCDF reimbursement. Rewarding higher quality ratings with financial incentives is a common practice across states. However, there are two issues related to this strategy to consider. First, PTQ™ quality measurement focuses on structural indicators of quality, which rely on teacher credentials, the materials available for the classroom and accreditation. Better-resourced programs (e.g., those serving more affluent families and can charge more; programs associated with larger institutions) can afford more training for teachers, more materials in the classroom and the cost of the accreditation process. As such, they are likely to be rated as higher quality and receive incentives. In this case, initial resources beget additional resources and may leave resource-poor providers behind. Second, it will be important for the state to understand whether the additional financial incentives for higher quality levels act as a true incentive to promote quality by determining whether the incentives cover the cost of sustaining the quality improvements.

Using PTQ™ to Inform Families

While simple to understand, the single composite rating of PTQ™ can mask variation in the different quality components of the rating (e.g., a provider may be great at curriculum implementation but have lower-quality family engagement practices). In addition, the program level rating can mask the significant variation in the quality that exists within

10 Burchinal, M., Soliday Hong, S., Sabol, T., Forestieri, N., Peisner-Feinberg, E., Tarullo, L. and Zaslow, M. (2016). *Quality Rating and Improvement Systems: Secondary data analyses of psychometric properties of scale development*. OPRE Report #2016-26. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

11 Sabol, T., Soliday Hong, Pianta, R.C., and Burchinal, P. (2013). *Can Rating Pre-K Programs Predict Children's Learning?* *Science*. Vol 341, Issue 6148. Pp. 845-846.

12 Burchinal, M., Soliday Hong, S., Sabol, T., Forestieri, N., Peisner-Feinberg, E., Tarullo, L. and Zaslow, M. (2016). *Quality Rating and Improvement Systems: Secondary data analyses of psychometric properties of scale development*. OPRE Report #2016-26. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

a program from classroom to classroom. The latest thinking on presenting QRIS ratings is to consider a “best fit” approach that provides objective and accurate information on the quality of the program (and the variation within a program) and information in other areas where the provider excels that may not be directly linked to child outcomes, but still important to families. Through badging or other micro-credentialing approaches, states provide other information about providers that is important to families (e.g., additional training on STEM or expertise working with children with special needs in inclusive settings). As noted in the PTQ™ overview, the goal of the rating is to provide an “assurance” that families are finding quality care for their children.¹³ As such, it is critical that families feel that higher-rated PTQ™ providers are in fact of higher quality. Better measuring quality and providing information that aligns family preferences with provider characteristics is a way to keep this assurance.

The recommendations in the final section of this report consider how Indiana may address these issues with the current PTQ™ system.

Findings

As a measure of the quality of ECE settings in Indiana, it is important that the recommendations for the PTQ™ revision be guided by the latest research on quality measurement. Similarly, the recommendations must consider stakeholders’ perspectives on how the potential changes may affect those who are most closely working with or affected by the PTQ™ results. Finally, the recommendations must also balance the multiple goals of having reliable data on the quality of public investments, information for parents on programs that meet their needs, and supports to improve quality. Both the literature review and stakeholder engagement process yielded important findings to inform the PTQ™ recommendations. The key takeaways from these aspects of the project are discussed below.

Literature Review

The ECE literature differentiates quality measures into two categories: structural and process. As the name implies, structural measures of quality capture the characteristics of an ECE setting’s structure, including the adult-child ratio, group size, provider background characteristics and other measures of the environment. These are considered indirect measures of quality that can increase the likelihood that high-quality care is provided.¹⁴ While they work to facilitate a positive experience for children, they are not considered a direct measure of child experiences in an ECE setting. The current PTQ™ consists exclusively of structural measures of quality.

Process measures, on the other hand, more directly capture the experiences of children in ECE settings. These measures focus on caregiver interactions with children, including their responsiveness and sensitivity, the quality of instruction and the management of the classroom. Because they are designed to capture the interactions that define the child’s experience, they are considered direct measures of ECE quality.

High-quality adult-child interactions within an early childhood setting can have a positive (yet almost always modest) impact on child development, emotional regulation and learning. Higher-quality interactions are associated with learning gains in preschool¹⁵ and at kindergarten entry,¹⁶ as well as increases in social and cognitive skills, working memory and language and literacy skills.¹⁷ Conversely, children in settings with less sensitive interactions have increased stress

13 [FSSA: Paths to QUALITY: Overview \(in.gov\)](#)

14 Vandell, D. (2004). Early child care: The known and the unknown. *Merrill-Palmer Quarterly*, 50, 387-414.

15 Vitiello, V.E., Bassok, D., Hamre, B.K., Player, D., Williford, A. (2018). “Measuring the quality of teacher–child interactions at scale: Comparing research-based and state observation approaches.” *Early Childhood Research Quarterly* [Volume 44](#), 3rd Quarter 2018, Pages 161-169.

16 Johnson, A. D., Markowitz, A. J., Hill, C. J., & Phillips, D. A. (2016). Variation in impacts of Tulsa pre-K on cognitive development in kindergarten: The role of instructional support. *Developmental Psychology*, 52(12), 2145–2158. <https://doi.org/10.1037/dev0000226>

17 Hamre, B., Hatfield, B. Pianta, R. and Jamil, F. (2014). “Evidence for General and Domain-Specific Elements of Teacher–Child Interactions: Associations With Preschool Children’s Development.” *Child Development*. [Vol. 85, No. 3 \(MAY/JUNE 2014\)](#), pp. 1257-1274.

levels that inhibit focus and learning.¹⁸

Measures of adult-child interactions are not without limitations. Most notably, these measures do not capture how curriculum content is scaffolded and delivered in early childhood settings.¹⁹ While the literature on early childhood curriculum effectiveness is vast, a critical point for the purpose of the PTQ™ revision is the distinction between “research-based” and “evidence-based” curricula. Research-based curricula use research on how children learn to inform curriculum content. For example, a research-based curriculum will use research on the precursors to literacy—alphabet knowledge, phonological awareness, rapid automatic naming, writing and phonological memory²⁰—to design learning strategies that address these precursors. In contrast, to be “evidence-based,” the curriculum must show evidence of effectiveness on specific outcomes using a research design that meets certain methodological standards—usually experimental or quasi-experimental. Evidence-based curricula in early childhood are most likely to be domain specific (math or literacy). Equipping educators with evidence-based curricula can support educators in using the types of rich, content-specific interactions that foster children’s skill development in academic domains.²¹ The What Works Clearinghouse is the federal repository for curriculum and provides different tiers of effectiveness based on the amount and quality of the research conducted on the curriculum.

Some states allow, and provide lists of, research-based curricula for use in ECE programs. The research-based standard is used because of the limited number of evidence-based curricula, the narrow focus of the evidence-based curricula (specific to math or reading outcomes) and the fact that research-based curricula could likely show the desired outcomes, but an expensive, time-consuming evaluation has not yet been conducted.

Perhaps most importantly, for the purposes of the PTQ™ revision, there is a clear relationship between the quality of interactions, curriculum implementation and child outcomes.²² Both high-quality interactions and strong implementation of curriculum are required to produce the desired child outcomes. For instance, researchers have highlighted how child outcomes can vary by instructional quality even when using the same curriculum, with greater gains occurring when measures of instructional quality are high.²³ Instructional quality is related to children’s development in mathematics, language, science and other academic skills.²⁴

Stakeholder feedback

Families, providers, business leaders, advocates and state policymakers and administrators provided important insights on their experience with PTQ™, their conception of quality and what they would like to see in a revised PTQ™. High-level takeaways included:

Families. The small number of families that participated in the focus groups discussed a range of quality characteristics that were important to them, including:

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- 18 Hatfield, B. E., Hestenes, L. L., Kintner-Duffy, V. L., & O’Brien, M. (2013). Classroom Emotional Support predicts differences in preschool children’s cortisol and alpha-amylase levels. *Early Childhood Research Quarterly*, 28(2), 347–356. <https://doi.org/10.1016/j.ecresq.2012.08.001>
 - 19 Weiland, C. and Rosada, G. (2022). *Widely Used Measures of PreK Classroom Quality: What We Know, Gaps in the Field, and Promising New Directions*. [Widely Used Measures of Pre-K Classroom Quality: What We Know, Gaps in the Field, and Promising New Directions \(mdrc.org\)](https://www.mdrc.org/publications/2022/widely-used-measures-of-pre-k-classroom-quality-what-we-know-gaps-in-the-field-and-promising-new-directions)
 - 20 National Early Literacy Panel. (2008). *Developing Early Literacy: Report of the National Early Literacy Panel: A Scientific Synthesis of Early Literacy Development and Implications for Intervention*. [Developing Early Literacy: Report of the National Early Literacy Panel \(ed.gov\)](https://www.ed.gov/what-works-clearinghouse-practice-panels/developing-early-literacy-report-of-the-national-early-literacy-panel)
 - 21 Burchinal, M. (2018). Measuring early care and education quality. *Child Development Perspectives*, 12(1), 3-9.
 - 22 Hong, S. L. S., Sabol, T. J., Burchinal, M. R., Tarullo, L., Zaslow, M., & Peisner-Feinberg, E. S. (2019). ECE quality indicators and child outcomes: Analyses of six large child care studies. *Early Childhood Research Quarterly*, 49, 202-217.
 - 23 Burchinal, M., Zaslow, M., Tarullo, L., Votruba-Drzal, E. & Miller, P. (2016). Quality thresholds, features, and dosage in early care and education: Secondary data analyses of child outcomes. *Monographs of the Society for Research in Child Development*, 81(2), 5-126. See p. 79 for discussion.
 - 24 Howard, S. J., Siraj, I., Melhuish, E. C., Kingston, D., Neilsen-Hewett, C., De Rosnay, M., ... & Luu, B. (2018). Measuring interactional quality in pre-school settings: introduction and validation of the Sustained Shared Thinking and Emotional Wellbeing (SSTEW) scale. *Early Child Development and Care*; Ryoo, J.H., Molfese, V.J., & Brown, E.T. (2018). Strategies to encourage mathematics learning in early childhood: Discussions and brainstorming promote stronger performance. *Early Education and Development*, 29(4), 603-617.; Justice, L. M., Jiang, H., & Strasser, K. (2018). Linguistic environment of preschool classrooms: What dimensions support children’s language growth?. *Early Childhood Research Quarterly*, 42, 79-92.; Whittaker, J. V., Kinzie, M. B., Vitiello, V., DeCoster, J., Mulcahy, C., & Barton, E. A. (2020). Impacts of an early childhood mathematics and science intervention on teaching practices and child outcomes. *Journal of Research on Educational Effectiveness*, 13(2), 177-212.

- **Love and respect for the child:** Respondents who were most satisfied with their child care described the care “as if my sister and my mother were taking care of my child.”
- **School readiness:** Respondents also discussed the importance of being ready for school with a specific focus on the social aspects (making friends and understanding school norms) as well as “knowing numbers and letters.”
- **Family engagement:** Respondents discussed the importance of communication with the provider. Understanding what the child experienced in the provider setting and an overall assessment child’s well-being during the day was important.

Also, a small number of respondents mentioned that they used the PTQ™ rating to help them find care and respondents primarily found care in other ways (word of mouth, lists provided by a caseworker, etc.). Respondents who used PTQ™ to find care discussed that it did not help them with their choice of provider because there were no openings in the providers with the highest rating, “especially for an infant.” Participants were also limited in their choice because preferred providers sometimes did not accept the child care subsidy.

Providers. There were several takeaways from the provider focus groups that are important to the recommendations:

- **Respect.** Providers discussed how the PTQ™ rating elevated the work that they did in the eyes of parents beyond simply babysitting. The quality rating brought respect to the program and distinguished it as early education rather than caretaking. Providers used the rating on parent tours and in other ways to market the quality of the program. Providers also thought that the PTQ™ helped parents understand quality regardless of provider type.
- **PTQ™ influences provider behavior.** Providers discussed how they used the indicators, and even trained on them, to improve quality.
- **Imprecise measure of quality.** Some providers questioned the measures used in the PTQ™. The yes/no nature of whether a curriculum was being utilized, for example, led them to ask, “Is learning really taking place?”
- **Schools found it difficult and redundant.** To be eligible for On My Way Pre-K, schools require a rating. The school providers that attended the focus groups thought the process was overly burdensome and redundant with other requirements imposed by the state as part of being a K–12 school.

Other stakeholders. State policymakers and administrations, advocates and business leaders provided critical information about the history of PTQ™, how it is currently administered and recommendations for how it should be revised. Key takeaways from these interviews included:

Inclusivity and fit. The recommendations must keep all provider types in mind and ensure that the measurement system makes sense for each type. For example, the current indicators do not work for out-of-school time programs. This is an issue because the lack of a rating for many of these programs implies that they are of lower quality than other rated programs, even though the lack of a rating is the product of the barriers within the PTQ™ system.

Administrative burden. Stakeholders discussed reducing the burden of obtaining a rating and making the system less “compliance-based” and more focused on measuring instructional quality.

Measurement. Like the literature review findings, numerous respondents questioned whether the PTQ™ was addressing the most important aspects of provider quality.

Balancing requirements and resources. Stakeholders discussed the need for the new system to be adequately resourced to ensure success. Some stakeholders discussed the role of the state as the payer of child care services, which affords the state the right to have expectations related to quality. At the same time, stakeholders discussed “you get what you pay for,” and if adequate state resources to improve quality are not available, these quality expectations will not be met.

Recommendations

The recommendations for revision were informed by the evaluations of the current PTQ™, the body of literature on quality measurement and QRIS implementation, best practices from other states and stakeholder feedback. They are organized into four areas: (1) Quality Measurement; (2) Quality Improvement; (3) Communicating Quality to Families; and (4) Incentives and Implementation. The recommendations provide a framework for the implementation of a redesigned PTQ™ and address the various roles the program must play within the state’s ECE system.

Recommendation Area 1: Quality Measurement

1. Measure only what matters most to positive child outcomes and measure those indicators well.

The large number of structural quality measures contained within the current PTQ™ must be streamlined to focus exclusively on quality measures that are most closely associated with positive child outcomes. The first of these quality measures is **adult-child interactions**. There are two prevailing adult-child interaction measures—the Classroom Assessment Scoring System (CLASS) and the Early Childhood Environmental Rating Scale, Third Edition (ECERS-3TM)—each with specific strengths and weaknesses. Indiana should engage in a procurement process to determine which measure is the best fit for the revised PTQ™, considering each assessment’s psychometrics properties, administrative burden, cost and other factors.

The second measure is the **implementation of a developmentally appropriate, research-based curriculum aligned to the Indiana early learning standards**. Currently, PTQ™ Level 3 includes indicators that attempt to determine the presence of written curriculum, but the indicators do not explicitly require a research-based curriculum or attempt to measure the fidelity of curriculum implementation.

Limiting curriculum choice in ECE settings can be difficult given that both providers and families may have preferred pedagogical approaches or may desire to utilize an emergent curriculum. In implementing this recommendation, it will be important to retain provider autonomy of curriculum choice to the extent possible. At the same time, certain curricula that convey content knowledge and scaffold instruction in a developmentally appropriate way have been shown to promote positive outcomes for children. There have been important strides in the science of reading and the field’s understanding of the precursors to literacy that have been incorporated into curriculum models. The state must consider the trade-off between allowing provider autonomy in curriculum use and requiring a research-based curriculum that can promote stronger learning outcomes.

As a first step, Indiana should require the use of a developmentally appropriate curriculum at a lower quality rating and require the provider to inform the state of its curriculum choice. This will allow the state to potentially provide specific curriculum implementation supports if resources allow. Next, the state should work with the ECE provider community to develop a list of research-based curricula that, along with training on the curriculum to ensure fidelity, would meet the higher quality levels of the revised PTQ™.

2. To integrate objective measures of kindergarten readiness into PTQ™, include as a quality indicator the effective use of an observation-based child assessment to guide curriculum and support continuous quality improvement.

Assessing a child’s developmental level using a developmentally appropriate child assessment system and then using the results to inform instruction is best practice in early childhood education. For example, in one federal ECE accountability system, programs must use child assessment data to set goals for individual children. In addition, programs are held accountable for using aggregated child assessment to inform quality improvement goals, as well as decisions about resource allocation and professional development.

To meet the legislative charge, the state should include a PTQ™ indicator that measures whether a provider is utilizing child assessment data for informing instruction and for continuous quality improvement. At the lowest levels of the

quality progression would be evidence of the use of a child assessment, followed by how the assessment results are linked to child development goals and culminating at the highest level in using child assessment data in the aggregate to develop and implement a continuous quality improvement plan. It is important that this recommendation be aligned with the state’s current procurement of a birth to age five assessment system and work to potentially utilize that assessment to meet this requirement once it is implemented.

Creating the Rating Levels

Once the indicators have been finalized, the state will have to decide how best to use the interaction scores, curriculum implementation measure and kindergarten readiness assessment utilization to define the different quality levels. **Table 1** provides recommendations on how to define the quality levels using the three measures. As required by the legislative charge, Level 1 remains that providers meet the state’s health and safety standards. Level 2 is achieved with low interaction scores, the use of any curriculum across all observed classrooms and evidence that the program uses a child assessment system to assess child development and learning. Level 3 is achieved with interaction scores that indicate a moderate level of quality, evidence that a research-based curriculum is used across all observed classrooms and evidence that child assessment data is used to inform instruction. Finally, Level 4 programs will have high interaction scores, implement a research-based curriculum with fidelity and utilize child assessment data not only to inform instruction, but also to develop a continuous quality improvement plan.

The ratings are determined using the block system of scoring, meaning that each indicator within a level must be met for a provider to achieve that level. For example, to achieve a Level 3 rating, a provider must meet the specific interaction threshold scores associated with Level 3 *and* utilize a research-based curriculum *and* use child assessment scores to set developmental and learning goals

Table 1: How adult-child interactions, curriculum implementation and kindergarten readiness indicators could be utilized in revised PTQ™ Rating Levels

Indicator	Level 2	Level 3	Level 4
Adult/Child Interactions	Interaction scores indicating low quality	Interaction scores indicating moderate quality	Interaction scores indicating high quality
Curriculum Implementation	Evidence of curriculum utilization across all classrooms.	Evidence of research-based curriculum utilization as defined by the Early Childhood Knowledge and Learning Center across all classrooms. ²⁵	Use of a research-based curriculum with a fidelity score that meets publisher’s standard for effective implementation across all classrooms.
Kindergarten Readiness Assessment	Evidence that the site uses the state Kindergarten Readiness Assessment to assess child development and learning.	Demonstrates how Kindergarten Readiness Assessment scores are used to set developmental and learning goals and guide instruction for individual children.	Demonstrates how Kindergarten Readiness Assessment scores are used in the aggregate for program planning and quality improvement.
Level 1: Health and Safety Standards			

²⁵ Research-based curriculum is defined by the ECKLC as having the following criteria: (1) Is founded on research about child development and learning; (2) Promotes teaching and learning activities that are shown to have positive effects on child programs and outcomes; (3) has descriptive research or evaluation reflecting child progress but is lacking evidence from a randomized control trial.

3. *After the quality indicators are finalized, create a working group to determine how indicators may have to be adapted for different settings, including center-based care, home-based care, ministries, schools and out-of-school time programs.*

While interactions, curriculum and assessment are universal pillars of quality in ECE settings, these aspects of quality might look different in different settings. As such, it will be important to bring together stakeholders that represent the different provider settings to determine how the measures might have to be adapted for different settings. These stakeholders would include representatives from school-based programs and out-of-school time programs, as well as centers, licensed homes and unlicensed ministries.

4. *Train PTQ™ raters to ensure validity and reliability.*

Accurate quality measurement is not just about the measurement tools that are used—it is also about the implementation of those tools. To make sure there is confidence in the new measurement system, different raters, when assessing the same program, must derive the same conclusion about the quality of that program. This will require that raters are extensively trained and assessed to ensure the reliability and validity of the quality rating.

Recommendation Area 2: Quality Improvement

5. *Connect the revised PTQ™ rating system to opportunities for quality improvement through a well-developed system of training, technical assistance and coaching.*

The new PTQ™ indicators are designed to facilitate a continuous quality improvement process at the provider level. Not only do the indicators more directly measure the most important aspects of quality, but part of the rating is dependent upon the use of data on child development and learning to create a quality improvement plan. To be effective in promoting quality improvement, the state must provide quality improvement resources that will meet the needs of a larger number of providers. To start, the state should assess the alignment between the new quality indicators and the training, professional development and coaching that is currently offered through the state system. Using the results of the alignment process, the state should then work to align and enhance the current system to better serve the larger number of providers who will be a part of PTQ™ because of the mandatory participation requirement (discussed below). The state should also consider providing direct resources to providers in the form of quality improvement grants to allow some discretion in what training, professional development and coaching is chosen. Providers may wish to go outside the state system of quality supports directly to a curriculum publisher or non-profit focused on a specific area of program quality (e.g., working with children with disabilities) and the grants for quality improvement will allow them the autonomy to do so.

6. *Ensure that a provider's quality rating is not affected by limited resources or a lack of access to training and technical assistance.*

In many states, higher ratings on the QRIS are less about providers' understanding of quality or their desire to improve and more about the resources they have available to meet quality standards. State systems that rely heavily on credentials like a bachelor's degree to define quality often find that programs with limited resources to pay teachers a competitive wage cannot meet this quality standard. The quality measures recommended for the revised PTQ™ attempt to keep the costs to providers down by, for example, using an adult-child interaction measure rather than a bachelor's or other credential to define teacher quality. However, providers will incur costs resulting from the new quality indicators, including the implementation of a research-based curriculum with fidelity.

Historically, states have rewarded quality through an increased subsidy reimbursement when specific quality levels have been met (see incentive discussion below). This back-end method of incentives allows better-resourced programs to receive additional funding, often leaving behind programs in need of financial support for quality improvement. As such, it will be important that the state provides up-front resources to providers through quality enhancement grants to help motivated providers achieve higher ratings.

It will also be important for the state to provide tools necessary for quality improvement in addition to quality enhancement funding prior to providers' initial rating on the new system. These tools could include a program self-assessment/readiness checklist that aligns with the revised PTQ™ and that works in conjunction with the state's current Program Growth Tool, and access to training and technical assistance specific to interactions, curriculum implementation and child assessment.

Recommendation Area 3: Helping Families Make Informed Choices about Quality

7. Build upon the current communication system for PTQ™ with the understanding that families have different preferences and needs for care and with the intent of helping families find high-quality care that best matches these needs and preferences.

Families have preferences for different provider characteristics. In national surveys of families²⁶ and in the Indiana focus groups, families expressed preferences for care ranging from loving, warm environments to being well trained in providing an inclusive setting for children with special needs. Accordingly, the state should consider a PTQ™ communications system for families that is more aligned with how they choose care and that allows a "best fit" option based on objective measures of quality and personal family preferences. The current Child Care Finder tool is static and provides a limited set of questions for families to use: Age; days and time care is needed; preferred provider type; subsidy utilization; Paths to Quality level. A "next generation" system of Indiana's child care finder should have the functionality to ask families their preferences for care, provide quality information and "match" families to providers that have some or all of the characteristics families prefer.

8. Provide information about the overall rating of the setting and the amount of quality variation that exists across the classrooms assessed for each PTQ™ indicator.

Research has found significant variation from classroom to classroom within a provider setting and across different dimensions of quality within a QRIS rating level. While the ratings will be established using the average interaction and curriculum fidelity scores, it will be important to allow families to see the scores of the separate measures within a rating level and the quality range across classrooms within a rated program.²⁷ This approach is critical to ensuring that families have an accurate picture of what they will experience for their child in any given provider setting.

9. Establish a set of distinctions for programs and micro-credentials for teachers that supplement PTQ™ to distinguish providers and teachers who excel in specific areas.

Families often look for provider characteristics that are not directly related to child outcomes. For example, some families may have a specific interest in STEM education or want a provider that excels with children who have special needs. To support families in choosing a provider that aligns with their preferences, some states have created micro-credentials or badges for teachers who have completed special training in a specific area. Indiana should consider this approach to promote family choice.

Recommendation Area 4: Incentives and Implementation

10. Make participation in PTQ™ mandatory for all providers receiving a CCDF voucher.

Fourteen states and the District of Columbia require providers to participate in the QRIS if they receive funding from the state's child care subsidy program. As the payer of child care for many families, states feel justified in requiring that funding be allocated only to providers that commit to quality improvement through the QRIS. As an initial step, Indiana

26 Smith, L. and Owens, V. (2023). *The Illusion of Parent Choice: Lessons Learned from BPC's Parent Survey Series*. Washington, D.C. Bipartisan Policy Center. bipartisanpolicy.org/download/?file=/wp-content/uploads/2023/05/BPC_ECI-Parent-Report_R04.pdf

27 Under this approach, no individual classroom score would be provided. Instead, the average rating would be provided with an indication of how much that rating varied across the individual classrooms that were observed (e.g. +/- .5).

should require participation in the PTQ™ to receive child care subsidies. This requirement will allow the state the opportunity to connect with providers and provide support. At the same time, careful consideration must be paid to the barriers that this requirement might present for unlicensed programs as well as access to care for families who utilize the CCDF subsidy.

11. Allow a three-year phase-in period of the revised PTQ™ system.

States that have been the most successful in transitioning to a revised QRIS system have utilized an intentional phase-in period. Learning from the Virginia example, Indiana should allow for a three-year transition period to full implementation of the revised PTQ™. All currently participating providers should retain their PTQ™ level rating during the transition until a rating under the new system is issued. The major activities of the transition period include:

Year 1 (2024): Socialization and planning and finalize indicators and Rating Levels

In year one of the transition, the state would create and implement a communications plan to introduce (rebrand) the new measurement system, explain the rationale behind the system, communicate how the transition will take place and outline the supports that will be available to providers as they transition. The state would also create the provider working group discussed earlier to finalize the indicators, engage in the procurement process for the interaction assessment tool, conduct the alignment to professional development supports, hire additional raters, and train current and new raters on the new system.

Year 2 (2025): Practice year

In year two, any provider who wishes to be rated can be assessed using the new measurement system. This practice year will allow implementation issues to be resolved, provide the state with data for the calibration of the rating levels as necessary and allow providers to see where they need to improve on the rating system prior to an official rating. The state would provide funding and other quality supports to providers who were assessed to help improve PTQ™ scores. The state could also use the data as part of a validation study to determine whether the new measures are meeting the intended goal of supporting higher-quality programs that produce better child outcomes. In this year, the state would build out the website to utilize the new measures and matching algorithm to inform families' choices.

Year 3 (2026): Full implementation

In year three, implementation of the new system will begin. Programs would be officially rated, quality supports offered and ratings provided to families. By Dec. 31, 2026, every program would have a rating on the new system.

12. Implement a cost-of-quality study to understand the cost to providers of achieving a Level 4 rating under the new system and revise the tiered voucher reimbursement to create meaningful incentives to achieve higher rating levels.

While upfront quality funding will be important to support providers in achieving higher quality ratings, additional funding will also be required to sustain those ratings. Currently, Indiana uses a tiered subsidy reimbursement to reward providers for receiving a higher level of quality. This is an imperfect way of supporting higher-quality programs given that the number of subsidized children cared for can vary significantly from provider to provider. In addition, it is unclear the extent to which the increase reimbursement acts as an incentive to improve quality. To determine how much a provider would need to sustain the different quality levels over time, the state should conduct cost of quality study that could determine the cost to providers of sustaining the different quality levels. The state could use the study results to inform subsidy reimbursement rates and other financial supports to providers.

Conclusion

When designed and implemented well, a QRIS can be a valuable tool in supporting child care quality and a family's choice of high-quality child care. While Indiana's current PTQ™ has the necessary components to be an effective QRIS, each component can be improved to more effectively measure, support, recognize and communicate child care quality. The findings, recommendations and implementation plan provided in this report work to build off of the strong foundation created by the state, as well as its commitment to high-quality child care. The legislative charge provided a clear framework for the PTQ™ recommendations, and the new system created by the charge and the recommendations above will better support parents and children throughout Indiana with higher-quality ECE programs.