



# Measuring Quality: Insights from Oregon's QRIS Validation Study



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The contents are solely the responsibility of the authors and do not represent the official views of the funding agencies.

# Today's Presentation

1. What did we do?
2. What did we find?
3. What challenges in measuring quality did we encounter?

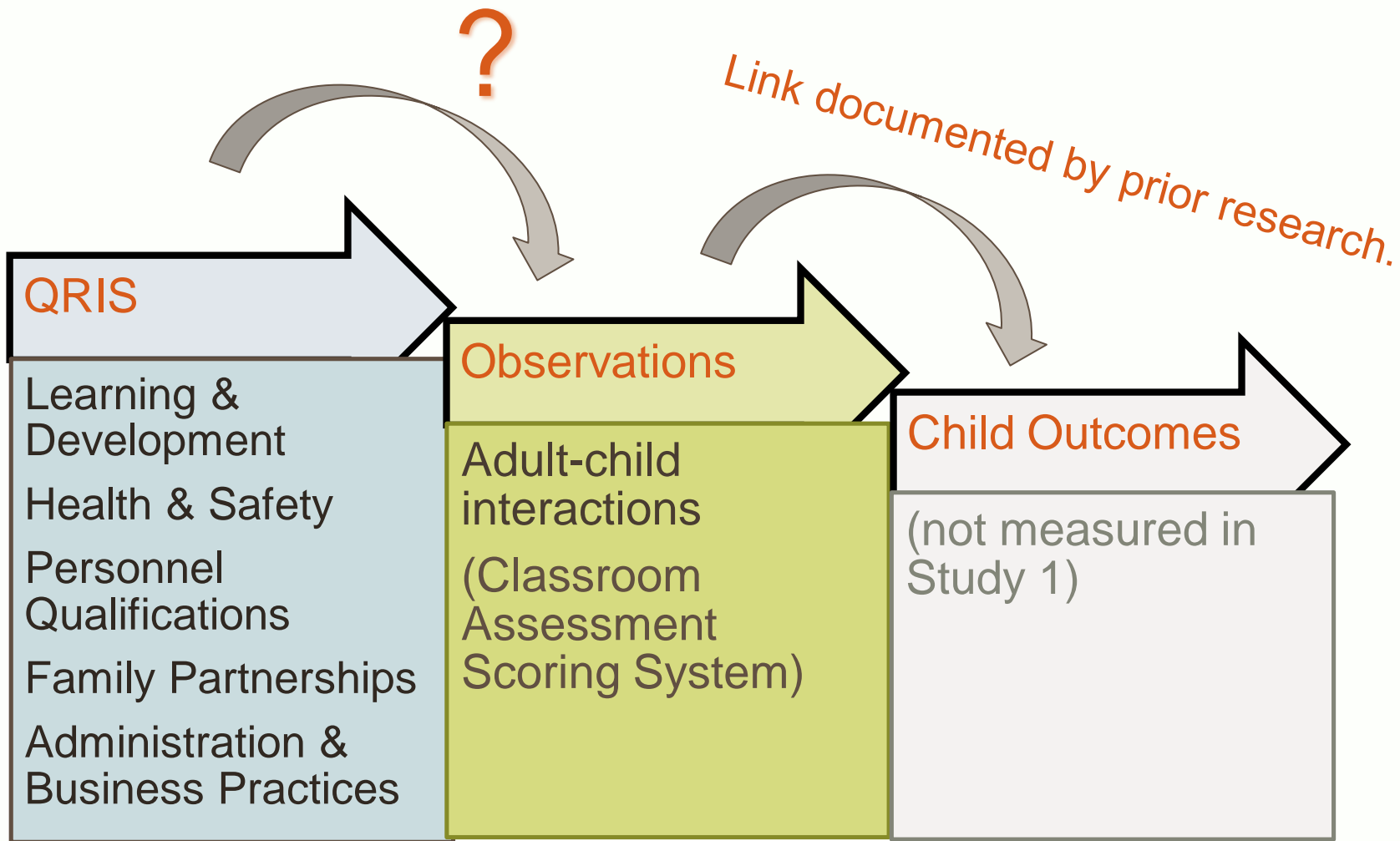
# 1. What did we do?

## Oregon's QRIS Validation Study

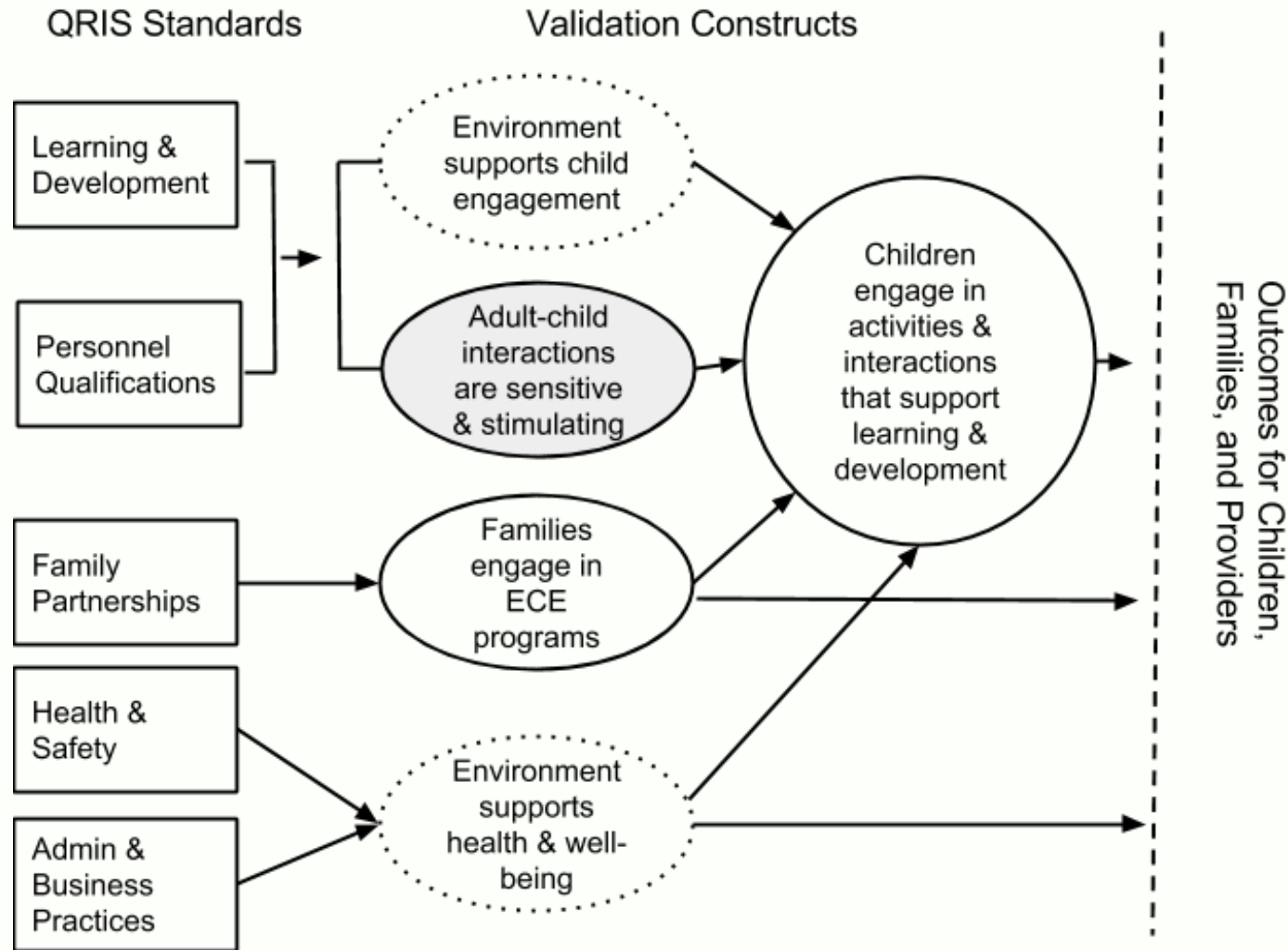
### Goals

1. Examine how **well** the rating system differentiates outcomes.
2. Identify revisions that could enhance validity.





# Oregon Map of QRIS Standards to Validation Study Constructs



Shaded oval: Validation study 1.

Solid line ovals and circle: Validation study 2.

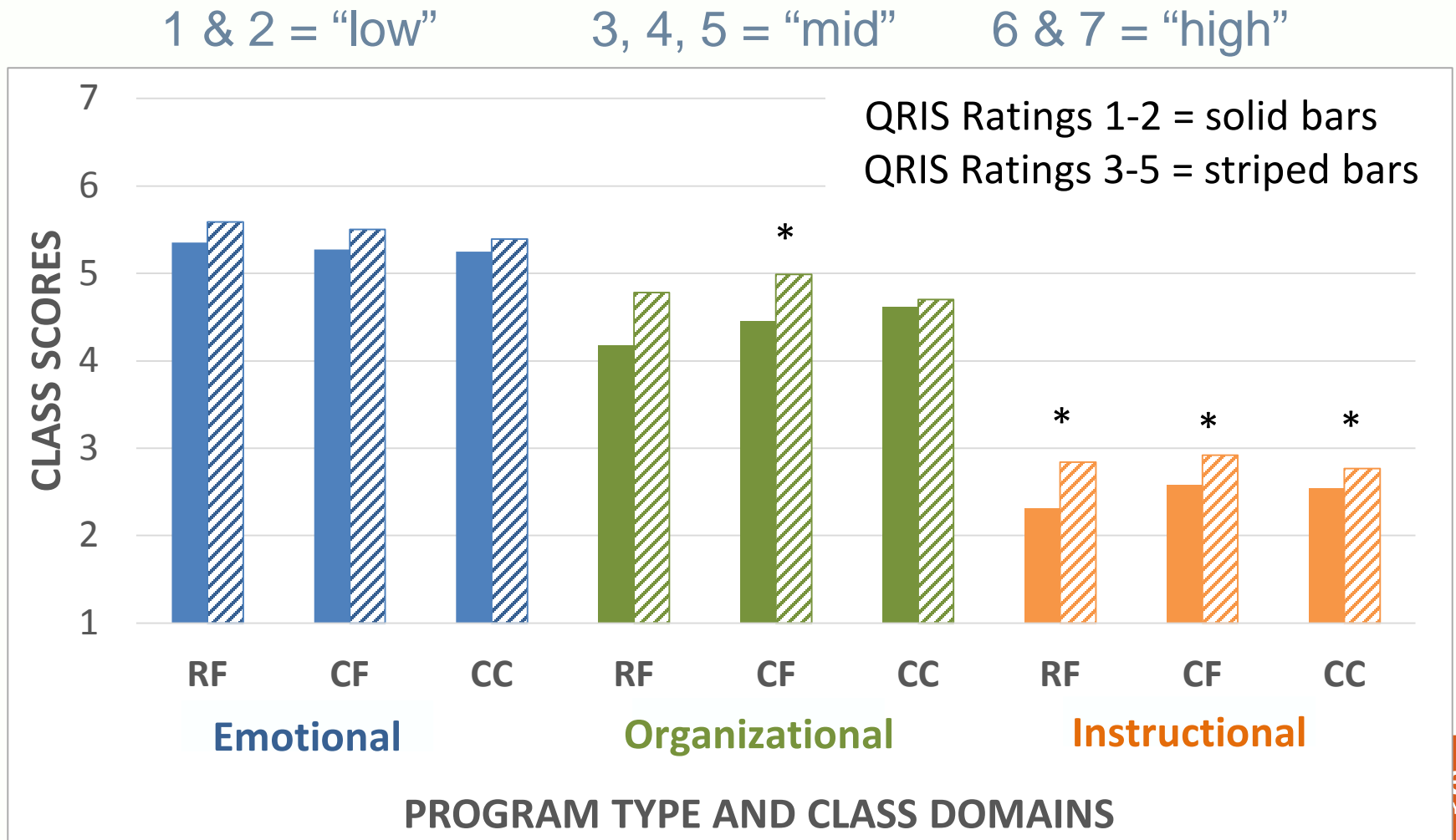
Dotted ovals: not included in the Validation study.

# Participating Programs

Total	Registered Family	Certified Family	Certified Centers
304 (100%)	63 (21%)	92 (30%)	149 (49%)

- 81% participating in the QRIS
- 19% Level 1 (comparison group)

## 2. What did we find? Modest links between QRIS ratings & observations of adult-child interactions (CLASS)



### 3. What challenges in measuring quality did we encounter?

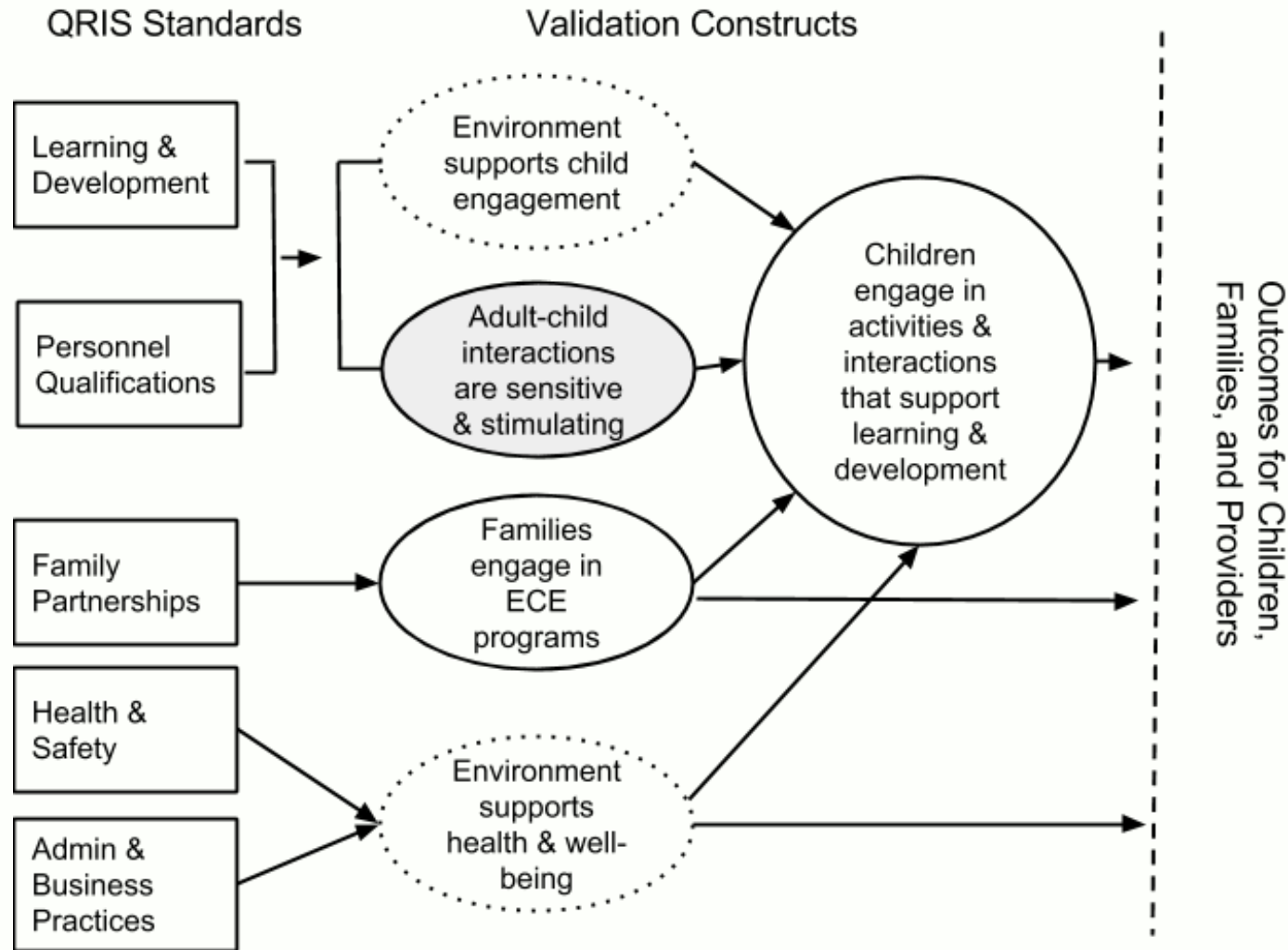
1. Lack of clarity in what we mean by quality.
2. Incomplete picture of a program's quality.
3. Capturing quality across all types of care.
4. Creating a program-level rating when more than one classroom/group.
5. Large differences in ratings &/or personnel measures are needed to detect differences in adult-child interactions.



## **Challenge #1:** Lack of clarity in what we mean by quality.

- Quality of what? For what purpose?
- Only 2 of 5 QRIS domains mapped closely to adult-child interactions.

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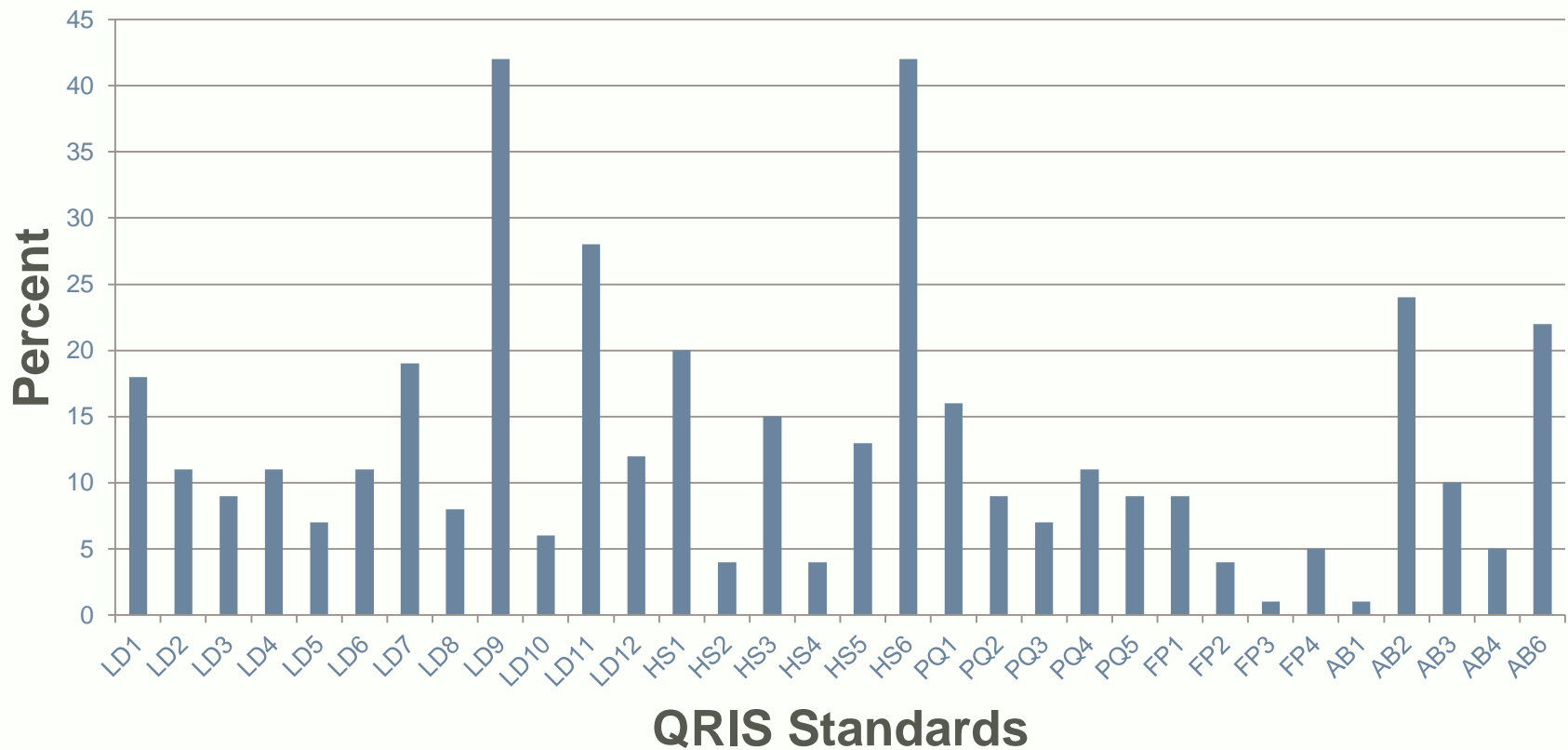
Dotted ovals: not included in the Validation study.

## **Challenge #2: Incomplete picture of a program's quality.**

- Block-type system – weakest domain determines rating.
- Is this desired?
- 20% to 30% of the programs rated a 2 on Oregon's QRIS had among the highest CLASS scores in the study.

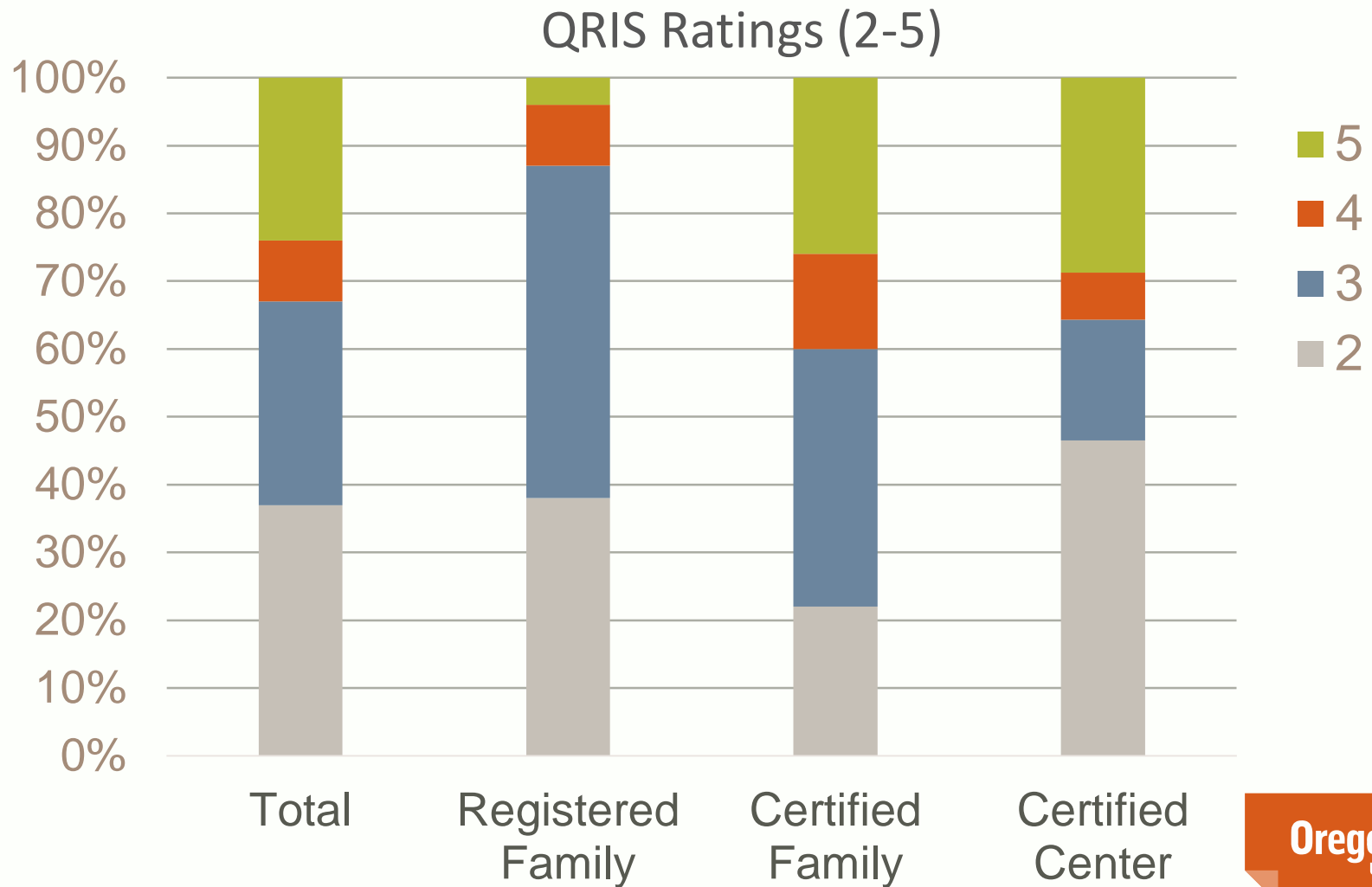
*A few standards showed particularly low quality*

**Percentage of Programs Rated 2 by Standard**



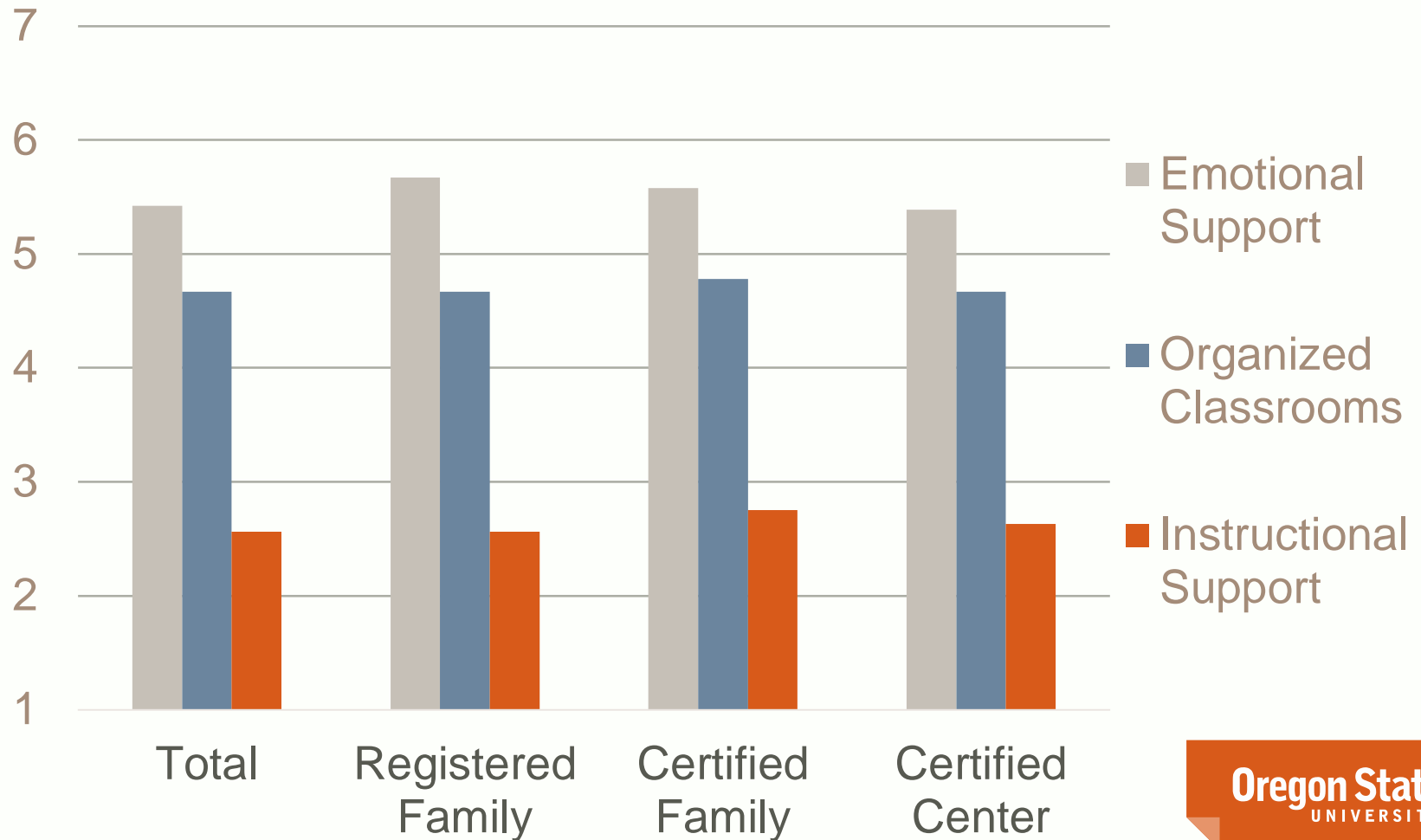
## **Challenge #3: Capturing quality across all types of care**

## Small home-based programs (Registered Family) appear lower quality on the QRIS ...



**but not in observations of adult-child interactions.**

Observations (CLASS Scores)



## **Challenge #4: Creating a program-level rating when more than one classroom/group.**

- **CLASS scores varied across classrooms in the same program.**
- **Quality may also vary by age groups.**
  - Toddler CLASS scores were not well-linked with the QRIS.
- **Capturing personnel qualifications and training in Centers is particularly difficult.**



## **Challenge #5:** Large differences in ratings &/or personnel measures are needed to detect differences in adult-child interactions.

- **Ratings**

- Differences between programs rated 1-2 vs. 3-5 ... but not 3 vs. 4 vs. 5-stars.

- **Personnel qualifications**

- High levels of qualifications (e.g. step 9 or higher or had a degree) often necessary to predict higher quality adult-child interactions.

# Possible Strategies

- 1) Be clear about what we are measuring and why.
- 2) Increase consistency in requirements across classrooms/ personnel within programs.
- 3) Consider a 2-part system?
  - a. **Part 1: documented links with intended outcomes**
    - Fewer tiers with sizeable differences between them
    - Fewer domains & standards
    - Ensure relevance for program type(s) being rated
  - b. **Part 2: markers of incremental differences in quality**
    - For self-assessment & quality improvements
    - Keep tiers small enough to track progress
- 4) Use available, meaningful personnel data for all regulated programs in Oregon.