Silver State Stars:

Quality Rating Improvement System Pilot Project

Year One Evaluation Report
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About the Nevada Institute for Children's Research and Policy
The Nevada Institute for Children's Research and Policy (NICRP) is a not-for-profit, non-partisan organization whose primary goal is to advance the well-being of children in Nevada. As a research center in the School of Community Health Sciences at the University of Nevada Las Vegas, NICRP is dedicated to conducting academic and community-based research that helps guide the development of policies, practices, and programs which serve to enhance the health and well-being of children and their families. For more information about NICRP, please contact us or visit our website at http://nic.unlv.edu.

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Executive Summary

In the Spring of 2009, the Quality Rating Improvement System (QRIS) Workgroup (comprised of professionals working in early childhood education), along with United Way of Southern Nevada, the Nevada Office of Early Care and Education, University of Nevada Cooperative Extension, and the Nevada Institute for Children's Research and Policy, implemented the Silver State Stars QRIS Pilot Project. This pilot project was designed to test a rating scale created by local professional involved in a workgroup to create this program. The QRIS system was implemented in a small sample of childcare centers in Southern Nevada to identify any potential problems with the rating system and its criteria.

A total of 24 early childhood education centers in Clark County were selected to participate in the project. Each of these centers agreed to participate in the pilot, and completed surveys and interviews for the evaluation, received pre- and post-environmental rating assessments, and completed a binder for review to assign a star rating. In exchange, centers received 6 months of technical assistance from the University of Nevada Cooperative Extension staff, as well as a grant based on the size of the center.

Findings from Year One Pilot Centers

To evaluate this pilot program data were collected in a number of different ways. These included:

(1) a survey of center directors before the start of their participation in the pilot,
(2) a survey of parents in participating centers to gauge their perceptions of the utility of a star rating system, as well as their perspectives on "quality" in child care,
(3) environmental rating scores using the Infant Toddler Environmental Rating Scale and the Early Childhood Environmental Rating Scale, were obtained both before and after technical assistance was provided,
(4) star ratings were assigned based on predetermined quality indicators both before and after technical assistance was provided,
(5) qualitative interviews with participating center directors at the conclusion of their participation in the program, and
(6) a group interview with the technical assistance staff to gain insight into the process of implementing the program.

Each of the different components in the evaluation helped to provide insight into the implementation of this program in the first year as well as identify both program strengths and areas for improvement. Each section of the report's findings are summarized below.

(1) Initial Center Director Surveys
All twelve of the first year centers completed the online survey. This survey helped to describe the participating centers and identify center directors' concerns and experiences early in the QRIS process. It seems that most directors participated in this pilot to improve quality in their center as well as to receive expert training and technical assistance to increase the knowledge of their staff. Prior to staring the pilot, some of the center directors did have some concerns regarding participation. These included the amount of time the project would take, the ability to get staff support and participation, and their center's ability to score well using existing star rating criteria. These issues were all addressed in the follow-up face-to-face interview with the directors, discussed in Section 5.

(2) _Parent Survey_
In general, parents had a positive response to the proposal of a star rating system. The majority indicated that they would use it as part of their selection criteria. Specifically, respondents felt that the system would be particularly useful for those parents who are new to the area and do not know anyone to give them a personal reference for a center. Additionally, 70 percent of parents reported that they would use the star rating as part of the criteria for selecting a center, and nearly all parents who completed the survey indicated they felt a star rating system for child care would be useful.

In responses to the more open-ended questions, parents had several questions about how the system would be implemented or suggestions for improvements to the system. These included adding a parental feedback component as well as ensuring that the criteria used in the ratings would be readily available so that parents can understand what the ratings mean. This indicates that care should be taken to educate parents about the criteria used to create the star ratings when they are published or advertised.

Additionally, center directors should take into consideration that although parents did report that they would use the star rating as a part of their selection criteria, the majority reported that they would not change their center simply because of the star rating. Again, this provides support for education about the system and its intended utility.

(3) _Environmental Rating Scores_
The majority of centers saw an increase in their environmental rating score after the technical assistance; however, the amount of change for each center was varied. Additionally, there were three centers in the Year One that actually had lower overall scores after receiving technical assistance. There are a number of possible explanations – stemming from multiple perspectives – for this discrepancy. Center directors had concerns that pre-assistance and post-assistance scores are not determined using the same classrooms within a center, indicating that perhaps outside factors unique to a particular classroom could affect scores. Technical assistance staff were concerned that the consultant doing the assessments was trained in reliability of the ratings scale only after first completing some of pre-assistance assessments. Both of these concerns should be further examined at the conclusion of the pilot project.

(4) _Quality Indicators – Star Ratings_
Binders submitted for review for star ratings varied widely in their composition and level of completeness. There are several criteria within each of the quality standards that may warrant further discussion by the committee (see pages 26-34). In addition, reviewers identified areas where clarification may be necessary to create more stringent guidelines and protocols for documentation that will be accepted to meet the criteria in each of the standards. For example, submitted binders should ensure that all documentation is clearly labeled with the specific criteria letter and number to ensure that reviewers understand which element is being attempted and thus can evaluate it appropriately. In several of the binders submitted in the first year, these were not clearly labeled and substantially increased review time and made them difficult to evaluate. Finally, it may be beneficial to create written protocols for creation and submission of these binders as well as the instructions for review of the binders.

Reviewers made notes of their specific suggestions for improvement and questions for workgroup consideration as they were reviewing the binders and these questions are listed below.

<u>Reviewers Suggestions for Improvement/Questions for the Workgroup</u>
-   Should directors be able to have a second chance to submit materials if the initial documentation provided was not accepted?
-   If criterion requires something of all staff – are centers required to provide documentation for all staff ? Without the listing of all staff how can you guarantee that?
-   If criterion requires a certain number of times per year, do we need documentation for all "x" times?
-   If a criterion reads, "written policy or procedure", but the documentation is only a form – is that acceptable?
-   For ADA compliance to centers need documentation for all buildings or just a sample? (1.A)
-   For documentation of ongoing child assessment (1B) do we need real information with the child's name or simply a blank form?
-   Is there an "expiration" for policies – does it matter how old they are? If so, how should we handle those that are not dated?
-   Should 1.D. be separated into two criteria – one for evaluation and one for referral?
-   All documentation must be labeled with specific criteria letter and number
-   One center created a summary profile for each staff member with their professional development plan strengths and areas for growth. This would be very helpful for all centers to complete.

(5) *Center Director Interviews*
Many of the issues or barriers addressed by the center directors in their discussion of their experience with the Silver State Stars program seemed to be a result of either lack of education, communication, or both. If this program is implemented beyond the pilot, all involved need to recognize and address the variety of experience and education of not only center staff but also their directors. In addition some of the communication barriers noted in the directors' responses could be alleviated by using multiple different delivery methods for instructions regarding the program. These could include both verbal and written instructions as well as providing examples of products directors need to produce, for example a sample of an acceptable supply order for materials using their grant, a completed binder, etc.

Based on some of the responses, the workgroup may want to consider creating a QRIS preparation system where centers who are not yet at a "base" level can receive additional education and technical assistance before enrolling in the QRIS. In addition, directors expressed a need for more information about the program itself so that they understand exactly what they are taking on as a participant in the program. This may include an explicit statement to participating directors that the TA staff will assist and provide expert suggestions for improvement, but it will be up to the director and center staff to implement the changes. This could also include any restrictions in how to spend the grant funds. To solidify this communication, directors could be required to sign a memorandum of understanding that lays out the expectations for the directors in exchange for the technical assistance and the grant funds. This will allow centers to fully understand the commitment that they are making and may help them to ensure that they will have adequate time to devote to the program.

(6) *Process Review with Training and Technical Assistance Staff*
UNCE staff provided valuable insight into the implementation of the program and identified very specific areas for consideration and improvement prior to expansion. Overall it seems that the initial six centers spurred UNCE staff to create more stringent guidelines creating a more structured program for directors to participate in. Before the program can be expanded there are a few areas that require some discussion and potential changes including program timelines, staffing, and overall implementation structure. This information will be crucial to interpreting the outcomes for

the centers in terms of their improvements in quality as demonstrated by the Environmental Rating Scales and the Star Ratings.

Overall Recommendations for QRIS Pilot Program
This first year of the pilot project allowed participants and staff to identify recommendations for improvement in the implementation process. These recommendations come from several different sources of data including, interviews with QRIS Pilot Project staff, participating center directors, as well as parent surveys and outcome measures of environmental ratings and star ratings.

(1) *Creation of a "Pre-QRIS" program to help get centers to a level where they could successfully participate in QRIS.*

For this pilot project centers were randomly selected and even in this sample there were a range of needs for centers. Some centers were clearly not prepared to participate in this program based on their level of knowledge and experience in early childhood education. Many centers reported needing additional time and more technical assistance, and UNCE staff reported that there was a lot of variation in the level of need for each center in the pilot. UNCE staff stated, "some could have used me there every day, while at other centers I felt like I was running out of things to do." To address this variation it may be useful to create a "Pre-QRIS" program in which centers could enroll in to prepare for participation in QRIS. In this program directors and staff could be educated in early childhood education, quality improvement programs and the environmental rating scales. This information would be intended to help directors and staff understand the rationale behind some potential changes in their center, as well as identify those areas which may require the greatest improvement to succeed in QRIS, including professional development for staff. This "pre-QRIS" program could provide information for directors of some helpful hints to prepare for QRIS so that they would be in a better position to make greater improvements in QRIS when grant funding is available.

(2) *Expand the amount of time for technical assistance*

Participants and staff have reported that six months is not enough time. It may be helpful to have a three month preliminary period where UNCE staff can establish the relationships with the directors and the staff, before the six months of intensive TA begins. UNCE staff felt that it was unrealistic to expect to get through all elements in the environmental rating scale in that short timeframe. Additionally center directors reported a concern about the sustainability of changes made in less than six months time. These directors felt that to establish sustainable change centers need more time to ensure that changes become internalized and are not simply in place for the post assessment and then changed back. One director recommended a timeframe of at least one year with and ideal timeline of two years.

Additionally, the program should include benchmarks for centers to promote continued participation and sustainability – these benchmarks would be required to be met to continue with the program. This process would foster accountability among centers and allow for re-assessment at regular intervals to ensure sustainability of quality improvements.

(3) *Further develop written program guidelines and protocols that can be used as a reference for both participating centers and staff conducing assessments or providing technical assistance.*

Throughout the pilot project several forms and protocols have been created to help centers navigate the QRIS. These include forms with numbers quality indicators, instructions for how to spend grant funds, instructions for how to complete a binder. In addition a process manual

could be developed for program staff to ensure that the program would be implemented uniformly regardless of the actual individuals completing the activities.

(4) *Provide training on how to introduce new materials into the classroom*

UNCE staff reported that center staff either did not put new materials in the classrooms for the children to access, "because they didn't want them to get ruined" or staff put the materials in the classroom without introducing them to the children and they were mistreated and/or damaged.

(5) *Complete a full review of quality indicators within each of the quality standards, especially those within "Health and Safety".*

Centers submitted acceptable documentation for only 33% of indicators in this quality standard. This may mean that centers cannot fulfill the listed criteria or they were unclear about the type of documentation to submit.

(6) *Ensure that implementation of this program on a wider scale includes education for the public on how the ratings are determined and what they mean in terms of quality.*

70% of parents surveyed for this evaluation reported that they would use star ratings as a part of their selection criteria if they were searching for a new childcare center, however 38% of parents surveyed indicated that they would NOT change their child's center because of a star rating. These numbers indicate that parents are willing to use this a as a tool in selection but it is not the only tool they will use when making these decisions for their family. Therefore the workgroup should take care in ensuring that parents understand how these star ratings are obtained and what they mean to avoid possible confusion, and maximize utility for parents.

Introduction

Quality Rating Improvement Systems (QRIS) are used more and more across the country to improve the quality of early childhood education centers. These systems have been developed to provide a more objective way to assess quality in a center providing child care. Currently, there are Quality Rating Improvement Systems (QRIS) in 25 states or local areas in the United States. Each of these systems varies slightly in its requirements and protocols, but each has the goal of improving the quality of early childhood education. This pilot project is the first QRIS in Nevada and will seek to define the program before moving statewide.

To begin the process of implementing a QRIS, experts in early childhood education in Nevada were assembled to form a QRIS Workgroup. This workgroup created the Silver State Stars QRIS, including the structure of the system (a 5-star rating system), the quality indicators used to create the star rating, and the process for technical assistance and grant funding for quality improvements.

In the Spring of 2009, the QRIS Workgroup, along with United Way of Southern Nevada, the Nevada Office of Early Care and Education, University of Nevada Cooperative Extension (UNCE), and the Nevada Institute for Children's Research and Policy (NICRP), implemented the Silver State Stars QRIS Pilot Project. This pilot project was designed to test the rating scale by implementing the QRIS system to a small sample of childcare centers to identify any issues with the rating system and its criteria.

Selection of Participating Centers

The Nevada Office of Early Care and Education sent postcards to all licensed child care centers in Southern Nevada notifying them of the pilot project. If centers were interested in being selected for participation, they were asked to mail back the postcard and include the center director's contact information and two basic pieces of demographic information: (1) the ownership type of the center (non-profit, privately owned, or corporately owned)and (2) the size of the centers. These variables were chosen as sampling criteria for the pilot because each could have an impact in the use of the QRIS model as created for the pilot project. A total of 45 centers returned the postcard to the Office of Early Care and Education. Care was taken to stratify the sample to include equal numbers of each of these types of centers. However, since centers self-selected into the pool of willing participants, there were disproportionate numbers of types of centers in each category. A true random sample of participants could not be used because some types of centers self-selected at a greater proportion than others.

In this initial phase of the pilot project development, 24 centers were chosen to participate; 12 in the first year and 12 in the second year. Type of ownership was used as the primary criteria for stratification and center size was secondary. All centers were divided into the three ownership groups; therefore, to achieve a total of 24 centers, 8 centers would be selected in each of the three ownership groups. However, the sampling frame also took into account center size. On the post card there were 4 size categories that could be selected, but some centers did not select a category so the size categories were condensed into two categories: (1) those centers with less than 120 children and (2) those centers with more than 120 children. As a result, for each of the ownership categories, 4 centers were selected with 120 or less children and 4 were selected with more than 120 children. The 8 centers in each ownership group were randomly selected by NICRP using the statistical software package, SPSS. One center could not be categorized using existing criteria because it did not indicate an ownership status on the postcard. Because of this, only 24 centers were selected out of a total of 44 eligible centers.

After NICRP selected the initial 24 centers, the Nevada Office of Early Care and Education contacted each of the 24 to verify they were still available to participate in the pilot. Some centers either did

not respond to this call or no longer wished to participate in the pilot for a variety of reasons, including ownership changes, director changes, and timing of the project. A total of 8 centers of the original 24 selected were replaced by NICRP using the same process that was used for the original sample.

For the pilot project, the 24 centers were divided into 4 cohorts of 6 centers over the course of two years. This Year One evaluation report provides data regarding the first two cohorts in the pilot, which consist of a total of 12 child care centers.

Timeline for Pilot Project Year One

The timeline below (Figure 1) illustrates the sequence of events following selection for the Year One pilot centers. Centers first attended an orientation to the program, then completed a short on-line survey for the evaluation. Concurrently, directors were contacted to have their initial environmental rating assessment completed. After the initial assessment was complete, the UNCE staff met with directors to review the results of the environmental rating assessment and review the quality indicators to determine the center's initial star rating. This information was then used to develop a quality improvement plan for the center, which was used to guide the technical assistance over the following six months. At the conclusion of the six months of technical assistance, each center was re-assessed using the environmental rating scales, and directors completed a binder to demonstrate the quality indicators in existence at their center to receive a final star rating. Finally, center directors participated in a face-to-face semi-structured interview with NICRP staff to gain their feedback as participants in the Silver State Stars QRIS program.

Table 1. Timeline for Year One Pilot Centers*

Date	Activity
July 2009	Orientation for Year 1 Centers
July 2009	Year 1 center director on-line survey completed
July – September 2009	Initial Environmental Rating Assessments Completed for first cohort of centers
July/August 2009	Training and Technical Assistance – First visit to cohort 1 centers (Initial Star Ratings assigned and improvement plan created)
	Training for cohort 1 Directors and Staff on Environmental Rating Scales
November 2009	Parent Survey Completed
July 2009 – January 2010	Centers received training and technical assistance on average once per week
September 2009 – October 2009	Initial environmental rating for cohort 2 centers
January 2010	Follow Up interview with cohort 1 Center Directors
February 2010- March 2010	Post Environmental Rating Scale Complete for cohort 1
March 2010	Technical assistance for cohort 2 centers
March 2010 – April 2010	Center Binders complete and post star ratings assigned to cohort 1 centers
April 2010	Orientation for Year 2 Centers
May 2010	Year 2 center director on-line survey completed
June –July 2010	Year 1 cohort 2 Post – Environmental Rating Scores
June 30, 2010	Draft of year One Evaluation Report Complete *(Without post scores for cohort 2 centers for star ratings and environmental ratings as well as follow-up interviews with directors)*
July 2010	Center Binders complete and post star ratings assigned to cohort 2 centers
July 2010	Follow Up interview with cohort 2 Center Directors

*Due to delays in completing final environmental ratings, and binders for post star ratings, evaluation activities were delayed and the follow up interviews with cohort 2 center directors were not completed until October 2010, and post star ratings were not assigned until November 2010, therefore the final Year One Report was not completed until December 2010.

Evaluation Plan

The feasibility and utility of the QRIS was assessed using several different methodologies. This evaluation aimed to assess not only the processes and outcomes associated with the pilot sites' completion of the project, but also the perceived utility of the system if it were to be implemented in Southern Nevada. Therefore, data were collected from four primary sources: participating center directors, at two points in time, parents of children in the pilot centers, independent assessments of quality using the Early Childhood Environmental Rating Scale (ECERS) or Infant Toddler Environmental Rating Scale (ITERS), and preliminary star ratings using the Silver State Stars criteria. QRIS staff working with centers to implement the system and improve quality in their centers were also consulted for feedback. These four evaluation components will be described below as an outline of the evaluation plan. Findings from each of these components are discussed in a separate section, including specific methodology for each. At the conclusion of the report overall recommendations for program improvement are listed and explained.

1. Center Director Perceptions of QRIS as a Participant

Early in the pilot process, center directors were asked to complete an online survey about their knowledge of QRIS systems before participation in the pilot began. At the conclusion of each center's participation in the project, the NICRP evaluation team conducted a one hour face-to-face interview regarding all elements of their participation in the pilot project. Information gathered from the pre-project online survey was used to formulate questions for the face-to-face interviews with center directors. The director responses, as well as other information gathered during this project, will serve to inform future plans for this program. Some of these plans include: implementation strategies, formalizing program processes, and integration of center directors' views on the criteria used to develop the star ratings into the ratings themselves.

2. Assessment of Quality in Pilot Centers - Environmental Rating Scores and Pre- and Post-Assistance Star Ratings

Each center was assessed using either the ECERS or ITERS (depending on the age of the children in the classroom) before they received any grant funds or technical assistance. Centers were assessed again at the end of the 6-month training and technical assistance period. Both scales are designed to provide an objective rating of quality within an early childhood education center from the child's point of view. These pre- and post-scores for the pilot centers are compared as a measure of the improvement in quality for that center after receiving grant funds and/or technical assistance. In addition, centers were asked to review the criteria for the star rating system before their technical assistance period and complete a self-assessment to obtain their "pre-assistance" star rating. At the completion of their technical assistance period, directors were asked to complete a binder demonstrating their fulfillment of the stated criteria as if they were applying for a star rating. These pre- and post-scores were also analyzed as demonstrations of objective improvements in quality. The findings from both of these rating systems are described in Sections 3 and 4 of this report.

3. **Utility of a Star Rating System – Parent Survey**

Another critical component in assessing the feasibility of implementing this program is determining if parents would utilize a star rating system to identify a quality child care center for their child, and how they would use the ratings when making child care decisions. Therefore, all centers participating in this first year were asked to distribute a short survey to the parents of children in their center. This information was analyzed and is presented with detailed methodology in Section 2 of this report.

4. **Overall Experience in Implementation Process– Information from the Technical Assistance Team**

UNCE staff served as the training and technical assistance staff for this pilot project and were tasked with working with the centers to improve quality for children in the center. Staff reviewed the initial environmental ratings for each center and helped to identify what the center would currently receive as a star rating. Based on this information, the staff worked with the centers to create an improvement plan for the six-month technical assistance period. As UNCE staff worked with center directors and staff, they began to identify areas where the program needed additional clarification or improvement to ensure success. Therefore, some of the implementation protocols were altered during the course of the pilot. These changes, as well as their insights for program improvement, are documented in Section 6 of this report.

Summary and Recommendations

At the conclusion of the report, a summary and recommendations section outlines the overarching findings from the entire evaluation, as well as specific recommendations for program improvements.

Findings

1. Center Director Pre-Survey

Methodology

In an effort to gauge the knowledge and attitudes of the Year One pilot project center directors, NICRP created a short on-line survey to be completed before any technical assistance or assessments were conducted. All Year One center directors (n=12) were required to complete this survey as a part of their participation. The survey was given after the program orientation was completed, but before any technical assistance had begun, and each of the 12 center directors completed the survey. The results of the survey are outlined below.

Findings

Center directors were asked about their feelings regarding a QRIS with regard to its necessity, usefulness to parents, and usefulness to child care centers. Nearly all center directors indicated that they felt a QRIS was necessary (Figure 1.1).

Figure 1.1

Do you think a QRIS is necessary ?
(n=12)
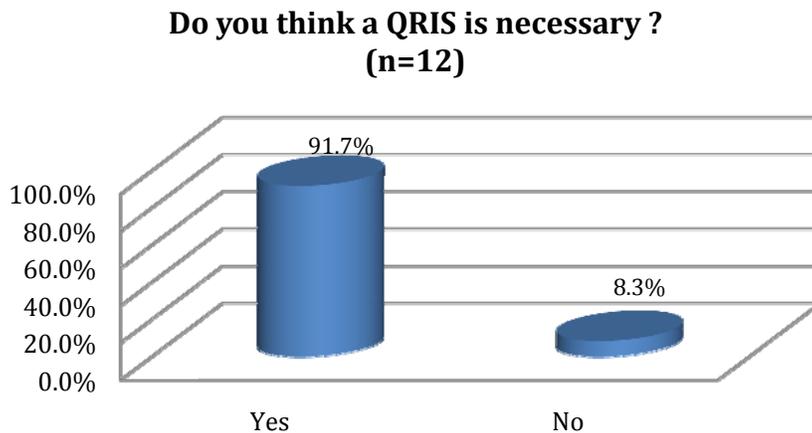
Regarding the utility of the QRIS, Figure 1.2 clearly illustrates that directors felt a QRIS would be useful. However, they seemed to feel more strongly that it would be "very useful" for parents (83.3 percent); only 58.3 percent felt it would be "very useful" for centers. None of the directors felt that a QRIS was "not useful" for centers and only 8.3% felt that a QRIS was "not useful" for parents.

Figure 1.2

Utility of a QRIS
(n=12)

Legend:
- Rate how you useful QRIS is for child care centers
- Rate how useful a QRIS is for parents

Values shown: Very Useful 58.3% / 83.3%; Somewhat Useful 48.7% / 8.3%; Not Useful 0.0% / 8.3%. Y-axis: 0.0%, 50.0%, 100.0%.
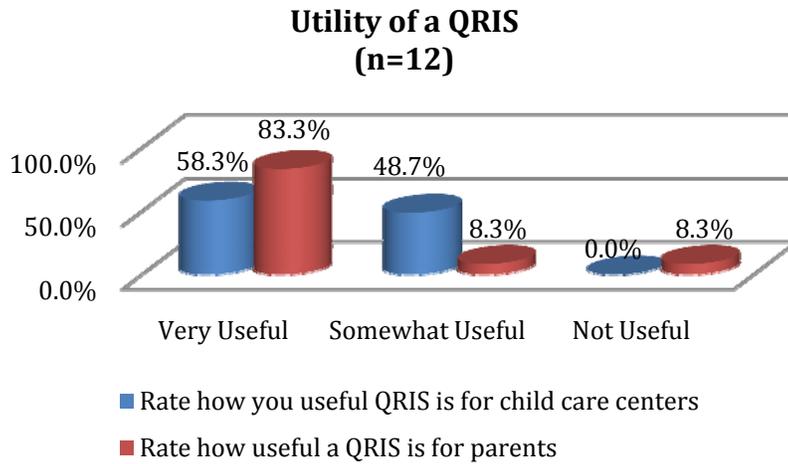
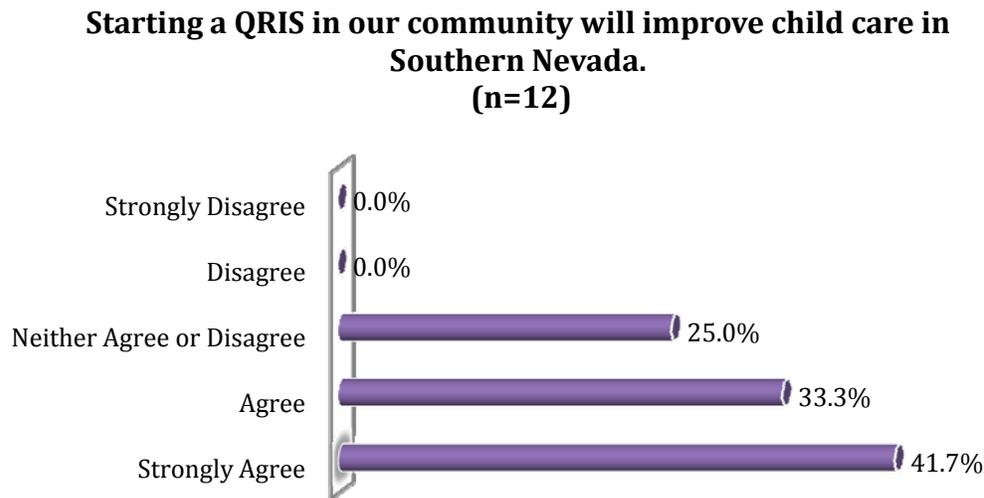Next, directors were asked why they signed on to be a part of this pilot project. The majority reported they were participating in the pilot because they wanted to improve their centers for the benefit of the children through receiving technical assistance. One director expressed her interest in improving quality stating, "these children deserve the best". Only one center director explicitly listed the grant funding as the reason to participate in the program.

A QRIS is intended to improve the quality of child care through the provision of technical assistance and the provision of information to parents so they may differentiate between centers. The majority of center directors that completed this survey either agreed (41.7%) or strongly agreed (33.3%) that "starting a QRIS in our community will improve child care in Southern Nevada", as demonstrated in Figure 1.3 below.

Figure 1.3

Starting a QRIS in our community will improve child care in
Southern Nevada.
(n=12)

- Strongly Disagree: 0.0%
- Disagree: 0.0%
- Neither Agree or Disagree: 25.0%
- Agree: 33.3%
- Strongly Agree: 41.7%

Directors were also asked about any concerns they had in participating in the project. This question was left open-ended so that directors could list any potential concerns without being limited by a list. Most of the directors reported that they did not have any concerns, but those that did have concerns fell into one of four specific categories. These included: (1) the center's ability to

score well on the star rating scale, (2) the amount of paperwork required for participation in the program, (3) the ability to get staff to buy-in to the program and make changes, and (4) the availability of professional development opportunities for staff. This information was used to design questions for the follow-up interview and address whether these preliminary concerns actually turned into issues or barriers when participating in the program.

Finally, directors were also asked whether they were currently participating in other projects that provide technical assistance and/or consultation services. Four of the twelve (33.3%) Year One centers reported that they were also participating in another program – three centers also participated in High Scope, while the fourth was receiving accreditation assistance.

Summary and Conclusions
This survey helped to describe the participating centers and identify center directors' concerns and experiences early in the QRIS process. It seems that most directors participated in this pilot to improve quality in their center as well as to receive expert training and technical assistance to increase the knowledge of their staff. Prior to staring the pilot, some of the center directors did have some concerns regarding participation. These included the amount of time the project would take, the ability to get staff support and participation, and their center's ability to score well using existing star rating criteria. These issues were all addressed in the follow-up face-to-face interview with the directors, discussed in Section 5.

2. Parent Survey

Methodology
In the Fall of 2009, NICRP created a short survey for parents about what is important to them in selecting an early childhood education center as well as the perceived utility of a star rating system. The 12 centers participating in Year One of the QRIS pilot project were asked to distribute surveys to parents in their center. NICRP then collected these surveys and entered them into a database for analysis.   There were 280 completed surveys returned to NICRP out of approximately 1,592 families asked to complete the survey, resulting in a 17.6% response rate. The findings from this survey are presented below.

Findings
Questions were designed to understand what elements are important to parents in selecting a child care center, as well as whether or not they feel that a star rating would help them to choose a child care center for their family.

In the first question, respondents were asked to rank nine qualities of child care centers in order of the most important to the least important. Table 1 represents the average ranking for each of the qualities, and places the qualities in order of the most important to the least important. A "child's relationship with the teacher" as well as "individual attention given to the child" were the two highest ranked qualities for parents, with an average ranking of 2.54 and 2.63, respectively. Some may be surprised to note that the elements "location" and "overall cost" were ranked near the bottom of the list and seen as some of the least important qualities, at 5.17 and 4.46, respectively. Additionally, on average, parents did not rank accreditation in the top three most important qualities of a child care center.

Table 2.1 – Important Qualities in Child Care Center

What qualities in a child care center are most important to you? *Rank all items with 1 being the most important and 9 being the least important* (n=280)		
Qualities	Average Rank	N
Child's relationship with teacher/caretaker	2.54	244
Individual attention given to child	2.63	242
Curriculum offered at the facility	3.37	239
Accreditation of the facility	4.17	235
Overall value of care in relation to cost	4.35	236
Overall cost of care	4.46	239
Flexibility in hours of care provided	4.65	240
Location of the facility	5.17	240
Other*	6.07	61

*NOTE: * Specific results of the "Other" category are presented in Table 2.2.*

If a key quality was not on the list, parents were able to write in additional qualities of child care centers under the "other" category and assign a ranking for them. Table 2.2 presents examples of the qualities that were included under "other".

Table 2.2 – "Other" Important Qualities in a Child Care Center

Training for the teachers	Discipline procedures	Low teacher turnover ratios
Ability to care for special needs children	Ability to communicate with staff about improvement in the center	Observation room
Cleanliness of facility	Safety/Security	Open door policy with director
Diversity	Open holidays and overnight	Potty training
Creative/Free play time	Ratios of children to staff	Socialization/social skills with peers

The next question asked parents how useful they would find star ratings assigned to child care facilities. The majority of parents indicated that they would find star ratings either "very useful" (62.5%) or "somewhat useful" (32.5%), while only 2.1% of respondents indicated that the rating would be "not useful."

Figure 2.1

If star ratings, similar to hotel ratings, were assigned to each childcare facility in your area, how useful would you find these ratings?
(n=280)

Very Useful	Somewhat Useful	Not Useful	No Opinion
62.5%	32.5%	2.1%	2.9%
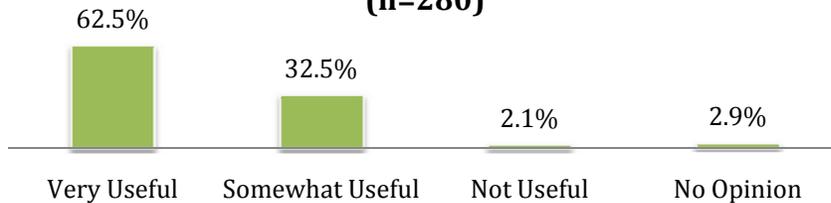
Parents were also asked if they would use star ratings as part of their selection criteria for choosing a child care center. Seventy percent of parents reported that they would use the star rating, while 23.2 percent indicated that they were unsure about whether they would use the rating system.

Figure 2.2

If you were looking for new childcare, would you use star ratings as part of your selection criteria for a child care center?
(n=280)

No	Yes	Unsure
6.8%	70.0%	23.2%
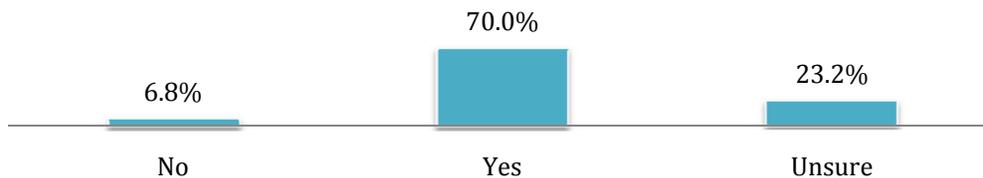
To understand the impact that a star rating could have on centers, parents were asked whether they would consider changing their child's care center based on a star rating. Most parents were either unsure (39.6%) or indicated that they would not change their child's center (38.2%). This should reassure center directors and owners more comfortable with the QRIS process – knowing

that a QRIS is just one tool that parents would use and not the deciding factor for where their child will attend.

Figure 2.3

Would you consider changing your child's care center based on the number of stars it received if rated? (n=280)
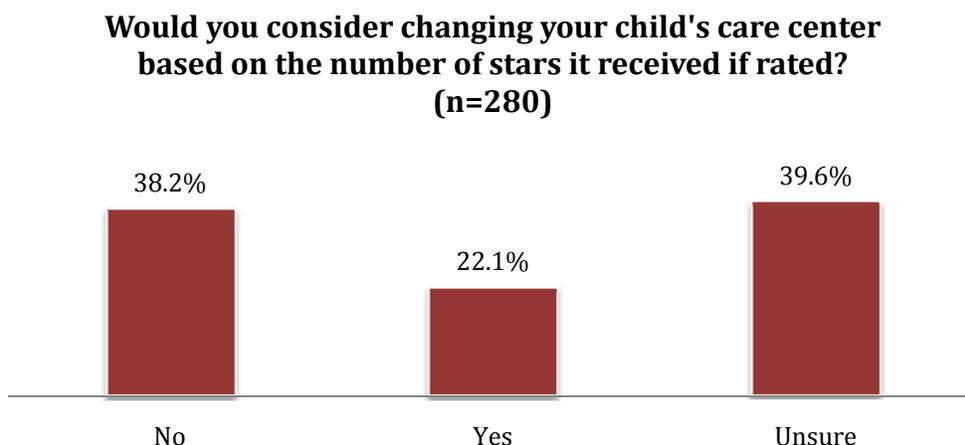
Parents were also asked to discuss some of the reasons they would not use a star rating system. Figure 2.4 illustrates that the most frequent reason reported was that parents were happy with their current center, with 76.1 percent of parents selecting this option. The second most frequently selected response was that parents would "value their friends' or neighbors' opinions more" at 43.6 percent. This indicates that parents are likely to seek the opinion of someone they know regarding a center's quality rather than simply rely on a star rating. Figure 2.4 displays all possible responses to this question.

Figure 2.4

What are the reasons you may not use a star rating system? (n=280)
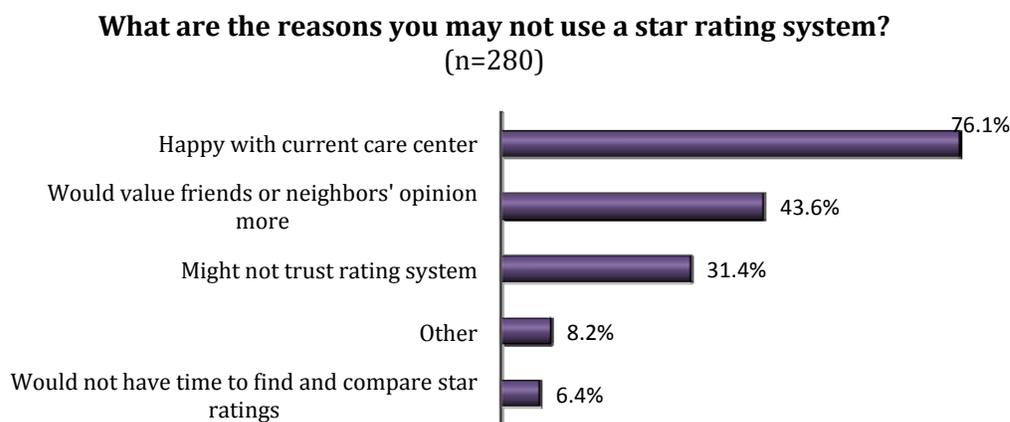
NOTE: Responses are not mutually exclusive. Respondents could select more than one response category therefore percentages will not add to 100 %.

Parents were asked about the best methods for advertising a rating system. According to the recently released "Compendium on Quality Rating Systems and Evaluations", most QRIS allocate at least part of their budget toward advertising. According to parents in the pilot centers, advertising in all licensed child care centers as well as posting information on the state website, were listed most frequently. Figure 2.5 and Table 2.3 display these results below.

Figure 2.5

How do you think a star rating system should be advertised?
(n=280)

68.9%	81.1%	38.6%	12.5%
Posted on the State of Nevada website	Available in all licensed childcare centers in the area	Available at all elementary schools in the area	Other
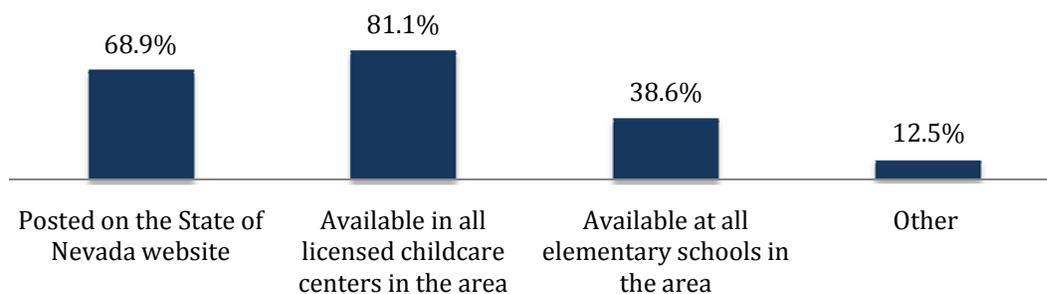
Table 2.3 – Selected Responses for "other" ways to advertise the star rating system

Word of mouth	Childcare Assistance Agencies	Childcare center websites or phonebook ads
Pediatrician's Offices	Magazines designed for parents and children	Posted at all childcare centers – like food vendors post letter grades
Libraries, Schools, School district offices, Churches	Websites: popular children's websites, parenting websites, any related blogs or websites	Ratings "must" also have criteria posted

Respondents had some great suggestions for other possible outlets for disseminating this information. However, in response to this same question there were a few respondents that indicated that they do not think that a QRIS will be effective, or that it does not matter where the information is posted. Another respondent expressed some distrust in a rating scale, reporting that "*just because it has a 5 star rating, doesn't mean it's the best facility.*"

The survey also contained one open-ended question that allowed parents to write in their thoughts about the need for or development of a star rating system for child care centers in Nevada. Sixty-one respondents answered the question, but nine indicated that they had no suggestions. The remaining fifty-two responses (approximately 19% of returned surveys) are categorized below.

Positive Thoughts about the Rating System (n=17)
Seventeen respondents indicated they supported the creation of a QRIS rating system, and thought that it would be a good tool for parents. Many of these 17 indicated that it would be useful when first looking for childcare or for parents who are new to the area. More specifically, some parents indicated that this would be especially useful for those that do not have friends or family in the area and therefore do not have a personal referral for childcare – those who need a "*reliable source, and what better and beneficial way than to have the opinion of professionals.*"

Skepticism about a Rating System (n=17)
About 28% (n=17) of respondents who answered this question expressed concern about how the rating system would be used or indicated that they were somewhat skeptical about the system. Parents expressed concern about who will be creating the rating criteria, and wanted assurances that the person(s) responsible for assigning the ratings had credibility and remained objective. Others expressed concerns about how parents would feel if they had to choose a center with a lower star rating because they could not afford one with more stars.
  "*How would you prevent parents who knowingly choose a childcare facility with a lower star rating from feeling resentful about not being able to afford a higher star-rated facility? Or from being able*

to afford a higher star-rated facility? Or from feeling like their children's provider is sub-standard because of the lower rating?"

Other respondents were concerned about how often the ratings would be updated, or if the QRIS would include home-based child care centers. A few parents indicated that they felt this project should be put on hold given the state of the economy, and the funds should be used for "*better inspections and services to facilities.*"

Suggestions for Improvement to or Concerns about the System (n=13)
Several of the respondents (n=13) provided suggestions or expressed specific concerns regarding the system moving forward. Some of these concerns were about the transparency of the system and whether parents would be allowed to see rating criteria so they can decide for themselves if the rating is meaningful. Others were concerned that a higher star rating would equate to a higher cost for child care, and another stated that while the star rating may be a good start, it is "*not a substitute for my own observations, research, and evaluation of the program.*"

Parents also suggested adding a parent feedback component or involving them in the rating system in some way. One respondent who made this suggestion stated, "*I trust parents opinions more than some outsiders who come in to rate the facility once in a while.*"

Negative Thoughts – A Rating System is a Bad Idea (n=5)
While many parents had questions or may have been skeptical about the idea of a QRIS, only about 8% of parents who responded to this question (n=5) explicitly indicated that they did not like the idea of a star rating system. Such responses included: "*(system is) completely unnecessary*" or that the "*star rating system could give the impression that if there are too many stars it is expensive or if not a lot of stars they are not good.*"

Summary and Conclusions
In general, parents had a positive response to the proposal of a star rating system. The majority indicated that they would use it as part of their selection criteria. Specifically, respondents felt that the system would be particularly useful for those parents who are new to the area and do not know anyone to give them a personal reference for a center. Additionally, 70 percent of parents reported that they would use the star rating as part of the criteria for selecting a center, and nearly all parents who completed the survey indicated they felt a star rating system for child care would be useful.

In responses to the more open-ended questions, parents had several questions about how the system would be implemented or suggestions for improvements to the system. These included adding a parental feedback component as well as ensuring that the criteria used in the ratings would be readily available so that parents can understand what the ratings mean. This indicates that care should be taken to educate parents about the criteria used to create the star ratings when they are published or advertised.

Additionally, center directors should take into consideration that although parents did report that they would use the star rating as a part of their selection criteria, the majority reported that they would not change their center simply because of the star rating. Again, this provides support for education about the system and its intended utility.

3. Environmental Rating Scores

Methodology

To assess the quality of a child care center from the child's perspective, two nationally recognized environmental rating scales were used in the pilot, the ECERS and the ITERS. These scales have been tested for reliability and validity and are widely accepted in the field as good measures of child care quality. These assessments were completed at two points in time by an independent consultant. The consultant received training in administering the assessment prior to the start of the pilot project. The first assessment was completed at the start of the project before any technical assistance or grant funding were provided to centers, and the second assessment was completed after the six months of technical assistance and grant funds had been spent. The consultant conducting the reviews generated reports for each center and classroom assessed. At the conclusion of the post-assessment, a report was submitted to NICRP with the center's overall score, the overall score on the ECERS and ITERS, and the change from pre-assessment to post-assessment on each of the primary elements of the scales.

These scores were entered into PASW 17, a database for statistical analysis, and comparisons are presented in the findings section below. All twelve of the Year One centers' scores are compared regarding overall score changes from the first assessment to the second assessment, as well as scores on each of the subscales from the first and second assessments.

Findings

Figure 3.1 displays the pre- and post-assistance scores for each center on the environmental rating scales. These scores were provided to NICRP by the consultant completing the assessments. A center's pre-assistance or post-assistance overall score is the average of each classroom's ECERS/ITERS rating within a center. This figure illustrates there were two centers in the first cohort (Centers 1-6), and one center in the second cohort (Centers 7-12), whose score after the technical assistance and grant funding was lower than when the center began the pilot project.

Figure 3.1 Year 1 Center Environmental Rating Scores Pre- and Post-Assistance (n=12)

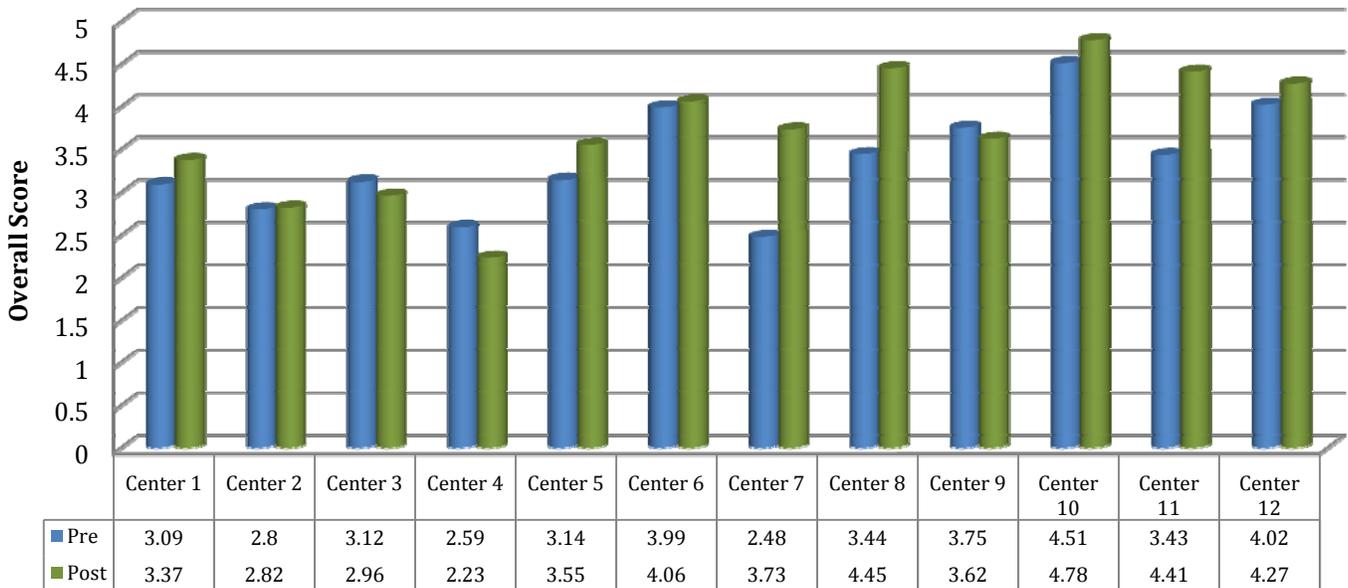|	Center 1	Center 2	Center 3	Center 4	Center 5	Center 6	Center 7	Center 8	Center 9	Center 10	Center 11	Center 12
Pre	3.09	2.8	3.12	2.59	3.14	3.99	2.48	3.44	3.75	4.51	3.43	4.02
Post	3.37	2.82	2.96	2.23	3.55	4.06	3.73	4.45	3.62	4.78	4.41	4.27

Figure 3.2 displays average score changes, based on a five-point scale, that Year One centers experienced. Over all 12 centers, the average change in ITERS scores was an increase of 0.65 points; the average change for ECERS scores was 0.12 points. Additionally, Figure 3.2 shows that the greatest improvements in scores were in items related to "Activities", with an average increase of 0.81 points.

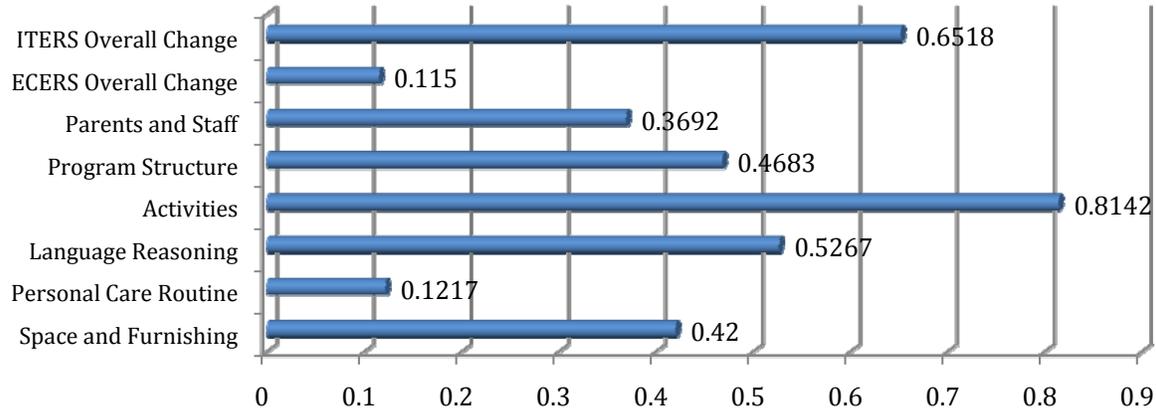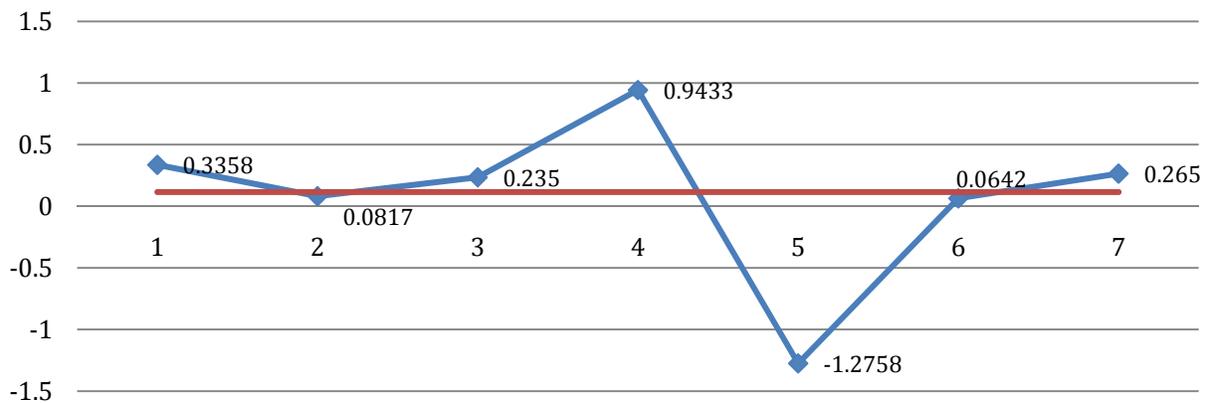**Figure 3.2 Average Score Changes for Year 1 Centers**

Figure 3.3 represents the average change in each assessment area for the ECERS over all Year One centers. The red line in the figure indicates the average change overall for ECERS scores, and each point on the blue line represents the average increase or decrease in scores for each element. The area that saw the greatest improvement within early childhood classrooms in Year One centers was "Activities", with an average increase of 0.94 points. The assessment area of "Interaction" actually saw a decrease on average from the first assessment to the second of -1.28 points. This is an area that may be a priority area for technical assistance so that interactions between children and staff, as well as staff supervision strategies, may improve.

Figure 3.3 Average Change in ECERS Elements for Year 1 Centers

1	ECERS- Space and Furnishing	0.3358	5	ECERS Interaction Change	-1.2758
2	ECERS Personal Care Routine	0.0817	6	ECERS Program Structure	0.0642
3	ECERS Language Reasoning	0.235	7	ECERS Parents and Staff	0.265
4	ECERS Activities	0.9433			

Figure 3.4 represents the average change in each assessment area for the ITERS for all Year One centers. The red line in the figure indicates the average overall change in ITERS scores over all 12 centers, and each point on the blue line is the average increase or decrease in scores for each element. Elements are numbered and identified in the table below the graph. On average, centers saw an increase in all elements of the ITERS; the smallest change was in "Personal Care and Routine", and the greatest increase was seen in "Activities". It is likely the increase in the "Activities" area was due to the addition of new materials purchased by grant funds for this project. Conversely, perhaps it would be helpful to provide more technical assistance in the area of "Personal Care and Routine", which includes health and safety practices.

**Figure 3.4 Average Change in ITERS Elements for Year 1 Centers**
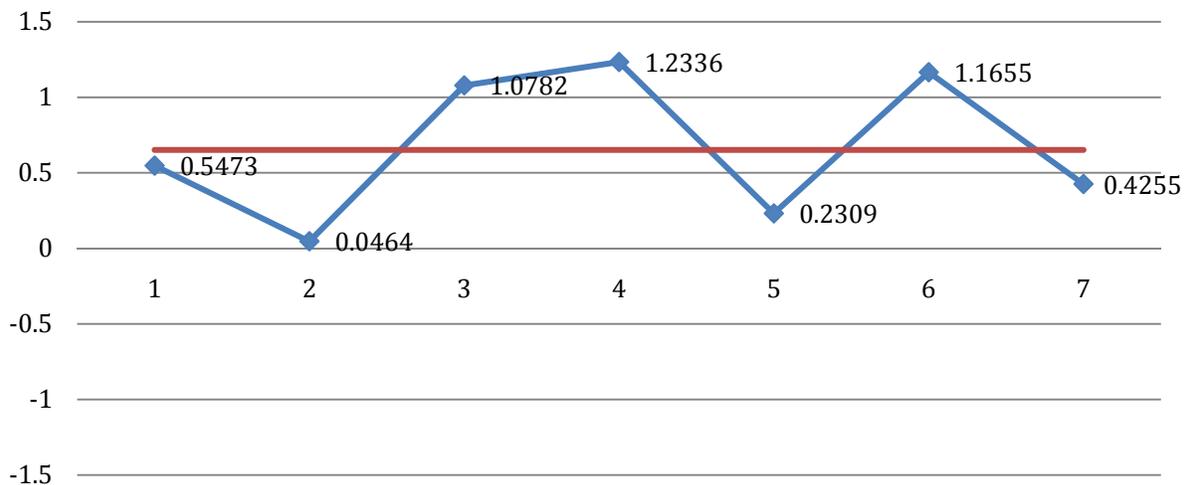
| 1	ITERS- Space and Furnishing	0.5473	5	ITERS Interaction	0.2309
2	ITERS Personal Care Routine	0.0464	6	ITERS Program Structure	1.1655
3	ITERS Language Reasoning	1.0782	7	ITERS Parents and Staff	0.4255
4	ITERS Activities	1.2336			

Figures 3.5 and 3.6 represent the changes in overall environmental rating scores for each of the small centers (Fig. 3.5) and large centers (Fig. 3.6) in Year One. When centers were solicited to participate in the pilot, they were asked to indicate their size and ownership type to ensure a diverse sample of centers were included in the pilot. Those centers with 120 children or fewer were classified as "small" while those centers with more than 120 children were categorized as "large. The changes in overall environmental rating scores for each of the small centers are represented by the blue bars in the figures, and the red line in each marks the average score change for all centers. These figures illustrates the wide variation in score changes from the pre-assistance ratings to post-assistance ratings, with one of the small centers and two of the large centers demonstrating a decrease in their score on the post-assessment rating.

Because there are only 12 centers in the first year of the pilot project and many of the QRIS processes were refined after working with the group of centers, the change in overall scores per center will be important to examine at the conclusion of the second year of the pilot project. Currently there does not appear to be any consistent relationships between the size of a center and their change in environmental rating scores.

Figure 3.5 Changes in Overall Scores from Pre-Assistance to Post-Assistance Small Centers (n=4)
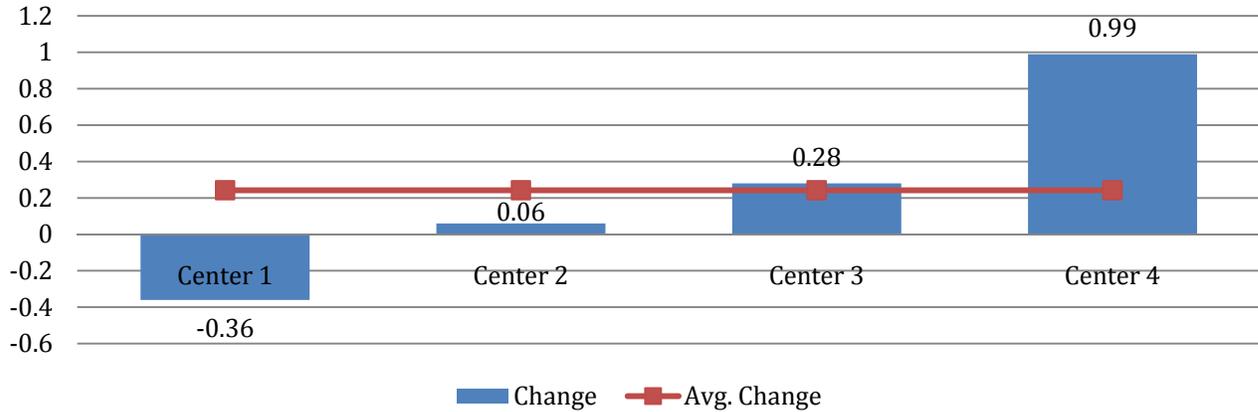
Figure 3.6 Changes in Overall Scores from Pre-Assistance to Post-Assistance Large Centers (n=8)
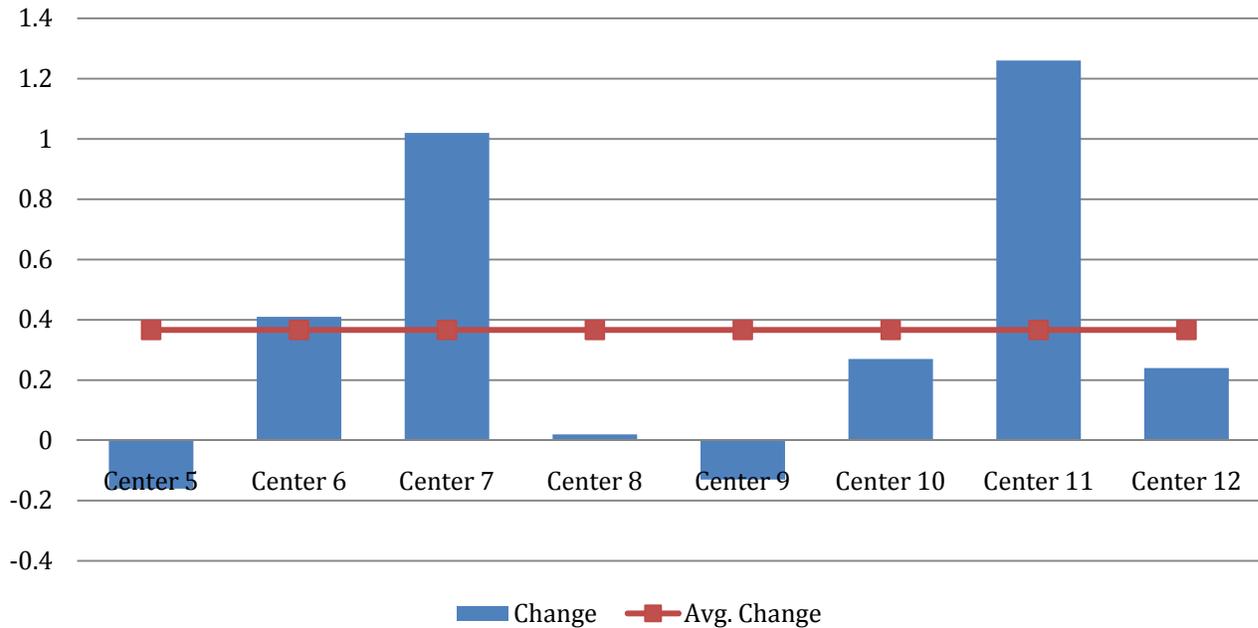
Summary and Conclusions

The majority of centers saw an increase in their environmental rating score after the technical assistance; however, the amount of change for each center was varied. Additionally, there were three centers in the Year One that actually had lower overall scores after receiving technical assistance. There are a number of possible explanations – stemming from multiple perspectives – for this discrepancy. Center directors had concerns that pre-assistance and post-assistance scores are not determined using the same classrooms within a center, indicating that perhaps outside factors unique to a particular classroom could affect scores. Technical assistance staff were concerned that the consultant doing the assessments was trained in reliability of the ratings scale only after first completing some of pre-assistance assessments. Both of these concerns should be further examined further at the conclusion of the pilot project.

4. Quality Indicators – Star Ratings

Methodology

Participating pilot centers were given the quality indicators created by the QRIS Workgroup at one of their initial meetings with UNCE staff. UNCE staff created a Quality Indicators form that explained each indicator and the criteria necessary to meet an indicator. Center directors were then asked to review all quality indicators and mark those indicators on the form that the center could meet, those it could possibly meet, and those that it could not meet. This information was used to assess each center's Silver State Stars QRIS star rating, based on a scale of one to five stars. Centers were not asked to provide documentation for the indicators for this "pre-assessment." Rather, pre-assessment ratings were used as one of the baseline measures for the overall evaluation. The ratings were a result of center directors' review of indicators and their feedback on whether they met, could possibly meet, or could not meet the criteria for each indicator. The pre-assessment star rating only took into account the indicators that could currently be met. Pre-assessment star ratings for each of the centers were provided to NICRP and were entered into PASW 17, a statistical software package.

In the current Silver State Stars QRIS, there are four quality standards used as criteria to assign a star rating to each center. Under each of these four quality standards are several criteria. The number of criteria possible in each quality standard is presented in Table 4.1 below.

Table 4.1 Quality Standards and Number of Possible Indicators

Quality Standard	# of Possible Indicators	# Required for 2 Stars	# Required for 3 Stars	# Required for 4 Stars
Policies and Procedures	15	4 (26%)	8 (53%)	12 (80%)
Administration and Staff Development	21	4 (19%)	8 (38%)	12 (57%)
Health and Safety	15	4 (26%)	8 (53%)	12 (80%)
Family and Community Partners	15	4 (26%)	8 (53%)	12 (80%)

Before technical assistance started, each center was asked to review the star rating criteria and estimate which they could meet without providing documentation. This information was used to assign an estimated star rating. After the technical assistance, centers were required to submit a binder with documentation for each of the criteria they could meet and a final star rating was assigned.

Table 4.2 below presents each center's estimated star rating, as well as the star ratings assigned by QRIS staff upon review of their completed portfolio (see more detail on "post-assessment" star ratings below).

Table 4.2 Center Star Ratings Before and After Technical Assistance

	Estimated Number of Stars Before Technical Assistance	Number of Stars After Technical Assistance
Center 1	1	1
Center 2	1	1
Center 3	1	1
Center 4	0	1
Center 5	2	1
Center 6	1	1
Center 7	0	1
Center 8	1	1
Center 9	1	2
Center 10	0	2
Center 11	1	2
Center 12	1	2

At the end of each six month technical assistance period, each of the center directors had created a portfolio – in the form of a binder – to provide documentation for fulfillment of each of the quality indicators that center had selected. The Office of Early Care and Education and the consultant who completed the environmental rating assessments reviewed each binder and made determinations about a center's final Silver State Star QRIS rating. Only 11 of the 12 first year pilot centers submitted a binder for review. One center submitted only their parent handbook as documentation for their star rating. This handbook was not reviewed, and therefore this center's rating is not included in the analysis.

The review of binders resulted in tracking the number of centers that "attempted" each of the indicators, as well as the number of indicators that were "accepted". Centers could choose which of the indicators within each quality standard they wanted to attempt, and provided documentation for each indicator they felt they could meet. Reviewers decided whether or not the submitted documentation was sufficient to fulfill a particular requirement and if so, "accepted" the documentation. If documentation was not sufficient, the indicator was not accepted and did not count toward a center's total number of indicators within a quality standard.

Findings

Figure 4.1 displays the proportion of accepted indicators within each quality standard for the Year One centers. In Year One, data is only presented for eleven of the centers because one center did not submit a completed portfolio (binder). As displayed below, the "Policies and Procedures" standard had the greatest proportion of accepted criteria at 49.7percent, while only 29.7percent of criteria were accepted under "Health and Safety".

Figure 4.1 Average Percent of Accepted Indicators within Quality Standards
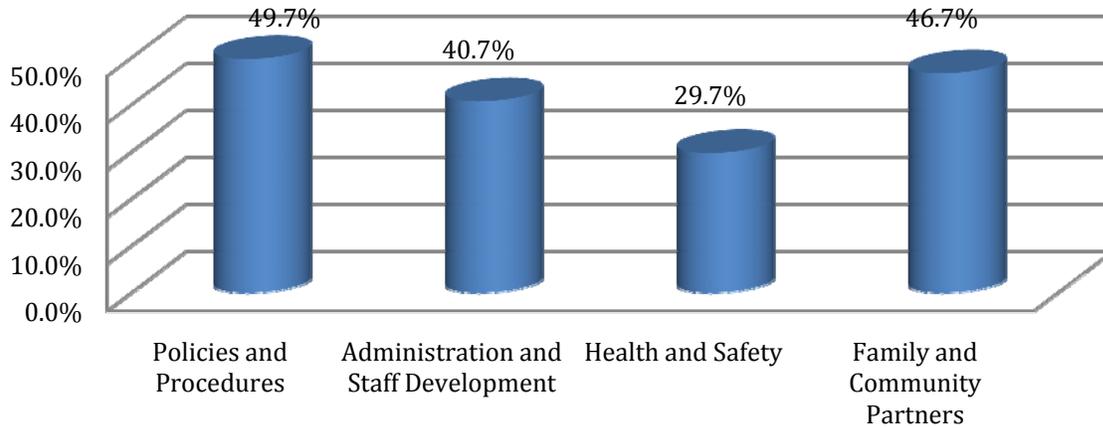
Figure 4.2 displays the proportion of accepted criteria within each of the quality standards by center. This figure shows not only the wide variation in the percent of accepted criteria within each of the standards, but also illustrates the trends for each center in accepted criteria. While all centers seemed to have lower percentages of accepted criteria in the "Health and Safety" standard, there are some centers that were also well below the average (shown in black) within the "Policies and Procedures" standard.

Figure 4.2 Percent of Accepted Indicators within Each Quality Standard by Center
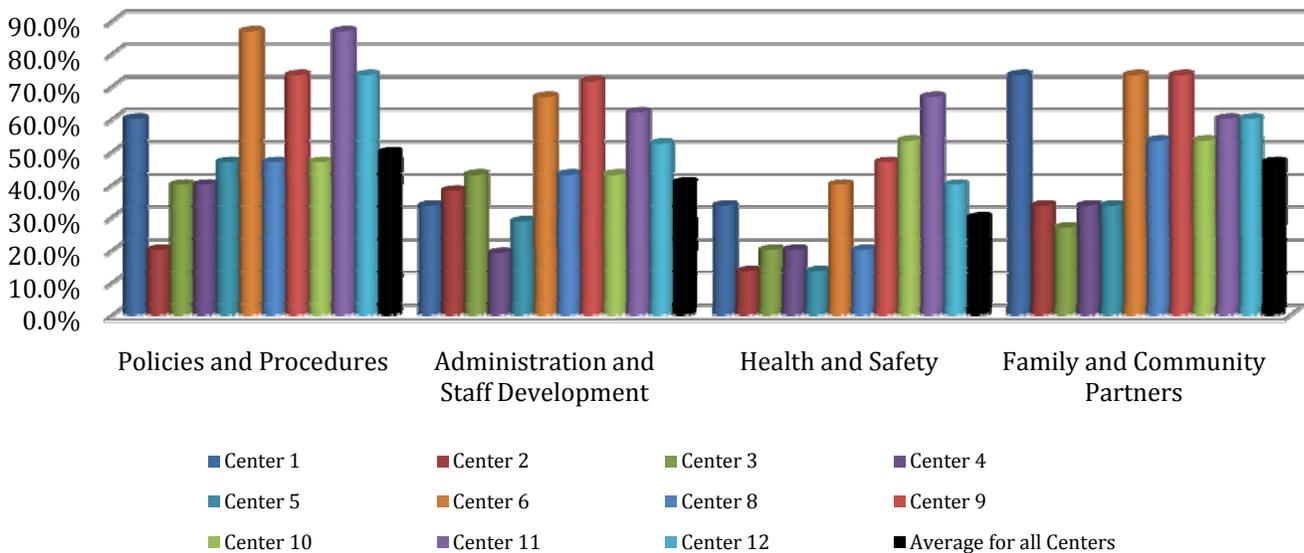
Table 4.3 below illustrates the average number of accepted criteria for the Year One centers that submitted a binder. This information is important to note because centers must meet minimum thresholds in each of the star ratings. For a center to receive two stars, they must meet four criteria in each category. To receive three stars, a center needs eight criteria in each category, and to receive four stars, a center must meet 12 criteria in each category. On average, the first 12 centers did not meet enough of the criteria to be considered anything higher than two stars.

Table 4.3. Average Number of Accepted Criteria in Each Quality Indicator Category for Year One Centers (n=11)

Quality Standard	Average Number of Accepted Criteria	# Required for 2 Stars	# Required for 3 Stars	# Required for 4 Stars
Policy and Procedure	6.2	4	8	12
Administration and Staff Development	5.6	4	8	12
Health and Safety	3.7	4	8	12
Family and Community Partners	5.5	4	8	12

In analyzing each center's binder, reviewers recorded the total number of centers that attempted each of the criteria, the number of criteria that were accepted through related documentation, and the number that were not accepted. The following tables (4.4 through 4.7) display the number of centers that attempted each criterion, as well as the number of instances when documentation was accepted versus not accepted within each of the Quality Improvement standards.

Additionally, percentages were calculated that represent the proportion of those centers that attempted to meet each criteria, as well as the proportion of instances when documentation was accepted versus not accepted. The criteria within each standard with the lowest proportion of attempts (less than 50%) are highlighted in pink, and the criteria with the lowest proportion of accepted documentation (less than 50%) are highlighted in blue.

Table 4.4 displays information about the criteria under the "Policies and Procedures" standard. It can be noted that there are a few criteria that only slightly more than half of the centers attempted and one that only 45% of centers attempted. Additionally, there are other indicators where although many centers attempted to meet the criteria, the documentation was not accepted in most cases (for instance, criteria 1.D and 1.E).

Using the information from these first 11 centers, a few questions came up that may require additional discussion by the Workgroup working to create this program so that more firm guidelines for reviewing binders are in place. A few of these questions are specific to the "Policies and Procedures" quality standard and they are presented below.

Questions for the Workgroup regarding the "Policies and Procedures" Standard:

1. Do we want real information without the child's name or blank forms for ongoing assessment documentation?

2. For ADA accessibility, do they need to have documentation for all (buildings, toilet, sinks, etc) or just a sampling?

3. For all policies, how old will we accept? Some policies may not need to be revised often or might not be dated at all.

4. Regarding the requirement to have a written statement on child evaluation and referral processes: Do we want to separate this criterion into two? – One for evaluation and One for referral process?

5. We may want to be more specific in the number of lesson plans, program activities, etc. If we change the wording, how many lesson plans, for each classroom?

6. Regarding the documented improvement plans based on ERS: Did we mean all classrooms or plan for each classroom that was evaluated? We would need one application that states number of classrooms/number of classrooms evaluated.

7. If the documentation was for training type meetings, not with a specific family and their child. Is this okay to meet criterion that the Center documents collaboration with an outside agency and family before disenrollment?

8. To meet the requirement that the center has a written statement on inclusion of children with special needs - do we need to see an actual IFSP/IEP with child's name blanked out? What if they don't have any children w/special needs?

9. Do we need copies of signed page from each employee to meet the requirement that the center has a written employee handbook that all employees have reviewed?

10. Also, do we need to rewrite this criterion – it is difficult to document that employees have access to the employee handbook?

11. How specific do we want documentation regarding employee compensation? Is a policy good enough?

Table 4. 4 Quality Standard 1: Policies and Procedures

# Attempted	% Attempted	# Accepted	% Accepted	# Not Accepted	% Not Accepted		Criteria
9	82%	6	67%	3	33%	1.A	Accessibility: Center meets ADA accessibility requirements. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play space, and all classrooms
11	100%	6	55%	5	45%	1.B	Assessment: On-going child assessment includes a variety of methods such as observations, checklist, rating scales, portfolios, teacher anecdotal records, or screening/assessment tools
9	82%	7	78%	2	22%	1.C	Assessment: Center has a written statement for the purpose of on-going child assessment
9	82%	4	44%	5	**56%**	1.D	Assessment: Center has a written statement on child evaluation and referral process
7	64%	0	0%	7	**100%**	1.E	Classroom: Each classroom maintains a classroom portfolio documenting program activities and lesson plans
10	91%	10	100%	0	0%	1.F	Classroom: Each classroom has a documented improvement plan based on their ERS score
7	64%	7	100%	0	0%	1.G	Collaboration: Center documents collaboration with outside agency and family before disenrollment of any child with medical/behavioral issues
10	91%	9	90%	1	10%	1.H	Curriculum: Center has a written statement on curriculum
8	73%	8	100%	0	0%	1.I	Inclusion: Center has a written statement on the inclusion of children with special needs; obtains (with parental consent) an IFSP/IEP for each child with a diagnosed disability enrolled who has such a plan
5	**45%**	4	80%	1	20%	1.J	Inclusion: Documentation of modifications and reasonable accommodations made for children with special needs
7	64%	5	71%	2	29%	1.K	Inclusion: Center has a documentation system in place to support collaboration with specialist working with identified children
10	91%	10	100%	0	0%	1.L	Policies: Center has a written policy for procedures on reporting child abuse & neglect
7	64%	4	57%	3	43%	1.M	Program Quality: Center has a documented procedure to receive staff feedback on program quality and feedback is used to develop a written plan for program improvement
10	91%	6	60%	4	40%	1.N	Staff: Center has a written employee handbook that all employees have access to and have reviewed
7	64%	7	100%	0	0%	1.O	Staff: Center has a compensation plan that provides for merit increases in addition to annual salary increases

Table 4.5 represents information about the "Administration and Staff Development" quality standard. Within this standard, there are 21 criteria available. Of these, there are five criteria where only 27% or fewer centers even attempted to meet the criteria (highlighted in pink), and one (item 2.F) that no centers attempted in Year One. Additionally, there were five criteria where of those that attempted, more than half of them did not submit acceptable documentation – these are highlighted in blue in the table below. Once all 24 centers have completed the pilot, these criteria may warrant further discussion by the Committee to determine if some criteria need to be changed or eliminated within this standard. During the review of these first 11 binders reviewers came up with several questions specific to this standard and they are presented below.

Questions for the Workgroup regarding "Administration and Staff Development" Standard

1. Regarding the requirement for minimum placement on the Career Ladder, what documentation is acceptable? The form that UNCE developed was very helpful, but do we also want copies of NV Registry certificates to verify?

2. Regarding the requirement for the director to participate on an early childhood committee, does the director's name need to be on documentation? It would be for e-mails and possibly minutes, but not necessarily agendas.

3. Regarding the requirement for directors to have a minimum of 21 credits in management or business related courses; can these hours be from informal trainings or college credits only?
   We will need to change the wording if we take certificates from informal trainings.
   Does it matter how far back the classes were taken?

4. For requirement that preschool lesson plans address pre-K standards, How much detail needs to be included? Just the numbering from the Pre-k Standards, a handout on Pre-k Standards, or show an actual link between calendar and standards? Also, are weekly calendars considered lesson plans?

5. Criterion 2.K - Teaching teams have time to meet and plan on a weekly basis; what documentation is needed for this criterion?

6. Regarding the requirement of medical benefits; If only full-time staff get medical benefits, is that okay?

7. Regarding additional benefits (other than medical) available; does being a TEACH site count as an additional benefit?

8. Under Criteria 2.N regarding the work environment for staff; Does a center need to provide all of the parts of the criterion? We need to change the wording to make clearer.

9. For the requirement that teachers receive an additional 5 hours of annual training; is this all teachers? Assistants?

10. Could we change the wording to say center has a policy requiring at least 5 additional hours of annual training? If we only require list of employees and their trainings, do we need copies of certificates?

Table 4.5 Quality Standard 2: Administration and Staff Development

# Attempted	% Attempted	# Accepted	% Accepted	# Not Accepted	% Not Accepted		Criteria
6	55%	2	33%	4	67%	2.A	Career Ladder: Minimum placement on the career ladder is 2.1 for 75% of staff OR
6	55%	0	0%	6	100%	2.B	Career Ladder: Minimum placement on the career ladder is 4.1 for 50% of staff
2	18%	2	100%	0	0%	2.C	Center: Center is accredited by an approved accrediting body
6	55%	6	100%	0	0%	2.D	Center: Center is a T.E.A.C.H. Early Childhood Nevada site
8	73%	8	100%	0	0%	2.E	Director: Director has completed an approved ERS training
0	0%	0	0%	0	0%	2.F	Director: Director has taken Program Administration Scale (PAS) training and has a documented plan based on the PAS score
5	45%	4	80%	1	20%	2.G	Director: Director is a current member of a national early childhood professional organization
5	45%	4	80%	1	20%	2.H	Director: Director participates on an early childhood committee
3	27%	1	33%	2	67%	2.I	Director: Director has a minimum of 21 credits in management or business related courses
10	91%	8	80%	2	20%	2.J	Lesson Plan: Preschool lesson plans address Nevada Pre-K Standards
3	27%	1	33%	2	67%	2.K	Planning: Teaching teams have time to meet and plan on a weekly basis built into their schedule
10	91%	10	100%	0	0%	2.L	Staff: Medical insurance is available to staff members
10	91%	10	100%	0	0%	2.M	Staff: Benefits (other than medical insurance) are provided to staff members
10	91%	10	100%	0	0%	2.N	Staff: Work environment for staff includes a place for adults to take a break from children, an adult-sized bathroom, a secure place for staff to secure their belongings, and an administrative area for planning that is separate from children's areas
6	55%	3	50%	3	50%	2.O	Staff Development: Teachers receive an additional 5 hours of annual training (beyond the required 15 hours)
7	64%	6	86%	1	14%	2.P	Staff Development: Center reimburses professional development expenses incurred by teaching staff
8	73%	7	88%	1	13%	2.Q	Staff Development: Center holds monthly staff meetings that include staff development activities
3	27%	2	67%	1	33%	2.R	Staff Development: 50% of teaching staff are current members of a national early childhood professional organization
8	73%	8	100%	0	0%	2.S	Staff Feedback: All teaching staff receive an annual written evaluation
6	55%	5	83%	1	17%	2.T	Staff Feedback: Supervisor provides teaching staff with written feedback based on observation of teacher's performance at least three times a year
5	45%	5	100%	0	0%	2.U	Transitions: Center provides age and individually appropriate classroom materials and activities to prepare children for transitions

Table 4.6 below contains information regarding the "Health and Safety" quality standard. This standard has 15 criteria available and the Table 4.6 represents the number of centers that attempted each of the criterion as well as the number of instances where the documentation was accepted. There were five criteria where less than 50% of centers attempted to meet the criteria (highlighted in pink), and three criteria where the documentation was not accepted in more than 50% of those centers that attempted to meet the criteria (highlighted in blue). During the review of these first 11 binders reviewers came up with several questions specific to this standard and they are presented below.

Questions for the Workgroup regarding the "Health and Safety" Standard

1. What is appropriate documentation for the emergency preparedness kits? List of materials, photos, policy statement?

2. What documentation should be included to show locations of first aid kits? Are photos okay? What if only playground is documented by not vehicles?

3. What documentation is acceptable for required assessments by child care health consultants? Give examples. What CCHC services still available?

4. Do we want to add a criterion on follow-up was completed for any issues related to a playground assessment report? If we are unfamiliar with inspector, do we need documentation of certification?

5. Do we want to add a criterion on follow-up was completed for any issues related to report regarding the center's assessment for hazards from friable material?

6. Do we need documentation that a cleaning or sanitation schedule or checklist is posted in classrooms?

Table 4.6 Quality Standard 3: Health and Safety

# Attempted	% Attempted	# Accepted	% Accepted	# Not Accepted	% Not Accepted		Criteria
11	100%	11	100%	0	0%	3.A	Emergency Preparedness: Center has an advanced plan for emergency preparedness addressing specific disasters and appropriate emergency preparedness kits
9	82%	9	100%	0	0%	3.B	First Aid Kits: Additional first-aid kits are located in each classroom, on the playground and in all vehicles used to transport children
5	45%	3	60%	2	40%	3.C	Health: Health and Safety Assessment is completed by a child care health consultant
5	45%	3	60%	2	40%	3.D	Health: Child Record Review is completed by a child care health consultant
0	**0%**	0	0%	0	0%	3.E	Health: Center provides care for sick children in a separate location, supervised by a nurse
8	73%	5	63%	3	38%	3.F	Health: Center has individualized health plans for children with medical concerns
3	**27%**	2	67%	1	33%	3.G	Nutrition: Menus are evaluated by a nutritionist
0	0%	0	0%	0	0%	3.H	Oral Health: Infant's teeth and gums are wiped with a disposable tissue after each feeding
1	**9%**	1	100%	0	0%	3.I	Oral Health: Children with teeth, brush or are assisted in brushing, at least once during the day
7	64%	3	43%	4	**57%**	3.J	Playground: Playground Safety Assessment is completed by certified playground safety inspector
6	55%	4	67%	2	33%	3.K	Safety: Center has documentation indicating that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazards from friable material
4	**36%**	4	100%	0	0%	3.L	Safety: Center has additional safety equipment for outside play i.e. helmets, protective gear
10	91%	9	90%	1	10%	3.M	Sanitation: All classrooms have a cleaning and sanitation schedule posted
5	45%	1	20%	4	**80%**	3.N	Staff Development: All administrators and teaching staff have an additional 4 hours of training in health, safety, or nutrition received in the past two years
3	**27%**	1	33%	2	**67%**	3.O	Staff Development: All administrators and teachers have advanced training for emergency medical response to threatening incidents for administrators and teachers

Table 4.7 displays the 15 available criteria under the "Family and Community Partners" quality standard, as well as the number of centers that attempted to meet each of the criteria. Within the 15 criteria, there is one criterion that just one center attempted to meet, and documentation was not accepted (highlighted in pink). There are two other criteria where nearly all centers attempted to meet them, but the documentation submitted was not accepted (highlighted in blue). These are areas that the Committee should further examine once all 24 centers have completed the pilot. During the review of these first 11 binders reviewers came up with several questions specific to this standard and they are presented below.

Questions for the Workgroup regarding "Family and Community Partners" Standard

1. Does a paragraph from a parent handbook regarding "open door policy" meet the criteria for a "written plan for parent involvement" or do we want more specific documentation on parent involvement?

2. Regarding the requirement for the center to display children's artwork at the child's level (4.H), for the purpose of the pilot we gave a "YES" for any photos included, but what if we can't tell child's level, no writing samples, or if the art is clearly process art?

3. Regarding the newsletter requirement (4.I), for the pilot we gave a "YES" as long as there was on sample, do we need more that one month's worth of samples?

4. Criteria 4.K specifies that "Center compiles and provides written program information to families in a language that the families can understand." How do we know what languages are represented in center? If the center reports, English only, is that okay for this criterion? Do want to add wording that if all families speak English, this criterion is not applicable and cannot be selected?

5. Regarding 4.M, do we need enough documentation to show quarterly parenting class or training offerings?

6. What documentation is needed for the criterion requiring that the center has a documented procedure to receive family feedback (4.O) – form or survey used; written procedure; and/or actual plan?

Table 4.7 Quality Standard 4: Family and Community Partners

# Attempted	% Attempted	# Accepted	% Accepted	# Not Accepted	% Not Accepted		Criteria
7	64%	7	100%	0	0%	4.A	Community: Center has documentation of a partnership with a community agency
10	91%	10	100%	0	0%	4.B	Community: Materials from community agencies are available for families at the center
8	73%	7	88%	1	13%	4.C	Community: Center is registered with the subsidy program
6	55%	4	67%	2	33%	4.D	Community: Center has an advisory or governing board which includes family members
8	73%	8	100%	0	0%	4.E	Families: Center has a written plan for parent involvement
9	82%	7	78%	2	22%	4.F	Families: Center offers family involvement activities (minimum two per year)
6	55%	5	83%	1	17%	4.G	Families: Parent Teacher Conferences are scheduled on a regular basis and as needed
8	73%	8	100%	0	0%	4.H	Families: Center displays samples of children's work at child level to include: writing sample, process art, photos of child and family activity
11	100%	10	91%	1	9%	4.I	Families: Program provides families with newsletter (at least 4 times per year)
6	55%	4	67%	2	33%	4.J	Families: Center has a communication form families can use to communicate with teachers
6	55%	4	67%	2	33%	4.K	Families: Center compiles and provides written program information to families in a language that the families can understand
7	64%	7	100%	0	0%	4.L	Families: A written procedure is in place to help families transition to the next classroom, other programs, or schools
6	55%	1	17%	5	**83%**	4.M	Families: Center offers quarterly parenting classes or training opportunities (minimum one per year by outside agency)
1	**9%**	1	100%	0	0%	4.N	Families: Staff members participate in cultural events designed for children and their families to better understand the cultural backgrounds of children, families, and the community
7	64%	0	0%	7	**100%**	4.O	Families: Center has a documented procedure to receive family feedback on program quality and feedback is used to develop a written plan for program improvement

Summary and Conclusions

Binders submitted for review for star ratings varied widely in their composition and level of completeness. There are several criteria within each of the quality standards that may warrant further discussion by the committee. In addition, reviewers identified areas where clarification may be necessary to create more stringent guidelines and protocols for documentation that will be accepted to meet the criteria in each of the standards. For example, submitted binders should ensure that all documentation is clearly labeled with the specific criteria letter and number to ensure that reviewers understand which element is being attempted and thus can evaluate it appropriately. In several of the binders submitted in the first year, these were not clearly labeled and substantially increased review time and made them difficult to evaluate. Finally, it may be beneficial to create written protocols for creation and submission of these binders as well as the instructions for review of the binders.

Reviewers made notes of their specific suggestions for improvement and questions for workgroup consideration as they were reviewing the binders and these questions are listed below.

Reviewers Suggestions for Improvement/Questions for the Workgroup
- Should directors be able to have a second chance to submit materials if the initial documentation provided was not accepted?
- If criterion requires something of all staff – are centers required to provide documentation for all staff ? Without the listing of all staff how can you guarantee that?
- If criterion requires a certain number of times per year, do we need documentation for all "x" times?
- If a criterion reads, "written policy or procedure", but the documentation is only a form – is that acceptable?
- For ADA compliance to centers need documentation for all buildings or just a sample? (1.A)
- For documentation of ongoing child assessment (1B) do we need real information with the child's name or simply a blank form?
- Is there an "expiration" for policies – does it matter how old they are? If so, how should we handle those that are not dated?
- Should 1.D. be separated into two criteria – one for evaluation and one for referral?
- All documentation must be labeled with specific criteria letter and number
- One center created a summary profile for each staff member with their professional development plan strengths and areas for growth. This would be very helpful for all centers to complete.

5. Center Director Interviews

Methodology
Center directors that participated in the Quality Rating Improvement System pilot project were interviewed regarding their experience and asked for their feedback to identify areas in the process that are working well and those that may need improvement. Interview questions were based on information provided from the on-line survey the center directors completed at the beginning of the project. Each interview lasted approximately one hour and all interviews were recorded and later transcribed to ensure accuracy. Director responses were then analyzed by identifying main themes, or codes, within each interview followed by grouping similar responses across all interviews for each theme. The overarching themes are presented below.

Findings
Throughout the interviews, many directors reported that they received a lot of valuable information and appreciated not only the grant funding but also the technical assistance provided by the UNR Cooperative Extension staff. Additional overlying themes of the interviews included difficulty finding the time to implement recommended changes or not having the resources available to implement those changes. Many directors commented that they felt under-staffed and that they would have been more successful had they had more support. Each of the questions were analyzed individually and the responses are discussed below. The main topic of each question is presented in bold followed by the overarching themes that emerged for each question.

Prior Knowledge
Directors were asked about their prior knowledge in working with QRIS before their involvement in the pilot. Four reported that they had no previous knowledge but the remaining eight directors reported having some prior knowledge. For those that had some knowledge, it was usually a discussion with a friend of colleague about rating systems, they had heard about it at a conference, or had purchased some literature about QRS. One director reported having been peripherally involved with a QRS in another state prior to coming to Nevada. Interestingly in the first cohort of centers only half of the directors had prior knowledge of QRS, while nearly all directors in the second cohort had some knowledge before the pilot.

Anticipated Concerns
Following their discussion of their previous exposure to QRIS, directors were asked about the anticipated concerns expressed in their first on-line survey. Now that they had completed the pilot, we wanted to understand whether or not directors experienced the issues that were discussed early in the project. These prior concerns included the ability to score well on the scale using existing criteria, obtaining teacher and staff support with participation, as well as the paperwork associated with participation. Each of these areas of concern are discussed below.

(1) Ability to Score Well on the Rating Scale
First, they were asked if their Center's ability to score well on the rating scale using existing criteria was a concern for them during the project. The majority of directors still expressed concerns regarding the rating scales criteria. One director expressed continued concern about how issues such as staffing, budget, and time would impact their ability to score well- adding, "having enough hands to do that has been a problem for me." Another Center Director noted that she was not concerned with the actual score but instead she was focusing on "what we could do." However, this Director also stated that, "My Company was very concerned with the score [and] where that would make us fall." One center director was handling this concern by trying not to concentrate on the

scores and another director acknowledged that "...anytime you go into an assessment process any director would worry as to whether they could meet the criteria of the assessment."

The second area of concern directors discussed was regarding the quality indicators used in this star rating system. A common theme for three of the centers was the feeling that the rating system was too strict or rigid, specifically regarding the amount of "free play" required under the environmental rating scales and the expectation for having perfect inspections from state/county authorities. One director was especially concerned about county evaluations, such as the Health Department or Child Care Licensing, because they felt that the county would "never pass, because the county's always going to find something to say, or they feel like they haven't done their job."

Five of these directors also felt that not all centers are the same so should not be treated as such, labeling this as a '"cookie cutter' attitude". One center reported that there needed to be more room for leniency among the different types of centers and used the example of the required amount of play time. This Director commented, "They come in and they say 'If the child is in an XYZ room for 8 hours, they have to have X amount of time at open play', and there is no deviation from it." Another Director made a similar remark when saying, "...Everything is in black and white and when you apply it in abstract to an actual situation it always changes". This director recommended that the goals of each center be taken into consideration when assigning a rating so that centers are not penalized for having different goals.

It appears that those directors with concerns about scoring well and receiving a high star rating were really concerned with the criteria used to provide the star rating. Additional education about rationale for the criteria may be necessary to help directors understand why criteria is in place and how it will help to improve quality at their center.

(2) Getting Teachers on Board
Center directors were asked whether or not getting their teachers on board with the program was a barrier in successful implementation. Most directors noted that their teachers were very willing to participate in the pilot project because they wanted to improve the quality of their classrooms and also they were able to utilize grant funds for those improvements. However many directors also noted barriers that even enthusiastic staff may have faced, including adequate time to complete improvements, the teachers background and experience in early childhood education, and high teacher turnover during the pilot period.

One of these directors stated, "I've got great teachers and they really want to improve and do what they can... [but] the huge problem is time". Another Center Director said, "...if they have teachers that have no training, you're trying to train them in the basic skills, so getting [them] to understand about ratings and different things that they can implement, it's like speaking another language." Overall, while directors reported that their teachers were enthusiastic about improving the center using the grant funds, it seems that implementing the quality improvement system as a whole was difficult at times, due to staff inexperience and turnover. This may be another area where additional specific targeted education for early childhood education center staff would be useful early in the center's participation in QRIS to ensure that they understand the model and why improvements in specific areas are being recommended. Additionally, perhaps some of the grant funds could be used to compensate staff for time completing supplemental training or spending extra time completing improvements in the classroom to help motivate staff to participate in the program. This communication and education about the program may help to facilitate their buy-in and ownership of the process as well.

(3) Too Time Consuming
All participating Center Directors were asked whether they felt the project was too time consuming or if there was too much paperwork involved in the project. Eight of the twelve directors reported that they expected the amount of workload and some even appreciated the work saying, "I have improved myself, it is a struggle but I have appreciated it because it has given me some real guidelines." However, four centers also felt that the workload was "overwhelming" and very "time consuming". Two directors reported having to work on the project during their personal time and another would have liked to see more support from the Technical Assistance staff, such as the provision of visual aids to help explain the changes being recommended.

Of the directors that had to work on their quality improvements outside of their regular work hours, one director explained that it was due to conflict with the center's owners who felt she should not spend her working hours on making the quality improvements. "No you've got your other work to do, you shouldn't be spending your time on this." Another director was concerned about how much preparation and time would be needed before beginning the project. This director noted, "the only part of it that I worried about was how much background I could get in a very short amount of time" and continued saying, [when starting] "a process that can be rather laborious, like any assessment is, I think you want to make certain that you have a level of intro that doesn't require a whole lot of looking at books."

Overall, it seems that finding solutions to increase the effectiveness and efficiency of educating the Directors about the project may be useful, as well as providing additional support for the directors in determining the project's success. This support could be assistance in completing paperwork, implementing room changes, and providing an outlet for directors to network with others who are completing the same process.

(4) Accessibility of Professional Development Opportunities
Center directors were also asked about whether or not accessibility to professional development opportunities was a barrier in participating in the pilot project. Most directors reported that the problem was not in the number of opportunities for professional development, but in when and how they were offered. Cost was an issue mentioned by two directors. One director reported that she uses hourly employees in her center and because of the financial situation of the center, she is already trying to reduce hours of her staff and could not afford to pay staff for the time spent in training. This director continued, "If you're not going to be able to actually travel to trainings, then you need to be able to have a computer to access online trainings. My staff are typically single moms, without access, many of them take the bus to work, so I think that proved to be a bit of a hurdle." Another barrier in promoting the professional development of the staff was their lack of willingness or interest in completing training outside of their regular work hours. Making professional development opportunities a priority was a challenge due to staff being limited on time and other work duties taking precedence. For example, one director found it difficult to get staff to fill out surveys because they had so many other work tasks that took priority. In the case of one center, even if training was arranged to be held at the center, it became difficult for the director to fully participate. This director reported that they "only had one training during this whole time, and my staff got the certificates, but I didn't because she said that I had to leave the room too often to handle all of the things in the office…" Furthermore, using time outside of scheduled work hours for professional development was not convenient as employees were reluctant to take time away from their families.

Additionally, four directors had issues with the rating system being too strict or unrealistic regarding requirements for continuing education and professional development. These directors specifically mentioned issues ranging from poor time frame, being "stuck" at a rating level because

classes weren't offered in Nevada, or that rating expectations for professional development plans were simply too high and unachievable.

These issues all point to the importance of shifting the culture to see early childhood education as a profession and not just a job. If staff saw themselves as professionals they may be more interested in completing training and other professional development outside of normal work hours because it would benefit their career as a professional.

Orientation to Program
After the centers were selected for the pilot project, and before any assessments or assistance had been provided, center directors participated in an orientation provided by the State Office of Early Care and Education. At this orientation they received information about QRIS and the Silver State Stars program, the environmental rating scales (ECERS/ITERS), and the pilot project's evaluation plan. Their suggestions for improvement are discussed below.

(1) Suggestions for Improvement to Orientation
In this follow up interview, directors were asked if they felt this orientation adequately prepared them to participate in the pilot project. The majority of directors in the first cohort did not feel that this short orientation was enough to prepare them for their participation in the pilot. Four directors felt that improvements could include additional meetings (such as the workshop given on the environmental rating scales and how to use them), opportunities to visit other Centers, and access to the ECERs and ITERS books earlier in the process. However five of the six centers in the second cohort felt that the orientation was adequate for preparing them for the pilot. These centers were provided a more in depth training on ECERS and ITERS prior to starting the pilot which may have caused them to feel more prepared than those centers in the first cohort who didn't receive this training until after they started the program. In addition some second cohort center directors recommended that there be a separate orientation to QRIS for center staff so that information about the program can be given directly to the staff and not just thorough the directors.

(2) Improved Communication about the Goals of a QRIS
Interviews with Center Directors also revealed that there were several areas where communication during the orientation could be improved to avoid misunderstandings about the program. Two Directors felt that they never really understood the vision or workload of the project while another director thought they would be receiving much more support than they actually did. It was also noted by one director that the ECERS and ITERS assessments associated with the pilot project "were far and above" the state/county licensing regulations. It seems that these directors did not understand that the assessments were intended to be above regular licensing requirements and that many of the improvements would need to be implemented by the center director and his/her staff.

Varying levels of knowledge about the ECERS assessment and basic knowledge about child care among the directors may have also impacted the director's comprehension of the intention of the pilot project. One center director had previous experience with ECERS, where her center was actually assessed. This director recalled, "Maybe about 15 years or so [ago], one of our [Center's] went through the ECERS system…and then when county was trying to implement the ECERS system, we were also on the committee to help try and put that together." This helped her to feel more comfortable with the ratings and understand why criteria were used to indicate quality. Yet another Center Director reported having minimal child care experience saying, "Keeping in mind, I own this daycare and everything, but I never really worked daycare, I was in the school district, I was a teacher, a whole different picture of what childcare is….I really don't know what daycare

looks like…and I don't know what other daycares are doing or how it is supposed to look, and I don't feel like they really gave it to me. What I know is what I have taught myself off the internet."

Some of the director's responses and expectations for the project indicate varying levels of education and experience in early childhood education and quality rating improvement systems. Therefore, these varying levels of knowledge and experience may need to be taken into consideration when selecting centers for participation as well as when preparing the orientation and accompanying materials.

Feedback on Environmental Rating Process
On site assessments of quality using the ECERS and ITERS were completed at two points in time for this project, before and after receiving the training and technical assistance. In the follow up interviews, directors were asked for feedback regarding what could have been done to make the process easier or more effective for center staff. Overall, five of the twelve directors praised the process and thought the assessor did a "great" job, and others referred to the assessor as "friendly and very professional." However, another director thought "that the staff was not as prepared as I think, I would have prepared them [for the assessment]" and said "they felt ill-prepared for that level of visit." This director suggested giving staff a handout of what to expect before the visit.

Communication with Staff During the Assessment
Overall, directors were pleased with how the assessment was conducted, however, some directors did have some suggestions for improvement in the delivery of the assessment results. One director felt that the tone in the assessment could be framed more positively reporting, "she's a little harsh… she could have been nicer in her writing…"Another discussed the scheduling inconvenience for the teachers being observed, "Make sure when they schedule the follow up of the visit that it is on the teacher's schedule, not [the assessors]." The same director further explained that at the end of the visit, the assessor wanted to meet with the teacher she was visiting. However, it was not a convenient time for the teacher, "in a couple of the instances, either it was naptime, or the teacher was off the clock, and she stayed late." The assessor may want to work more closely with directors in scheduling when conducting assessments.

Additional thoughts on Assessment Process
Directors were asked if they had any additional feedback or suggestions for improvement of the initial environmental rating. While two Centers had no feedback regarding this process, one said, "From a new director perspective, it has really helped me to have a framework for improvement-[knowing] where the school is at and where I would like it to go." Another director told her staff to behave as they normally do for the evaluations and commented "I thought it was really good, so no I don't think I would change anything." However one Director reported that she would have liked more of a step-by-step outline of the process in order to get "more of a mental idea of what's going to happen." This Director recommended providing more visual materials and information such as a DVD or handout that walks the director through the process as she said she had a difficult time remembering the information from the orientation. In addition two directors reported concerns about the methodology associated with the environmental ratings themselves. These directors, expressed frustrations with aspects of the environment that they did not create (for example building structure, doorknobs, etc) but affected their score and another director felt that the assessments were conducted at such different times of the year that the dynamics of the classes (students, staff, programming, etc) had changed so much that comparing the assessments at time one to those at time two was unfair, saying it was comparing "apples to oranges".

Communication of Environmental Rating Results
Center directors were asked about their experience with how the results from their ITERS/ECERS assessment were shared with them. For all directors the University of Nevada Cooperative Extension (UNCE) staff, who provided the technical assistance, shared the environmental rating results with the directors to help develop an improvement plan. All directors reported that the method of receiving this information included delivery of a paper copy of their results and a verbal report by UNCE staff through scheduled meetings. In addition, some indicated that they were emailed an electronic copy.

Two directors reported having a positive experience with the delivery system with one commenting that she felt "very comfortable" with the process and that "…having been through NAEYC and NAC's, it was probably the easiest process I have ever been through." This same director also said, "It was done very well and it was very sensitive, they were willing to discuss the [areas for] potential for growth." One center director seemed to have a less constructive experience reporting, "I just felt like she was so mean." This director had very little experience in early childhood education and may not have fully understood the rating system or the need for identified areas of improvement. These potential issues should be taken into consideration when reviewing the initial ratings with center directors and/or their staff.

Process to Receive Initial Star Rating
After receiving their initial results of the ECERS/ITERS, a Technical Assistance (TA) Staff member from the University of Nevada Cooperative Extension (UNCE) came to each Center and performed an initial star rating assessment. Center directors were asked to describe this process. All of the directors appreciated what time they were able to spend with the TA Staff, even if they had suggestions to improve those interactions and the process in general. One director reported that her staff felt very comfortable with them and that the TA Staff provided a lot of valuable ideas and feedback. There were some directors in the second cohort that reported that this process was heavily focused only on the environmental rating scores and what those needed to be to be at each star level. Overall, directors seemed pleased with this process and used the information to work with TA Staff to create an improvement plan for their center.

During the discussion of this interaction with UNCE, three directors reported some challenges in working with UNCE throughout the pilot including scheduling, not enough time to complete tasks assigned or lack of staffing. During the time with the first six centers UNCE had some staffing challenges of their own and this impacted some of the centers more than others. One Director commented that the TA Staff's "…schedule was terrible. Maybe [one Staff member] was here 40% of the time she said she would be, maybe [another Staff member] was here 10% of the time she said she would be." Two Directors reported that they either did not have time to accomplish all of the ECERS and ITERS reading or that they did not have time to make all of the toys that were suggested to them. One Director would have rather gone out and bought the necessary toys instead of making them because she cannot afford to pay the staff for additional work and it is difficult to get the parents to bring items. For another director, lack of center staffing was a barrier in trying to accomplish all that was needed for the project. This director plays many roles at their center such as janitor, receptionist, administrative and occasionally the lead teacher.

Technical Assistance (TA) Staff

Comfort in Working with Staff
When asked, all Directors agreed that they felt comfortable working with the TA Staff from UNCE. One commented that a particular UNCE Staff member, "has been very helpful since she came in and took over, she's brought out tools but not only did she bring toys and papers and things of that

nature, she's brought out literature that I've been able to make booklets for my teachers…" While another director indicated that she thought the TA staff was too "soft spoken." She wanted the TA staff to come in and say" OK this is what we need you guys to do" rather than asking staff if they would like to make the changes.

Another director was a little apprehensive about having people come into her center and wished she could have had more background information on all pilot project staff. She provided the following suggestion for improvement, "I would like more background, on the people that are coming into my school…I would have loved that from all of the pilot program, I would have loved to have some background on the other schools, the other directors, the people in the project itself." This Director further commented that she would have liked to see background checks and health cards for the staff coming into the center. In the future, providing supplemental biosketches of project staff may help to alleviate director concerns about allowing outside staff into their center as well as to establish credibility of the project staff.

TA Staff Knowledge and Expertise
Directors were also asked if they felt the TA Staff was knowledgeable about early childhood education and the QRIS pilot project. Most of the Center directors agreed that TA Staff were very knowledgeable about early childhood education as well as the QRIS pilot project. However, a majority of the Centers felt that they "didn't get any feeling about their early childhood experience" which may point to the suggestion made by another director to provide some type of resume to center directors and their staff.

Another Director felt it was important to discuss and establish the TA Staff's classroom experience saying, "I have a problem with a director or a principal of a school that doesn't have classroom experience. They really don't know what teachers are facing." Again if information on UNCE staff's education and experience could be provided to directors at orientation then they may feel more comfortable with TA staff providing the recommendations earlier in the process. It seems that most directors eventually got this information through conversations with UNCE staff by the end of the 6 month TA period, but would have liked to know the information in the beginning.

Another director thought that the TA staff did not have a good understanding of their own personal roles in the project saying, "I don't think they each fully understood their own personal roles, or that they conveyed that appropriately to me. I didn't necessarily know who to go to for what." In addition some directors reported some "conflicting answers" about use of grant funds or what would be appropriate documentation in the portfolios, one director said, "I think that's one thing that the staff would say was the negative part of it was the frustration of not having clear cut answers…there was a lot of gray." It seems that more written guidelines and protocols could help to eliminate this confusion and "gray areas."

Were Your Questions Answered
When asked if they felt their questions or concerns were answered in a timely manner by UNCE staff, eleven of the twelve Center Directors agreed. The one director who disagreed, felt that some of their specific questions regarding how to spend grant funds were never answered. This Director said, "When they would shoot me the email back they would answer everything except for what I asked [about grant money]." Since the majority of directors reported that all of their questions were answered this break in communication could be isolated to just this one director.

Participation in Developing the Improvement Plan
Directors were asked if they felt they were an active participant in the development of their center's improvement plan. Eleven of the twelve Center Directors felt that they were an active participant in

their Center's improvement plan with one reporting, "I was definitely in charge of everything…and they [Technical Assistance Staff] were more just assistants." While another director said of the UNCE staff, "we worked together". So it seems that UNCE staff were able to adjust their styles based on the needs of the center and the director by acting as the lead in some cases and a resource in others.

One of these directors did offer some feedback regarding the monthly planning calendars in their binders. "I would have loved if someone would have imposed that on me a little bit more, and maybe that's me as a director, I don't mean to speak for others, but I think it would have kept me on task more." This Director further comments that she did receive a lot of verbal feedback but she wanted distinct goals to keep her focused and on track as her center was also in the process of OSHA and licensing visits during the same time frame. There was one center director that actually reported that she was not aware of an improvement plan saying, "I…do I have a plan? What does that look like? Everything's verbal, like I said, I don't really know what the plan is….." This director, felt she would have benefitted from some written materials that laid out expectations and timelines and later added, "I feel like I took a class that has no syllabus."

All other directors felt that they were active participants in the process and that the UNCE staff were very helpful. The only real suggestion for improvement in this area was that UNCE staff could have been a bit more stringent about timelines and expectations to help motivate directors and ensure that they stayed on task.

Implementation of Improvement Plan
Center Directors were asked if they felt like they had the knowledge and tools necessary to implement suggested changes to their centers. Two directors felt that they had the knowledge but not the tools. For these directors, tools meant having additional staff or getting buy-in from existing staff to successfully implement changes. One director felt that it was very helpful when the UNCE staff would "facilitate orders" and work to get them a "big discount" from the vendors. The UNCE staff was able to help one center director get a professional playground inspection as well as sensory tables. Another center experienced difficulty with the timelines associated with the project, as they did not receive their materials until the end of the pilot project so they did not have much time to introduce new materials into the classrooms properly. In regards to improving staff development and training, one director requested having the trainings offered in a "multitude of ways," such as online, so that staff can participate easier according to their schedule.

Overall directors felt that they were able to implement the plans effectively with assistance from UNCE Staff. Most of the directors reported that they could have used more time to implement all of the changes – but they did have the knowledge and tools.

Appropriateness of Grant Funds
Grant funds were provided as part of the project to assist in implementing the improvement plans and the directors were asked if they felt these funds were sufficient. Eleven of the center directors agreed that the grant funds provided were sufficient. Specific comments included "[the money] helps a whole lot," it was "very generous, very wonderful", and "we really only needed materials so the amount was good for what we needed." A concern for one director was the restrictions in how the money was to be spent. This director stated, "There is just a lot from end to end that the QRIS should take into consideration, from staffing, to renovations, to security to make sure all of the needs are met. We were not told prior to this that we could just get toys. It could be nutrition, it could be putting in the proper things to make sure that the children had prepared food on site or anything that is going to help the center, it could deal with a lot of things. Every center has their

needs…" While this is not a comment on the amount of funding, this director would have liked more freedom to decide how to best use the funds to improve quality.

Only one director reported having a confrontation with a member of the TA Staff over how she had spent the grant money. The Director had bought items such as crayons and plastic play areas and also said, "I created that list, went over to Wal-Mart and got a few things and … she comes back to the center, after she gives me an ugly report and can't wait to tell me about it, and she just jumps me…I was embarrassed. She was like, "to be a 5 star, you don't have this kind of stuff." After this experience, the director considered leaving the pilot program. In order to avoid this situation, more information may need to be provided regarding use of grant funds as well as giving constructive criticism to the directors.

Since the completion of the first six centers, UNCE has developed guidelines for how funding can be spent during the pilot, and the second six center director did not report these concerns during their interviews. Prior to expansion, the workgroup should discuss the restrictions on grant funds and document the rationale for those restrictions so that this information can be provided to centers at their orientation to the program.

Challenges in Participation
When asked what other challenges the directors faced in relation to their participation in the project, a few key areas were identified as additional challenges for directors. These include having enough time to implement changes, availability of resources, and communication with other directors in the program.

Time
Eight directors specifically noted the issue of time. Several directors reported the amount of time for the pilot was not long enough, citing that the needed more time to make lasting improvements, while others noted the challenges to completing these tasks "on top of" their regular workload. For one, it resulted from a conflict between the director and the company that owned the center. "It's really the time and I was definitely stuck in between with what my company wanted to participate and what I wanted to participate and get out of it, and we had a difference of opinion." The other director said, "the time frame for me and the staff to implement these things was a problem." Additionally, this director said that beyond time, they did not have "enough staff support" to implement the ideas that the TA Staff suggested. Related to this issue of time, one director reported that she could have "used 4 more months to make the suggested changes." This director also stated that completion of the professional plans through the Nevada Registry was another challenge. "That was such a long process and staff were constantly asking questions about how to complete the paperwork." To save time one director suggested that health assessments and playground assessments not be included in this process, "I don't understand why we needed to have health assessments and playground assessments as part of this process. It is redundant because licensing comes out to assess these areas every 6 months."

Additional Resources
Another center director felt that the emails from UNCE staff included a lot of great information which they were using to create a handbook for their staff. However, this director felt that questions regarding lessons plans were never really answered, stating, "So I need a resource, I need some activities, I need more. And nothing in those emails ever addressed it. That would be what [the program] lacks."

<u>*Cross Communication among Center Directors*</u>
Another director would have liked to have more meetings with the other center directors that were participating in QRIS. This same comment has appeared among the other questions and is associated with the directors' desire to obtain more information and resources not only from the TA Staff but also from their colleagues.

Would you Participate Again?
Given their current knowledge about the program, center directors were asked if they would agree to participate in the project again. All directors reported that they would participate again in the project, however two of the directors responded that the money was a major motivator in getting them to participate. One director specifically indicated that she would not participate again if she did not receive the grant funding. However, another director said that she would participate because it is "your duty to help" and also thought that her teachers learned a lot and were really able to benefit from the process. There were a variety of additional reasons why the directors would or would not participate again including the program was too short, and the program was too "involved," "serious," and "detailed," and only participating again if the center was able to be fully staffed for the project. Two directors reported that they would do it again, but only if the program was modified to have longer timeframes and a more regular schedule for the technical assistance, and if they had more staff in their center to help complete the improvements.

Greatest Benefit to Participation
Center directors were asked to share what they felt were the greatest benefits to participation in the pilot project. Four of the directors commented that the program gave them and their staff a "new perspective" and a "better understanding" of quality improvement in early childhood education. Meeting the UNCE staff was considered the greatest benefit for another director. Another director reported that for her the greatest benefit was, "knowing that we are doing the best we can for the kids and having the mentors to provide feedback on what to do to improve and why it is important." Two directors also felt that the first group meeting with all the center directors was very useful and wished that there could have been more interaction with the other directors during the pilot period. Lastly, one director indicated that the greatest benefit was "to be acknowledged as a professional."

Suggestions for Improvement Prior to Expansion
With the potential for this program to be implemented on a larger scale, directors were asked for suggestions to improve the program for expansion. These responses are categorized below.

<u>*Increasing Networking and Other Peer to Peer Interactions*</u>
Two directors suggest more group meetings with the directors or a type of mentoring program where they can support each other. One of these directors also suggested a newsletter to keep everyone connected. This director also suggested a newsletter because she would like to receive feedback on how the project continues and feels that a newsletter could be a useful medium for that purpose.

Because this issue came up in one of the first interviews, all center directors were asked about their thoughts regarding peer meetings. Two directors believe that peer meetings would be very helpful but according to the other directors' responses, it may be difficult to determine the best method to meet. One director suggested a blog where they can post ideas and another director wants to meet "face-to-face" or via telephone conferences. Another director suggested the opportunity to visit the other schools to "see what each other has done and share ideas." Another director stated that she is a "big proponent of collegial development" and would like to meet with other directors on a monthly basis. Although the directors would like to have some sort of peer meetings, two say that it

would be difficult because of "time constraints". To deal with these time constraints, one director suggested having a portion of the grant money go to subsidizing their pay in order to meet with the other directors. Another director recommended some peer to peer mentoring for their staff to meet with staff of similar classrooms in another center so that they could share ideas.

It seems that directors are very interested in developing these peer networks (both for themselves and their staff) and utilizing them to gain insight in ways to improve quality in their centers – but the method to do this is varied. If this element is to be incorporated into the QRIS model for Nevada the workgroup should discuss the most cost effective ways to promote networking and communication between centers.

Providing More Information on the Program
Three directors said that it is important to realize that there is a "spectrum of preschools" and that they have different needs. This includes the differing levels of experience and education within the center directors and staff. Additional information and materials regarding the program also seem to be desired by the directors. One director felt that the preparation materials needed to be assessed to give more information before the directors begin the process. Another director felt that a manual should be created to accompany the program in addition to more visual learning tools such as a DVD that provides information about the program.

Other directors expressed concern about the ability to get all centers "on board" with the program. One suggested that licensing criteria be reviewed to ensure that it matches the expectations for the star rating system. These directors were concerned that centers will not support a program where they are likely going to be a 1 or 2 star on a 5 star scale. Several other directors did not feel that it was fair to require NAEYC accreditation to be a 5 star center, nothing that other types of accreditation are "just as good." These issues are things that the workgroup will need to discuss to determine what can be done to help promote a QRIS in Nevada and gain support from the early childhood community.

Any Specific Inherent Barriers to Participation
Directors were asked if there were any barriers in place, inherent to the way their center was structured, that made it difficult for participation in the pilot. Directors primarily discussed the center's size and ownership as a potential barrier.

Center Size and Ownership
Two directors felt that being a smaller center was a barrier, with one commenting, "Because I'm not corporate, and I don't have a fully staffed place …I have to work on a shoestring budget." Other problems with being a small center include staffing. One director had too many jobs to do and roles to fill on a limited staff. However, some Directors do not perceive being a smaller center as a barrier. "I have a…family owned business and the buck stops right with me, I'm lucky that way." The Director further says that they feel it is better for the parents to send their children to a smaller center. "If they want a tuition refund, they get it. It doesn't have to go through corporate office."

Other Barriers
Another center director reported other barriers that were not necessarily inherent to her center. She cited the center's financial situation, amount of time to make improvements, availability of teachers to make improvements, and limited other resources as other barriers to participating in the program. While two other directors noted that many of the improvements recommended to them during the pilot could not be implemented because of the limitations of the physical building where they are located (size, structure, etc).

While some of these barriers may be relevant to only these specific centers, if the program expands, it will be important to take into account potential barriers to effective participation and communicate these potential problems with center directors prior to enrollment in the program. Nevada may want to consider creating a separate program that is designed to prepare centers to participate in QRIS.

Usefulness of System in Nevada
The Center Directors were asked if they felt the QRIS would be useful in Nevada now that they had completed the pilot project. Director comments were mixed with about half of participating directors reporting that they thought the system would be useful, while the other half were concerned about the parent's ability to understand the system or felt that funding would be put to better use elsewhere.

Positive about QRIS Utility
One director stated, "I love that this has been established, that…at some point the state of Nevada will have an understanding that is cohesive of what regardful care looks like." Another director said that she thinks QRIS is useful for parents and the children they serve. She feels that children should all receive quality care regardless of ability to pay and an improvement system like this allows all centers to receive resources to improve the quality of their care. "The system of rating will raise the standards of quality for early childhood education in our community."

Concerns about QRIS Utility
However, for three directors, negative parent reaction and poor understanding of the rating system are a concern. One director said, "The average parent doesn't really understand what accreditation is, what a rating system is." This director was also concerned about the use of a star rating system and parents' ability to understand what the rating means. She uses the five-star rating systems in hotels as an example. She said that she never considers five-star hotels because she cannot afford them. Therefore, she is concerned that parents would not even consider using a four or five-star center because parents will assume that the center is out of their price range.

Another director did not feel that the rating system is useful and felt that funds could be better spent on staff education or helping underprivileged children attend preschool rather than on a rating system.

Star Ratings as a Measure of Quality
During the interview, directors were asked if they felt star ratings were a good measure of quality. A majority of the directors seem to agree that the program needs to be implemented with more centers and over a longer period of time to really see if the criteria are a good measure of quality. One director said, "There is a lot of room for improvement [in the program]." Furthermore, this director feels that parent views and observing child interaction need to play a larger role in the process of measuring quality. This director suggested "Finding out the needs of the parents, maybe talking to the parents a little bit more on what they really like about the center that they chose." Another director seemed to have a similar view when saying that quality was difficult to measure "Because the criteria are book driven and very subjective and not really trench-driven as to what exactly the children are learning and doing." Another Director felt that other accreditation services should be allowed in addition to NAEYC (National Association for the Education of Young Children), such as NECPA. (National Early Childhood Program Accreditation) "…Any accreditation that is recognized by the government should be allowed."

This feedback echoes some of the other recommendations for further education and communication with center directors when making final decisions for ways to implement this

program on a larger scale. Demonstrated outcomes associated with the specific indicators used may be necessary in the education of directors so that they understand the reasons for the criterion used to assign the ratings.

Additional Comments
Lastly, Center Directors were asked if they had any additional information they wished to share about their experience with the pilot project. The main categories of responses are provided below.

Recommended Changes to the Process
Two of the Center Directors would liked to have had more time with the UNCE staff in order to provide more training not only for the directors, but for the center staff as well. Along that same line, one director would have liked to have received more frequent feedback and technical assistance. UNCE staff worked with the centers once a week for a period of six months, and for some directors this did not seem like enough time to implement changes. Another director who discussed the need for more time to improve, suggested that the program last a year at minimum, but two years would be ideal.

Also, in addition to the post-interview, a director suggested interviewing the directors before the project begins to provide a "clear picture of the growth". Moreover, three of the directors reiterate that they feel it important to recognize that not all centers are alike with two specifically mentioning their frustration with NAEYC accreditation.

Summary and Conclusions
Many of the issues or barriers addressed by the center directors in their discussion of their experience with the Silver State Stars program seemed to be a result of either lack of education, communication, or both. If this program is implemented beyond the pilot, all involved need to recognize and address the variety of experience and education of not only center staff but also their directors. In addition some of the communication barriers noted in the directors' responses could be alleviated by using multiple different delivery methods for instructions regarding the program. These could include both verbal and written instructions as well as providing examples of products directors need to produce, for example a sample of an acceptable supply order for materials using their grant, a completed binder, etc.

Based on some of the responses, the workgroup may want to consider creating a QRIS preparation system where centers who are not yet at a "base" level can receive additional education and technical assistance before enrolling in the QRIS. In addition, directors expressed a need for more information about the program itself so that they understand exactly what they are taking on as a participant in the program. This may include an explicit statement to participating directors that the TA staff will assist and provide expert suggestions for improvement, but it will be up to the director and center staff to implement the changes. This could also include any restrictions in how to spend the grant funds. To solidify this communication, directors could be required to sign a memorandum of understanding that lays out the expectations for the directors in exchange for the technical assistance and the grant funds. This will allow centers to fully understand the commitment that they are making and may help them to ensure that they will have adequate time to devote to the program.

Methodology
In April 2010, after the first six centers had completed the pilot and the second six centers were into their technical assistance period, NICRP met with the University of Nevada Cooperative Extension (UNCE) staff responsible for providing the training and technical assistance to the pilot centers,. This meeting was intended to discuss the staff's experiences with the first six centers, to identify areas where changes to the protocols had been made between the first and second cohorts, as well as discuss potential limitations to the Silver State Stars program overall that may need to be addressed before the implementation in Year 2 or before program expansion.

Findings
The findings in this section are divided according to the two primary topics discussed with the UNCE staff (1) Changes made to existing protocols, and (2) Concerns with existing criteria and protocols for Silver State Stars QRIS. These two topic areas are discussed in the section below.

Changes Made to Existing Protocols

Training
During the technical assistance period, UNCE sent staff to each center about once per week, identified that centers needed additional training on the environmental rating scales, and held a seven hour training session for the center directors. The seven hour training included 3 hours on ECERS, 3 hours on ITERS, and one hour about the QRIS process and funding requests. In addition all directors were provided with copies of the "All About ITERS" and "All about ECERS" books for use in their centers. It was then decided that this training would be implemented as one of the first activities completed by centers in QRIS and that process began with the second cohort of Year One centers.

UNCE also noticed a need for training on the Professional Development Plans and this was also implemented for the second set of six centers during Year One.

Data Collection Tools
UNCE staff identified that the Quality Indicators tool was difficult to navigate and therefore numbers were assigned to each indicator and a keyword reorganized the indicators by category. This made it easier for directors to organize their portfolios.

Guidelines and Protocols
As the first six centers used the Quality Indicators tool to determine their "pre" star ratings, UNCE staff identified that the indicators were vague and it was difficult to know what would be acceptable evidence under some of the indicators. UNCE staff were working on operationalizing these indicators and providing clear guidance about "what counts and what doesn't."

In addition, UNCE experienced some difficulties with appropriate funding requests. This included directors making purchases without prior authorization or requesting to purchase inappropriate items such as blinds for the director's office or a security door. The grant funds were intended to help directors meet the quality improvement goals set forth in their quality improvement plans. Therefore, UNCE staff created stricter guidelines for funding requests and created forms for funding requests and approvals, including a deadline for all funding requests. These changes were fully implemented for the second cohort of centers .
UNCE staff also identified that center directors were not sharing as much information as they had hoped with their teachers. Therefore in the second cohort, UNCE started working more closely

with teachers, sharing information from reports with them and requiring teachers to attend ECERS/ITERS training.

UNCE staff also identified several recommendations for changes to the program or additional training topics that should be reviewed by the Workgroup and implemented as appropriate for future iterations. These are outlined below:

(1) *Expand the amount of time for technical assistance*
Six months is not enough time. It may be helpful to have a three month preliminary period where UNCE staff can establish the relationships with the directors and the staff, before the six months of intensive TA begins. It seemed that the issues around Health and Safety were addressed in most centers and this took the majority of the six month period. UNCE staff felt that it was unrealistic to expect to get through all elements in the environmental rating scale in that short timeframe.

(2) *Provide training on how to introduce new materials into the classroom*
UNCE staff reported that center staff either did not put new materials in the classrooms for the children to access, "because they didn't want them to get ruined" or staff put the materials in the classroom without introducing them to the children and they were mistreated and/or damaged.

(3) *Timelines for technical assistance should be evaluated to ensure sustainability*
The program should include benchmarks for centers to promote continued participation and sustainability – these benchmarks would be required to be met in order to continue with the program. This process would foster accountability among centers and allow for re-assessment at regular intervals to ensure sustainability of quality improvements.

Concerns with Existing Criteria and Protocols for Silver State Stars QRIS

Reliability of ECERS/ITERS scores for first cohort of centers
UNCE staff also discussed some of their concerns with existing criteria in the QRIS. UNCE staff were concerned about the outcomes for the first six centers, because two of the six were actually rated lower on the environmental rating scale in their post review than in their "pre" review. UNCE staff felt that this may have been because the assessor was not trained in reliability until after the "pre" assessments were completed in the first six centers. This issue will be further explored after all 24 pilot centers have completed the program.

Professional Development Plans
Centers are required to have a completed professional development plan for 100% of staff in their center. UNCE felt that this requirement is unrealistic due to the amount of turnover in an average center. UNCE staff suggested that this be changed because it is overwhelming for centers and they need support initially to complete this requirement.

Director Support
UNCE staff also recognized the amount of work to complete recommended improvements fell on the directors. They need additional support, in the form of time, from someone more than once a week to help implement the changes, or monetary compensation for working outside of their regular hours to make the changes. Overall UNCE staff recognized that without the director completing the bulk of the work and constantly communicating with staff, improvements could not be made nor maintained.

<u>*UNCE Staffing*</u>
During this discussion, NICRP asked UNCE if they felt that the current staffing would be sufficient for the program. UNCE employs one full-time mentor and one part-time mentor for technical assistance and only has funding for their staff to work on training for one hour per week. UNCE staff indicated that this is not enough staffing to maintain this program and it was suggested that another clerical person was needed to assist with paperwork and supply ordering so that the mentors can focus on working with the center directors and staff directly.

Summary and Conclusions
UNCE staff provided valuable insight into the implementation of the program and identified very specific areas for consideration and improvement prior to expansion. Overall it seems that the initial six centers spurred UNCE staff to create more stringent guidelines creating a more structured program for directors to participate in. Before the program can be expanded there are a few areas that require some discussion and potential changes including program timelines, staffing, and overall implementation structure. This information will be crucial to interpreting the outcomes for the centers in terms of their improvements in quality as demonstrated by the Environmental Rating Scales and the Star Ratings.

Year One Summary and Recommendations

Data were collected from multiple different sources in the first year of this QRIS pilot project. These data provide insight into the particular areas of success, as well as those areas that require additional clarification or modification.

This first year of the pilot project has been very successful in identifying areas of the program that require further definition and clarification, including processes for technical assistance, and for evaluating centers to assign a star rating. Even after only the first six centers in the pilot, team members identified areas for improvement and were able to make those improvements for implementation with the second six centers. UNCE staff worked with the centers on a daily basis and were best equipped to quickly identify areas within the program where clarification or additional protocols were needed, and respond by creating new forms or instructions to alleviate confusion. The implementation changes that were made within the first year are listed below.

Year One Implementation Changes

Several changes were made as a result of lessons immediately learned with the first six centers in the pilot. These changes in the process of assessment and technical assistance are outlined below.

Changes for Year One – Cohort 2 Centers

Many issues were addressed before the second cohort began in year one. Some of these changes included:

- Organization of quality indicators and numbers assigned to each indicator
- Addition of a seven hour training on ECERS and ITERS before the assessments are completed
- Creation of policies and procedures for spending grant funds
- Creation of instructional criteria for fulfillment guidelines for each of the quality indicators (answering the question "what counts" for each of the quality indicators)

Changes for Year Two Centers

Some recommendations were implemented before the orientation for the Year 2 centers in the pilot project. Because of feedback from the first six centers, changes were made to the orientation process for the Year 2 centers. These include:

- The orientation was held earlier in the year (in April of 2010) so that directors could have information on the program, and complete the 7 hour training on ECERS/ITERS in advance of scheduling their assessments for the pilot
- The orientation was much more detailed about the entire process and let directors know what to expect during their participation. UNCE staff was able to share information based on previous experience.
- A timeline for Year Two centers was created to outline the steps in the pilot program
- Year One centers were invited to attend this meeting and shared information about their experience in the pilot program.

Recommendations for Future Consideration

Some identified recommendations for improvement in the process of implementing this QRIS in Nevada were not implemented in the first year of the pilot and are listed here. These recommendations come from several different sources of data including, interviews with QRIS Pilot Project staff, participating center directors, as well as parent surveys and outcome measures of environmental ratings and star ratings.

Recommendations for QRIS Program Implementation

(1) *Creation of a "Pre-QRIS" program to help get centers to a level where they could successfully participate in QRIS.*

For this pilot project centers were randomly selected and even in this sample there were a range of needs for centers. Some centers were clearly not prepared to participate in this program based on their level of knowledge and experience in early childhood education. Many centers reported needing additional time and more technical assistance, and UNCE staff reported that there was a lot of variation in the level of need for each center in the pilot. UNCE staff stated, "some could have used me there every day, while at other centers I felt like I was running out of things to do." To address this variation it may be useful to create a "Pre-QRIS" program in which centers could enroll in to prepare for participation in QRIS. In this program directors and staff could be educated in early childhood education, quality improvement programs and the environmental rating scales. This information would be intended to help directors and staff understand the rationale behind some potential changes in their center, as well as identify those areas which may require the greatest improvement to succeed in QRIS, including professional development for staff. This "pre-QRIS" program could provide information for directors of some helpful hints to prepare for QRIS so that they would be in a better position to make greater improvements in QRIS when grant funding is available.

(2) *Expand the amount of time for technical assistance*

Participants and staff have reported that six months is not enough time. It may be helpful to have a three month preliminary period where UNCE staff can establish the relationships with the directors and the staff, before the six months of intensive TA begins. UNCE staff felt that it was unrealistic to expect to get through all elements in the environmental rating scale in that short timeframe. Additionally center directors reported a concern about the sustainability of changes made in less than six months time. These directors felt that to establish sustainable change centers need more time to ensure that changes become internalized and are not simply in place for the post assessment and then changed back. One director recommended a timeframe of at least one year with and ideal timeline of two years.

Additionally, the program should include benchmarks for centers to promote continued participation and sustainability – these benchmarks would be required to be met to continue with the program. This process would foster accountability among centers and allow for re-assessment at regular intervals to ensure sustainability of quality improvements.

(3) *Further develop written program guidelines and protocols that can be used as a reference for both participating centers and staff conducing assessments or providing technical assistance.*

Throughout the pilot project several forms and protocols have been created to help centers navigate the QRIS. These include forms with numbers quality indicators, instructions for how

to spend grant funds, instructions for how to complete a binder. In addition a process manual could be developed for program staff to ensure that the program would be implemented uniformly regardless of the actual individuals completing the activities.

(4) *Provide training on how to introduce new materials into the classroom*

UNCE staff reported that center staff either did not put new materials in the classrooms for the children to access, "because they didn't want them to get ruined" or staff put the materials in the classroom without introducing them to the children and they were mistreated and/or damaged.

(5) *Complete a full review of quality indicators within each of the quality standards, especially those within "Health and Safety".*

Centers submitted acceptable documentation for only 33% of indicators in this quality standard. This may mean that centers cannot fulfill the listed criteria or they were unclear about the type of documentation to submit.

(6) *Ensure that implementation of this program on a wider scale includes education for the public on how the ratings are determined and what they mean in terms of quality.*

70% of parents surveyed for this evaluation reported that they would use star ratings as a part of their selection criteria if they were searching for a new childcare center, however 38% of parents surveyed indicated that they would NOT change their child's center because of a star rating. These numbers indicate that parents are willing to use this a as a tool in selection but it is not the only tool they will use when making these decisions for their family. Therefore the workgroup should take care in ensuring that parents understand how these star ratings are obtained and what they mean to avoid possible confusion, and maximize utility for parents.