Quality Rated's Temporary Alternate Rating Option: Findings from Administrative Data

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Introduction

In 2020, Georgia's Department of Early Care and Learning (DECAL) made changes to its quality rating and improvement system, Quality Rated, in order to continue operating during the COVID-19 pandemic. An in-person observation had always been a key component of Quality Rated, and the pandemic made these observations impossible. Additionally, in 2020, Georgia was implementing a new requirement that all child care programs accepting child care subsidies must participate in Quality Rated, leading to a large influx of new programs that were required to earn ratings. To address the combined pressures of the pandemic and the need for many additional programs to become rated, DECAL developed a virtual rating process called the Temporary Alternate Rating Option (TARO).

DECAL piloted TARO with a small number of programs in 2020, and programs signed up in four cohorts in 2021. Each provider chose an option, which determined the steps they would complete during TARO and the maximum rating they could earn. In all three options, providers earned structural quality points by submitting the same portfolio as had been required under the traditional Quality Rated rating.[1] The portfolio was the only requirement of Option A, and providers who selected Option A could earn a 1-star rating. In Option B, providers also took part in the Quality Rated Virtual Process (QRVP), a pathway to earn up to a 2-star rating by completing four learning modules (referred to as "topics") that programs completed independently. At the end of each topic, programs submitted video evidence demonstrating that they had implemented the content. In Option C, providers could earn up to a 3-star rating by completing all of the above requirements, plus one additional topic, as well as participating in a virtual observation called Live Observation – Virtual Experience (LO-VE). Through QRVP and LO-VE, providers earned process quality points similar to the process quality points available under the traditional Quality Rated rating. Programs were only eligible for Option C if they had been rated previously under the traditional process and were now going through a re-rating. Each program's final star rating depended on their structural quality points and, for Options B and C, their process quality points, just as in the traditional Quality Rated system.

DECAL partnered with Child Trends, a nonprofit research organization, to learn more about TARO. This project had several components: analyzing TARO scoring data, fielding surveys with child care providers, and conducting interviews with providers participating in Options B and C. This brief focuses on administrative data from Quality Rated prior to the beginning of TARO and data from scores and ratings earned as part of TARA (an earlier brief focused on findings from the surveys and interviews.[2]) We summarize key findings and future considerations for DECAL as they continue to rate programs via TARO and consider integrating virtual components into Quality Rated revisions in the future.

[1] For an in-depth description of the Quality Rated points and process, see Early, D. M., Maxwell, K. L., Orfali, N. S., & Li, W. (2017). Quality Rated Validation Study report #1: What makes up a Quality Rated Star Rating? An in-depth look at the criteria, standards, and components. Child Trends. https://www.decal.ga.gov/documents/attachments/QRValidationReport1.pdf

[2] Blasberg, A., Vivrette, R., Keaton, H., Pines, A. T., Orfali Hall, N. S., & Early, D. M. (2022). Quality Rated's Temporary Alternate Rating Option: Findings from surveys and interviews. Child Trends.

Key findings

1. **The distribution of star ratings was different in TARO compared to the traditional rating process** (see Figure 1)**.** There are several differences between the two systems that likely led to these different distributions. Many programs in TARO chose Option A, which had a maximum possible rating of 1-star. Additionally, the likelihood of attaining the maximum rating for the option varied by the option chosen; providers who chose Option A and Option C tended to earn the maximum available star rating (e.g., 80% of Option A providers earned a 1-star rating and 85% of Option C providers earned a 3-star rating), but 70 percent of Option B providers earned a 2-star rating (see Figure 2). Further, there were differences in the distributions of ratings earned in TARO and the traditional process by program type. More family child care programs than center-based programs chose Option A, and a lower percentage of family child care programs than center-based programs that chose Option C earned the maximum 3-star rating. Because of these differences, the family child care programs distribution under TARO is quite different than it was under the traditional rating process (see Figures 3 and 4).

2. **Structural quality points increased under TARO compared to the traditional process.** More programs earned the maximum structural quality points in TARO; 90 percent of programs receiving a 1-star rating from TARO earned all 15 portfolio points compared to nine percent that earned all 15 portfolio points and earned a 1-star rating through the traditional process (see Figure 5). This is likely in part due to the portfolio being the only requirement for Option A, which over half of programs chose, but this increase is also reflected in Option B and C.

3. **Programs that did and did not accept subsidies chose similar options and earned similar ratings in TARO.** Programs that were not previously rated were required to take part in TARO in order to continue accepting child care subsidies. Because they were required to take part, there was concern that subsidy providers might select the option requiring the least effort to complete (Option A) and earn the lowest rating (1-star). These data, however, do not bear out this concern (see Figure 6).

4. **Programs that were previously rated a 1-star or 2-star and went through re-rating in TARO tended to maintain or decrease, rather than increase, their rating more than 1- and 2-star programs that were re-rated through the traditional process.** This might be in part because the options chosen by programs going through re-rating in TARO also varied according to their previous ratings; over half of programs that were previously rated 1- and 2-star chose Option A or B**.** However, programs previously rated 3-stars had no significant differences in their re-rating outcome in TARO compared to the traditional process (see Figures 7 and 8).

Methodology and Data

This brief summarizes findings from analyses of multiple data sources from Cohorts 2 and 3 of TARO and Quality Rated administrative data. We analyzed Cohorts 2 and 3 because scoring data from the pilot and Cohort 1 had previously been analyzed for the state, and Cohort 4 was not yet rated. Data sources included:

- **Administrative scoring data for TARO ratings.** Quality Rated staff scored programs in TARO and entered those scores into an online database designed and maintained by Child Trends; the database then calculated programs' final scores. We analyzed ratings for 361 Option A programs, 263 Option B programs, and 104 Option C programs. *Throughout this brief, these ratings are referred to as "TARO"' and Options A, B, and C are used to refer to the initial option the program selected.*

- **Quality Rated administrative data from 2019**. For comparison, we analyzed data from ratings earned by 575 programs between January 2019 and August 2019 using the traditional Quality Rated process. *Throughout this brief, these ratings are referred to as the "traditional process."*

We used Chi-square tests to compare the proportion of programs across groups and only interpreted those that are significantly different from one another with a *p*-value less than 0.05.

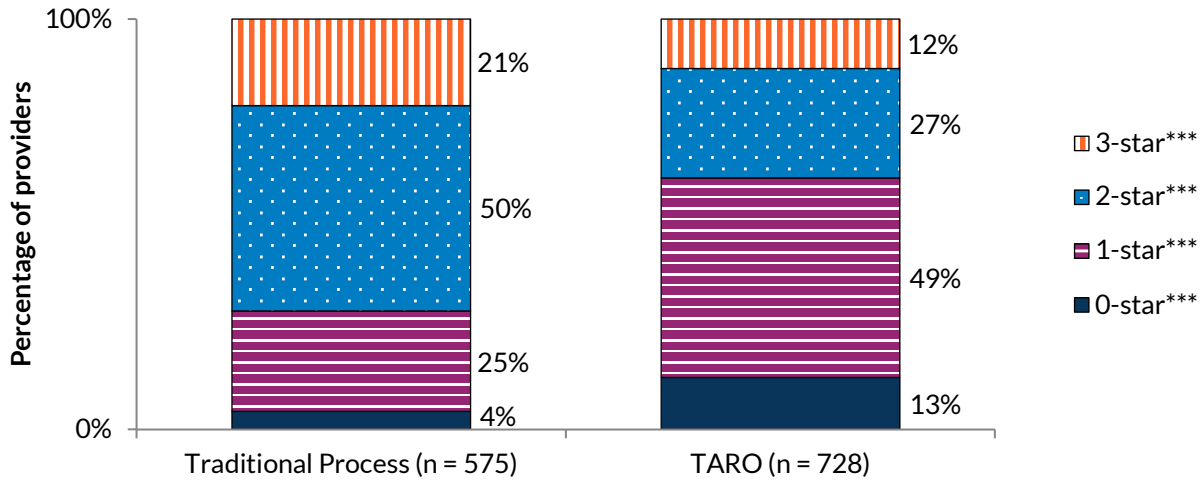
Findings

This section summarizes the administrative rating and scoring data from TARO and the traditional Quality Rated process.

Star ratings

Figure 1 shows the distribution of ratings under both the traditional process and TARO. The asterisks in the legend indicate that the two groups were significantly different ($p < .001$) at all rating levels. For example, half of programs (50%) that went through the traditional process earned a 2-star rating, compared to 27 percent that earned a 2-star rating through TARO.

Figure 1. Distribution of ratings earned through the traditional process and ratings earned in TARO



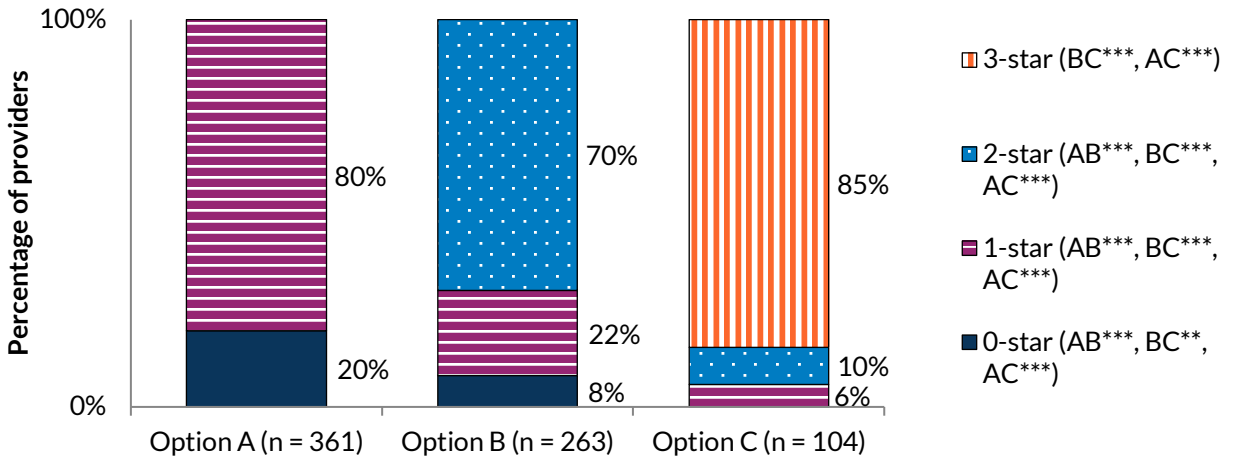
Source: Child Trends' analysis of Quality Rated administrative data (2019) and TARO scoring data (2021).
Note: *** $p < .001$, ** $p < .01$, * $p < .05$, and n.s. = not significant.

In TARO, 50 percent of providers initially chose Option A, 36 percent chose Option B, and 14 percent chose Option C. This likely contributed to the change in distribution of ratings under TARO, since providers' initial option choice limited the rating that they could obtain (i.e., providers who selected Option A could earn a maximum of 1-star).

As anticipated, there were significant differences in the percentage of programs that earned each star rating by option chosen (see Figure 2). The asterisks in the legend indicate whether there is a significant difference in the percentage of providers who earned each star rating between each set of options in TARO. For example, the percentage of programs that earned a 0-star rating was significantly different between Options A and B, B and C, and A and C. To further investigate how ratings differed within each option, we tested differences in the percentage of programs that earned the highest available rating in that respective option. Most programs in TARO earned the highest rating possible under the option they selected, but

programs in Option A and Option C were more likely to earn the highest rating possible for their option than providers who chose Option B ($p < .01$ for both). Specifically, 80 percent of providers who selected Option A earned one star, 70 percent of providers who selected Option B earned two stars, and 85 percent of providers who selected Option C earned three stars.

Figure 2. Ratings earned in TARO by option



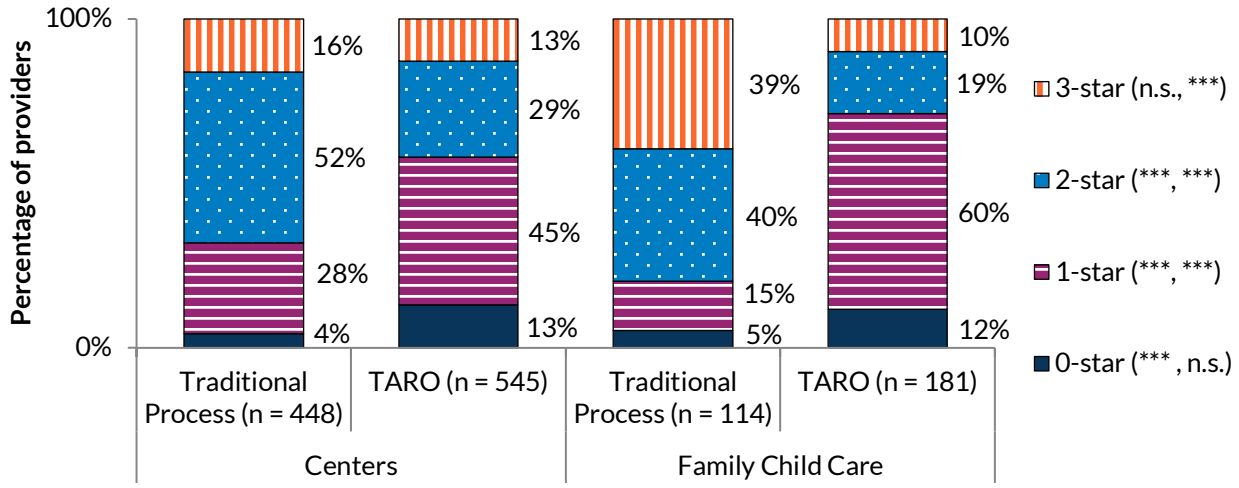
Source: Child Trends' analysis of TARO scoring data (2021).
Note: *** $p < .001$, ** $p < .01$, * $p < .05$, and n.s. = not significant.

Figure 3 provides the rating distributions under TARO and the traditional process separately for center-based and family child care programs.[3] The asterisks in the legend indicate which values are significantly different between the traditional process and TARO, with the first set of asterisks referring to center-based programs and the second set referring to family child care programs. Similar to the overall distribution, a larger percentage of both center-based and family child care programs earned a 1-star rating in TARO compared to the traditional process, and a smaller percentage of both earned 2-star ratings in TARO than in the traditional process; however, the difference in percentages between TARO and the traditional process was greater for family child care programs. These patterns could be explained in part by the options providers chose in TARO. Less than half (45%) of center-based programs chose Option A compared to a majority (64%) of family child care programs. More center-based programs (41%) than family child care programs (22%) chose Option B, and the same percentage (14% each) chose Option C.

There was no significant difference between the number of 3-star ratings earned by center-based programs in TARO compared to the traditional process, but there was for family child care. There were also significantly more 0-star ratings earned in TARO compared to the traditional process for center-based programs, but not for family child care.

[3] Georgia Head Start and Georgia Early Head Start participated in both the traditional QR process and TARO (n = 2) but are excluded from this figure because of small sample sizes.

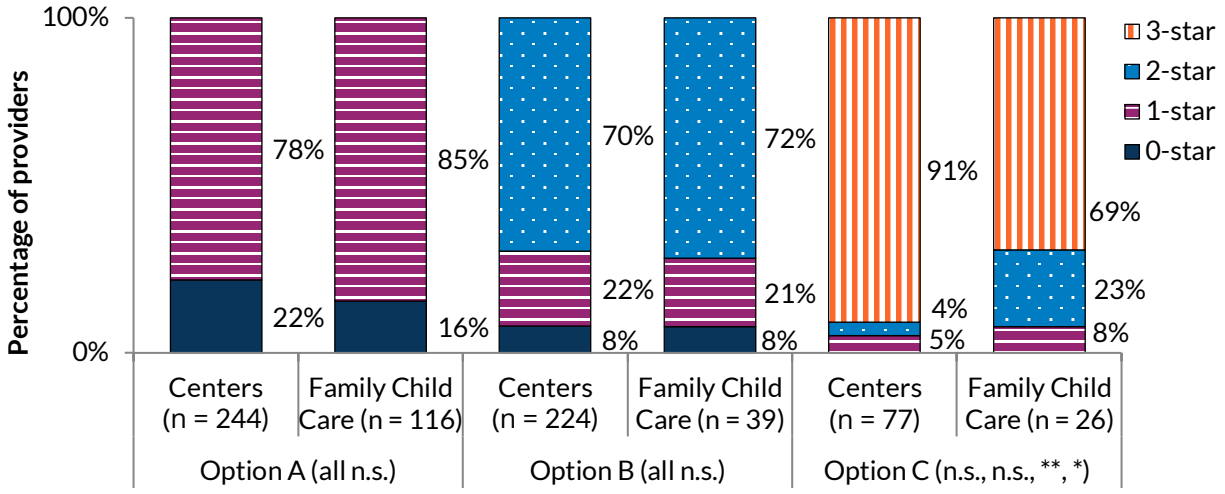
Figure 3. Ratings earned by program type in the traditional process versus TARO



Source: Child Trends' analysis of Quality Rated administrative data (2019) and TARO scoring data (2021).
Note: *** $p < .001$, ** $p < .01$, * $p < .05$, and n.s. = not significant.

Figure 4 shows that center-based and family child care programs differed in pattern of ratings earned under TARO by option chosen. On this figure, the results of the significance testing by program type appear below the bars. For programs that initially selected Option A or Option B, there was no significant difference in the ratings earned between program types. However, among Option C programs, significantly more center-based programs (91%) earned the 3-star rating than did family child care programs (69%), and significantly fewer centers earned 2-star ratings (4%) than did family child care programs (23%).

Figure 4. Ratings earned by option initially chosen for center-based programs and family child care programs in TARO



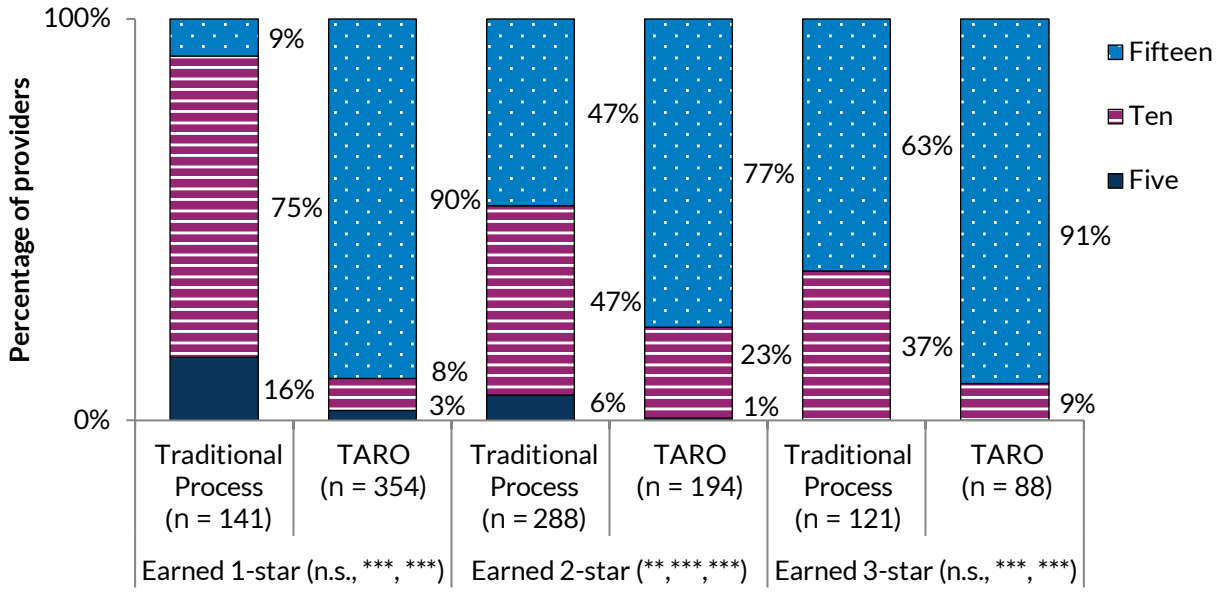
Source: Child Trends' analysis of TARO scoring data (2020-2021).
Note: *** $p < .001$, ** $p < .01$, * $p < .05$, and n.s. = not significant.

Figure 5 shows the distribution of structural quality points earned by programs in TARO and the traditional process depending on the rating that they earned. Programs can earn 0, 5, 10, or 15 structural quality points based on the portfolio that they submit. For Option A programs to earn a 1-star rating, they had to earn all 15 structural quality points; however, some programs that earned a 1-star rating initially chose Option B or

C, so there is some variation in the structural quality points earned by programs that received a 1-star rating.

In Figure 5, the asterisks below the bars indicate where there were differences in the proportion of points between the traditional process and TARO. Across all star ratings, a higher proportion of programs earned 10 or 15 structural quality points through TARO than through the traditional process. This was most striking for programs that earned a 1-star rating: 90 percent of these programs earned all 15 structural quality points in TARO as compared to only nine percent in the traditional process. Similar patterns emerged for programs that earned 2- or 3-star ratings. This increase in structural quality points is likely explained by changing priorities within Quality Rated; at DECAL's direction, technical assistance providers worked with programs to earn all 15 points.

Figure 5. Structural quality points by ratings earned in the traditional process compared to TARO

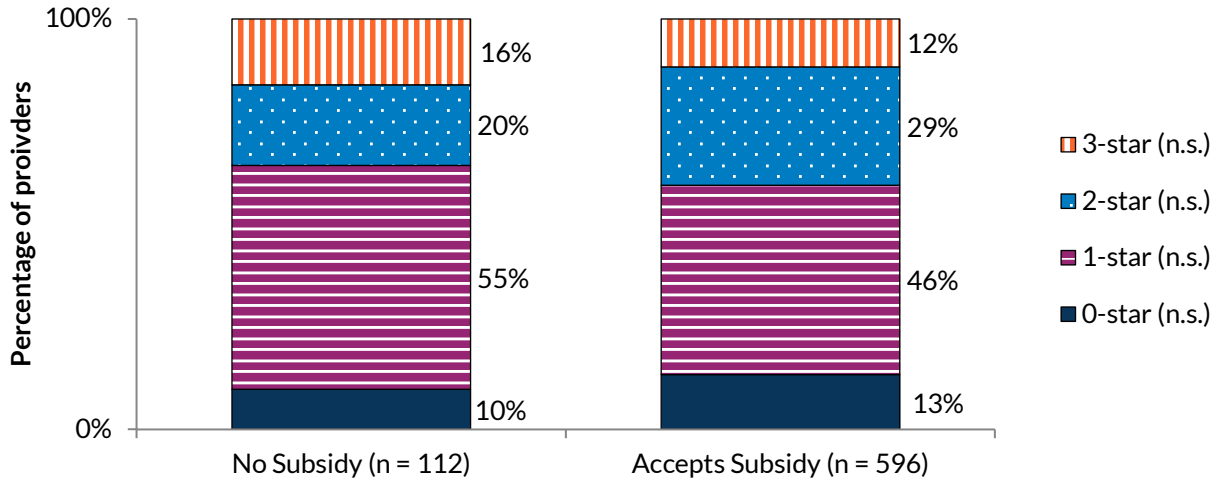


Source: Child Trends analysis of Quality Rated administrative data (2019) and TARO scoring data (2020-2021).
Note: *** $p < .001$, ** $p < .01$, * $p < .05$, and n.s. = not significant.

As noted earlier, shortly prior to the COVID-19 pandemic, DECAL announced that programs accepting child care subsidies were required to join Quality Rated by the end of 2020, and TARO was developed in part to help programs meet this requirement during the pandemic. Because of this mandate, it seemed possible that those that did and did not accept subsidies would have joined TARO for different reasons, possibly leading to different distributions of star ratings. Figure 6, however, shows that the distribution of star ratings under TARO were not significantly different for programs that accepted subsidies and those that did not.

We also examined the distribution of star ratings earned by option initially chosen for programs that accepted and did not accept subsidy, and there were no significant differences in ratings by option within each group.

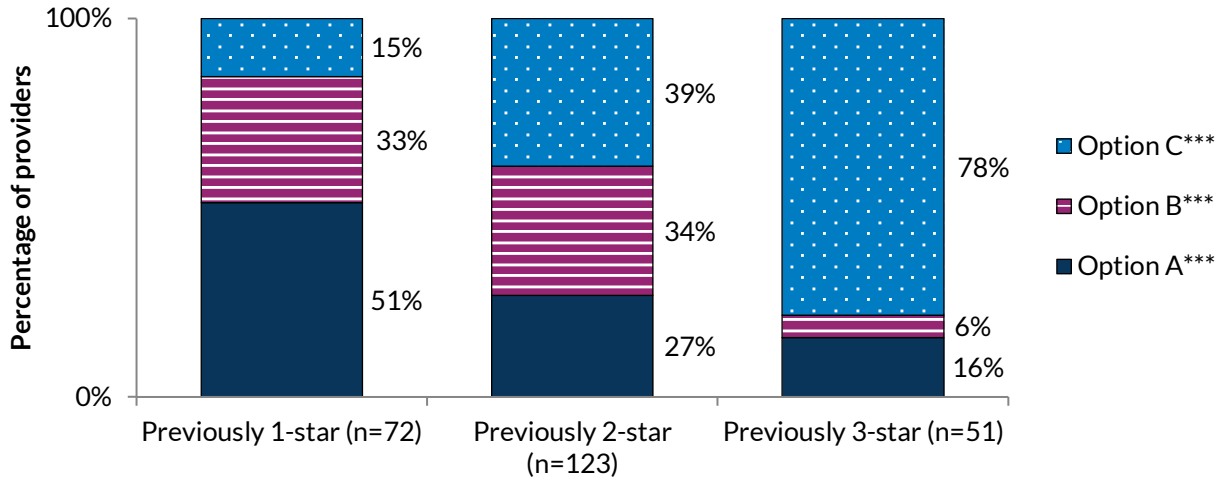
Figure 6. Ratings for programs that did and did not accept subsidies in TARO



Source: Child Trends' analysis of TARO scoring data (2020-2021).
Note: *** $p < .001$, ** $p < .01$, * $p < .05$, and n.s. = not significant.

Whereas only Options A and B were available for programs being rated for the first time, all three options were available to programs that were going up for a re-rating. There were significant differences between the percentage of programs that chose Option A, Option B, and Option C by their previous rating (see Figure 7). For example, over half (51%) of previously rated 1-star programs selected Option A (to maintain their rating), whereas about one-quarter (27%) of previously rated 2-star programs and 16 percent of previously rated 3-star programs selected Option A.

Figure 7. Option chosen by previous rating for programs that were going through re-rating in TARO

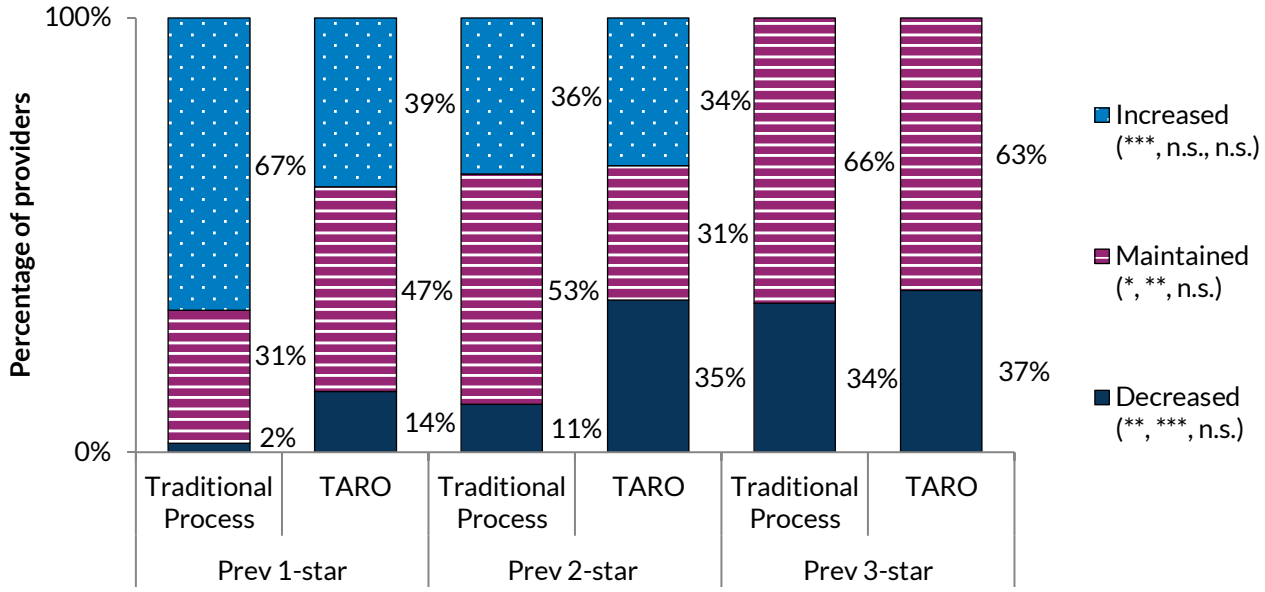


Source: Child Trends' analysis of Quality Rated administrative data (2019) and TARO scoring data (2020-2021).
Note: *** $p < .001$, ** $p < .01$, * $p < .05$, and n.s. = not significant.

Figure 8 shows a comparison of outcomes for programs that were re-rated in TARO compared to the traditional process. Among programs that had previously earned a 1-star rating, significantly fewer increased their rating in TARO (39%) than via the traditional process (67%); more programs that were previously rated 1-star maintained or decreased their rating in TARO compared to the traditional process. Additionally, more programs that had previously earned a 2-star rating decreased their rating under TARO

(35%) than under the traditional process (11%), and fewer programs maintained their rating in TARO (31%) than in the traditional process (53%). Re-rating outcomes among programs that had previously earned a 3-star rating were not significantly different in TARO than in the traditional process.

Figure 8. Re-rating outcomes for programs in the traditional process and TARO



Source: Child Trends' analysis of Quality Rated administrative data (2019) and TARO scoring data (2020-2021).
Note: *** $p < .001$, ** $p < .01$, * $p < .05$, and n.s. = not significant.

Future Considerations

Continue to monitor the distribution of programs' star ratings, especially those earning a 1-star rating. Through the traditional Quality Rated process, 25 percent of programs earned a 1-star rating; in TARO, 49 percent of programs earned a 1-star rating. We believe that this is due in part to the number of programs that selected Option A, and that selection may have been due to different goals, priorities, and available time during the COVID-19 pandemic. This is also reflected in the results of re-ratings through TARO. Half of previously rated 1-star programs selected Option A (which would maintain their rating), and about one-quarter of previously rated 2-star programs selected Option A (which would decrease their rating).

Examine differences in star ratings earned by program type and other demographic characteristics in future rating pathways to ensure equity and accessibility. Historically in Quality Rated, family child care programs have been on average rated higher than center-based programs.[4] In TARO, however, family child care programs tended to earn lower ratings than center-based programs. The lower ratings were partially explained by family child care programs choosing Option A more often than center-based programs; however, among programs that did choose Option C, fewer family child care programs earned a 3-star rating than center-based programs. Of course, these differences may accurately reflect the quality of programs that participated, but we encourage DECAL to review the rating pathways and possible barriers to ensure equity across all types of programs. For example, survey and interview data from TARO participants in Options B and C showed that technology was a main barrier to participating, especially for family child care

[4] Early, D. M., Maxwell, K. L., Orfali, N. S., & Li, W. (2017). Quality Rated Validation Study report #1: What makes up a Quality Rated Star Rating? An in-depth look at the criteria, standards, and components. Child Trends. https://www.decal.ga.gov/documents/attachments/QRValidationReport1.pdf

programs. In a previous Child Trends survey of providers in the Quality Rated Validation Study, we found that family child care providers differed from center directors and teachers on race and ethnicity, age, years of experience, languages spoken, and education/certifications.[5] Program type and demographic factors may all play a role in how providers experience TARO.

Consider asking providers to specify a rating goal when the traditional Quality Rated rating process resumes. One advantage of the options in TARO is that they provide a glimpse into the providers' rating goal from the beginning. Of course, providers may have many reasons for selecting the option that they do (e.g., time, technology), but by selecting an option, providers are stating their intention for a maximum possible star rating. This makes TARO function similarly to a block or hybrid QRIS that is used in many states, whereas the traditional Quality Rated process is a points system.[6] When in-person observations resume, DECAL could consider asking providers what rating they are aiming to achieve and compare it to their actual earned rating. These data could help answer questions about how rating goals and outcomes (e.g., the percentage of programs that meet their rating goal) vary across different types of programs and provider demographic characteristics.

Consider additional supports for programs participating in Option B. In TARO, 30 percent of providers who initially chose Option B did not earn the highest possible rating (i.e., two stars). While we cannot compare this to ratings earned in the traditional Quality Rated system (see recommendation above), the data show that 80 percent of Option A programs earned the maximum available rating (i.e., one star) and 85 percent of Option C programs obtained the maximum available rating (i.e., three stars). This may mean that Option B programs need additional supports to complete QRVP. It also may reflect the diversity of programs participating in each option; since Option C was only available for those who were re-rating, and Option A was restricted to the portfolio, Option B may have had a larger range of program quality.

Validate the QRVP ratings when COVID-19 restrictions are lifted. When it is safe to resume in-person classroom observations, we suggest that DECAL deploy observers to both center-based and family child care programs that earned their star ratings through QRVP. Collecting observational data would help inform whether TARO yields ratings that are similar to the traditional process. If the results support the idea that TARO works as intended, DECAL may want to consider incorporating aspects of QRVP or LO-VE into the standard rating or re-rating process.

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[5] Early, D. M., Orfali, N. S., Maxwell, K. L., Bultinck, E., Nugent, C., Mason, R., … , Bingham, G. (2018). Quality Rated Validation Study report #3: Director, teacher, and provider perceptions of Quality Rated. Child Trends. QRValidationReport3.pdf (ga.gov)
[6] For more information about QRIS structures nationally, see https://childcareta.acf.hhs.gov/sites/default/files/public/qris_rating_structures_processes_2016.pdf