Public Policy Associates

Conditions for Change

Michigan's Great Start to Quality System

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Overview

Public Policy Associates (PPA) in partnership with the Michigan Department of Education, Office of Great Start (MDE/OGS) and the Early Childhood Investment Corporation (ECIC) has been conducting an evaluation of the reimagined Great Start to Quality (GSQ) (Michigan's Quality Recognition and Improvement System or QRIS). A significantly reimagined GSQ was launched in February 2023 following years of planning, input gathering, development, and training.

MDE/OGS is the state's Child Care and Development Fund lead agency, administering Michigan's child care assistance program. The office also has responsibility for supporting access high-quality early learning and development programs for children ages 0-8. ECIC implements GSQ for MDE/OGS through information sharing, assessment, and data management.

October 2023

OVER THE COURSE OF FOUR YEARS, THE EVALUATION WILL ADDRESS FIVE MAIN RESEARCH QUESTIONS:

1. Does Michigan's reimagined QRIS result in higher participation by child care providers, and particularly for home-based child care providers (HBCCs)?
2. Is the reimagined QRIS associated with higher quality levels, on average and across different types of providers? Specifically, does the reimagined system make it easier for HBCCs to achieve higher quality levels comparable with child care centers?
3. Is the reimagined QRIS associated with greater equity of access, by community type (urban/rural, poverty level, racial diversity), child type (i.e., children with disabilities, age of child), and parental needs (i.e., non-traditional hours)?
4. What program characteristics reported by providers are most strongly associated with higher scores on classroom observations? Do child care staff with "weaker" credentials demonstrate comparable levels of classroom quality to credentialed staff, as measured by classroom observations?
5. How do staff shortages and staff turnover influence providers' ability to demonstrate quality on the reimagined QRIS? To what extent do shortages and turnover influence participation in the QRIS, or act as a barrier towards program improvement? Are there differences in these relationships by provider or community type?

This brief summarizes the changes made to the GSQ as of February 1, 2023, and provides data about GSQ participation before the revisions and as of August 30, 2023.

Motivations for System Revisions

The move to make changes to the GSQ was prompted by feedback from HBCCs that the prior scoring criteria were biased toward centers, making it too difficult, given their resources, to achieve the highest star ratings (on a 1-to-5 star rating scale, with 5 stars indicating the highest quality). Other issues identified by MDE, ECIC, and providers included that the previous indicators and curriculum were based on dated research, the scoring was difficult to understand, and all involved wanted a more improvement-focused system, rather than one that was score-driven. Beyond the arrival at accurate determination of quality across licensed programs, Michigan also was interested in increasing awareness of the GSQ among families and utilization of the information about quality and providers available through the GSQ website.

A validation study (2018) of the prior GSQ quality process also backed up this impression from the HBCCs.[1] The previous model (beginning in 2013) combined a Self-Assessment Survey (SAS)—using nearly 50 indicators across five domains—with independent observations of programs that aimed for a 4- or 5-star rating. The study found that the SAS did not effectively measure child outcomes as part of quality,[2] that the items were not distinctive in measuring the five aspects of quality as intended,[3] and that it had too many "easy" indicators, which skewed the instrument's reliability.[4] At the time of that study, more centers had achieved higher star ratings than HBCCs, as did programs that did not serve infants and toddlers.[5] As part of its conclusions the validation study team recommended a more streamlined assessment and an examination of how well providers serving different child age groups fared.

Further feedback from providers and other child care experts in the state also saw difficulties with the existing GSQ, such as providers were prevented from advancing beyond 2 stars due to staff educational limitations, disconnections between the scoring and cultural/emotional aspects of quality, and perceptions by families that a 1 star or 2 star rating were "bad" ratings.[6] These concerns motivated reconsideration of the GSQ assessment process, including the approaches to measurement, indicators, and quality scale, with a goal of equity for different program types.

The theory of change of the reimagined system, then, emphasizes GSQ participation, equitable access to higher quality levels for home-based providers, promoting quality improvement across the state and provider types, mitigating potential staffing challenges on quality improvement, and continuous systems improvement.

TABLE 1. CORE LOGIC OF THE GSQ REDESIGN

Inputs	Activities	Outcomes	Impacts
MiRegistry	Training	Staff knowledge and skill gains	Staff contributions to quality improvement
GSQ website	Information sharing	Rebranding, reference materials	Stable or increased participation in GSQ
GSQ quality levels, assessors, validators	Self-reflection and plans, assessments, observations	Progress in quality levels for all provider types	Improved access to quality care across the state
Resource Centers	Technical assistance and coaching	Provider engagement in quality improvement	Growth mindset present among providers

Redesign Process

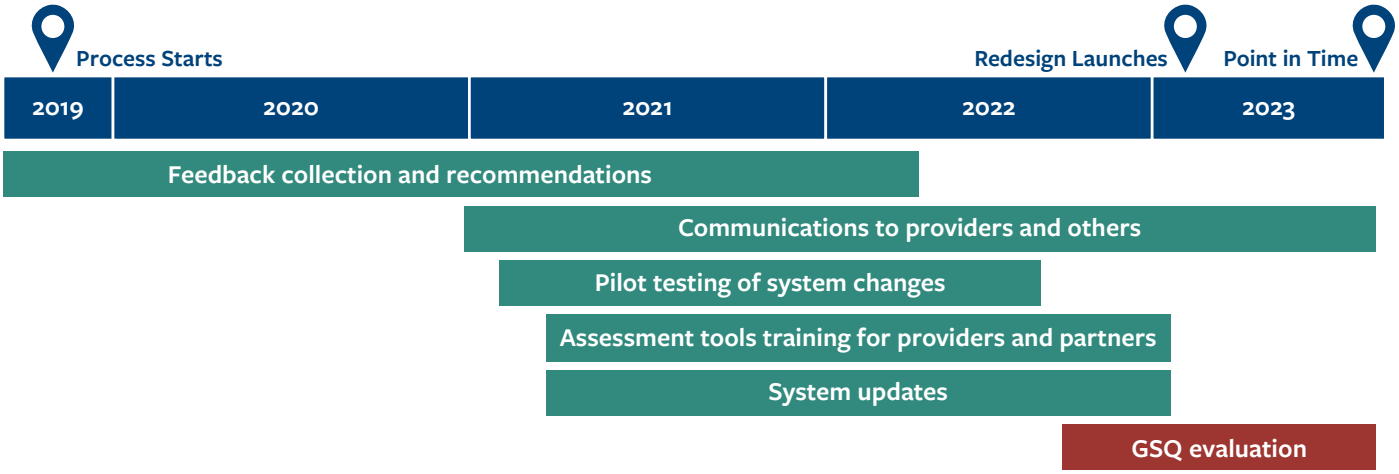
In 2019, Michigan's reconsideration of its approach to quality assessment and improvement resulted in a refreshed, thoroughly reimagined system. In part, the redesign drew on the "next generation" QRIS model proposed by Cannon et al. in 2017.[7]

Child care providers, as the primary participants in the GSQ, were centered in the redesign process. Feedback for the redesign began in November 2019 with a voluntary advisory committee of 24 individuals representing a range of provider types, parents, ECIC staff, college/university, child care licensing program staff, and others.[8] This group was selected from over 100 applicants. Around this time, the State established the regional Early Childhood Support Networks (ECSNs) in addition to the GSQ Resource Centers.[9] The ECSNs were not part of the advisory committee, although the Resource Centers were represented.

In 2020, providers, families, and community members were invited to discuss the GSQ using 21 virtual focus groups, 10 interviews, and a survey (with over 3,500 responses),[10] resulting in suggestions for areas of the GSQ to improve. The key themes identified by this process were equity, access and utilization, alignment and communication, and awareness and engagement.[11] This feedback also prompted ongoing feedback loops between providers, ECIC, and MDE, and the planning of a carefully staged rollout for the reimagined GSQ. It also generated a focus on assistance to help providers advance their quality through technical assistance.[12]

Recommendations from the advisory committee were approved by MDE/OGS and developed and piloted in two rounds. The phrasing of the quality indicators was simplified with the help of providers. Pilots with over 200 providers—in April and June 2021—tested the new indicators and the Classroom Assessment Scoring System (CLASS) observation tool. Ongoing fine-tuning of the GSQ occurred during 2021 and 2022.

FIGURE 1. GREAT START TO QUALITY REDESIGN AND EVALUATION TIMELINE, NOVEMBER 2019-SEPTEMBER 2023[13]



The months' long rollout process included multiple steps, as shown in the timeline (above). Communications to providers and others about the upcoming changes to GSQ through letters, webinars, and meetings began two years before the launch of the reimagined system, in 2021, and continued up through early 2023. Training for providers and partners on the assessment tools occurred over approximately one year, with database work and other operational changes proceeding in parallel.

Rebranding accompanied the reimagined system. Extensive changes to the GSQ website were made by ECIC under direction from MDE/OGS leading up to the launch, including pages devoted to explaining the process and theory of change behind the GSQ as reconceived. GSQ overview materials are available in four languages.

The evaluation design to study the changes to the GSQ evolved over several months in 2022, leading up to the award of a research partnership grant from the Administration for Children and Families, Office of Planning, Research and Evaluation in September 2022. The GSQ implementation continues, as does the evaluation.

FIGURE 2. PROGRESSION THROUGH QUALITY LEVELS IN REIMAGINED GSQ

New Features

Michigan's QRIS, the GSQ, launched on February 1, 2023. The reimagined GSQ instills a quality improvement mindset in providers by encouraging them to continuously strive for better quality. It also aims to support the engagement of providers in both center- and home-based settings through a greater focus on support for programs and ease of access, and reliance on classroom observations to validate self-reports of quality.

KEY CHANGES IN THE REIMAGINED GSQ

The changes did away with star ratings in favor of descriptive quality levels (see Figures 2, above, and 3[14]). The results from the pilots closed the door on a points-based system for Michigan. Although having fewer quality levels was considered, in the end, the State retained five levels.[15]

Whereas before providers volunteered to participate in the GSQ and only then received a rating, now all providers in good standing with licensing are part of the GSQ and automatically qualify for the first quality level, Maintaining Health and Safety. Quality levels reflect a provider's progress towards higher quality, aligning with the goal of continuous improvement (Figure 2, above).

Providers move through different levels based on their own initiative, with support as needed from coaches at the Resource Centers. They have more flexibility in what they choose to work on to enhance their quality (Table 2). This represents a move away from providers feeling like they were "checking the box" to achieve a higher rating, rather than focusing on the quality improvement process.

FIGURE 3. MOVING FROM STAR RATINGS TO QUALITY LEVELS

TABLE 2. DOMAINS OF QUALITY IN PRIOR AND CURRENT GSQ

SAS Topics (2022)	Self-Reflection Topics (2023)[16]
49 indicators	*40 indicators*
Family and Community Partnership	Family and Community Partnerships
Environment	Inclusive Practices
Curriculum and Instruction	Curriculum Instruction, and Learning Environment
Staff and Professional Development	Professional Development
Administration and Management	Staff Qualifications

The reimagined GSQ also allows providers to choose between several on-site observation tools that allow them to highlight their program's strengths: the Environment Rating Scales (ERS), which emphasizes the overall environment in which children are cared for; the Classroom Assessment Scoring System (CLASS), widely used for assessing the quality of interactions between a teacher
and a child; and the Social Emotional Learning – Program Quality Assessment (SEL-PQA), widely used for school-aged children.[17]

All providers can access the MiRegistry for professional development. As of February 1, 2023, all trainings used to meet GSQ indicators must be in MiRegistry.

PRE-REDESIGN PARTICIPATION IN GSQ

Before the redesign, the provider participation in GSQ was lower than ideal. Starting from January 2014, it took over four years to get over half of all providers to obtain a star rating, and once this threshold was reached, participation effectively plateaued (Figure 4). Michigan's participation rate was similar to, if not better, than those of other states with a voluntary system.[18]

FIGURE 4. GSQ PARTICIPATION, 2014-2022

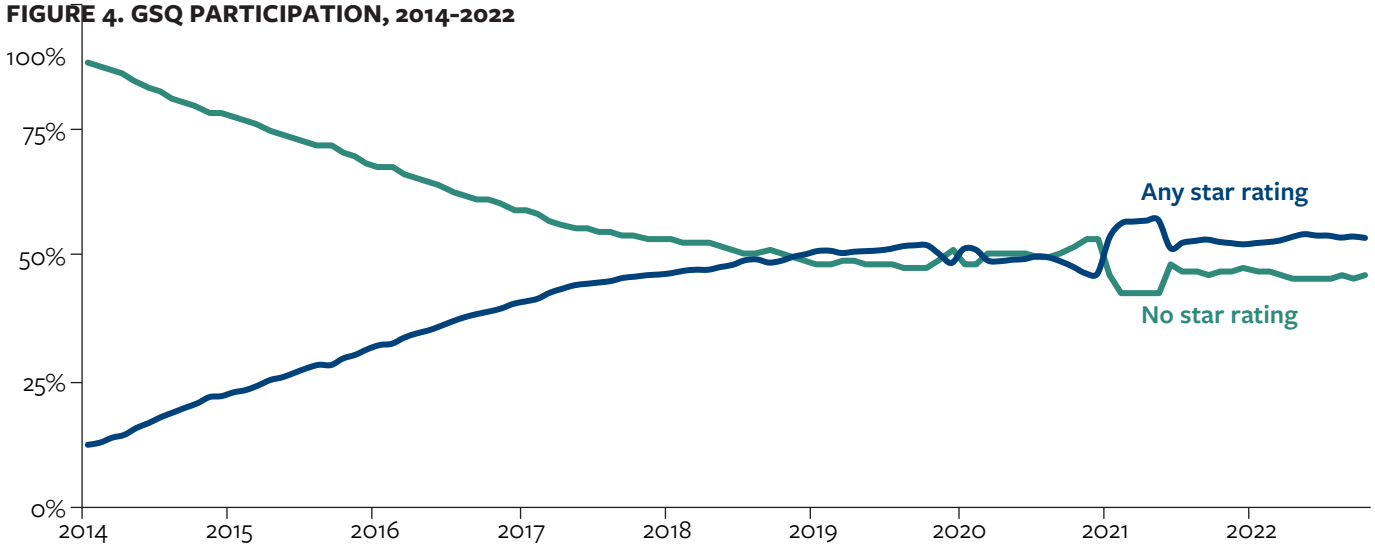
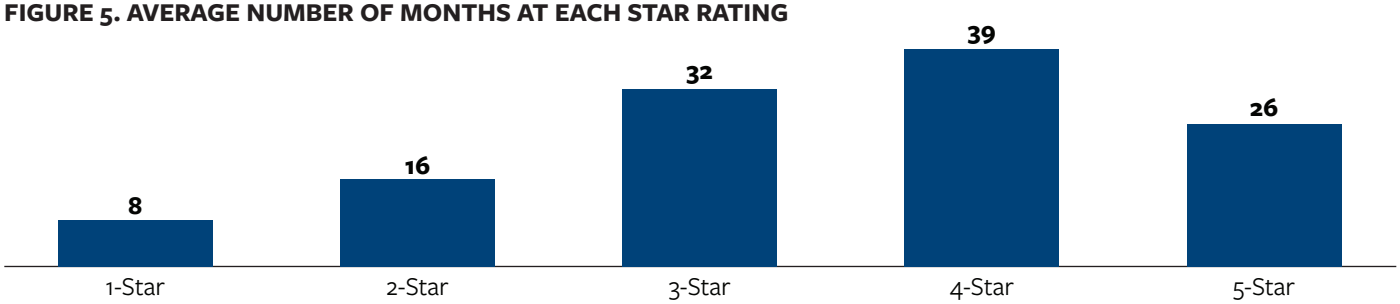


FIGURE 5. AVERAGE NUMBER OF MONTHS AT EACH STAR RATING



In the star-rating model, once providers received a rating, it was increasingly difficult to raise their rating. The average amount of time it took to go up from 1 star (9 months) was significantly less than the time it took to increase from a 4-star rating (22 months). This helps explain why so few providers reached the pinnacle 5-star rating and why 4-star providers spent over three years on average at that rating (Figure 5, above).

In addition, the amount of time to decrease from 5 stars was almost half (28 months) the of that of which it took to decrease from any other star rating (about 48 months). Thus, a 5-star rating was difficult to maintain and rare.

The average star rating stayed relatively constant in the years prior to the redesign, never varying more than a quarter point (Figure 6). Overall, there were significantly more providers who experienced an increase in rating than decrease each month. This may lead to the conclusion that the average rating should be increasing over time; however, there were more providers who gained stars for the first time each month than those who had a star rating change. New providers to the rating were far more likely to be rated below the average, thus bringing the average of all providers back down. As time progressed, centers took up larger proportions of both star-rated and licensed providers, with more entering the market while home-based providers were more likely to exit the market.

FIGURE 6. AVERAGE STAR RATING, 2014-2022

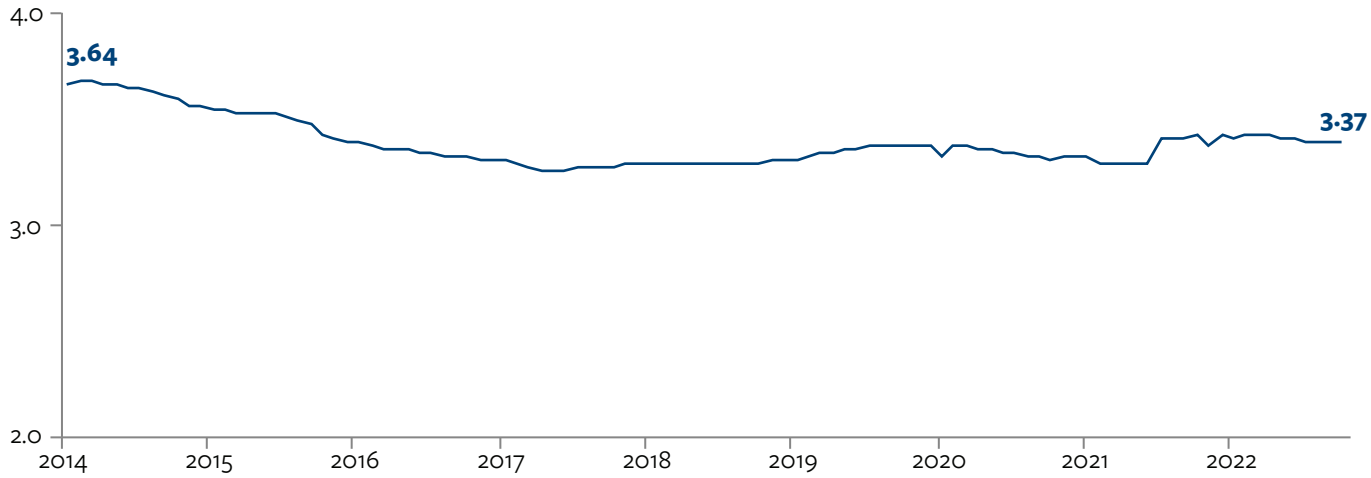
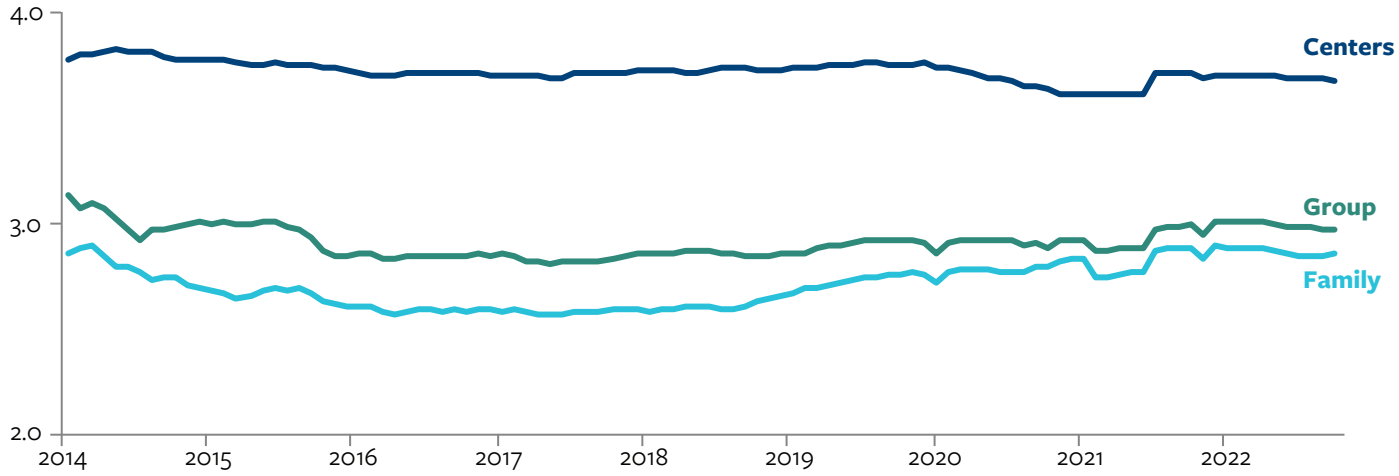


FIGURE 7. AVERAGE STAR RATING BY PROVIDER TYPE, 2014-2022

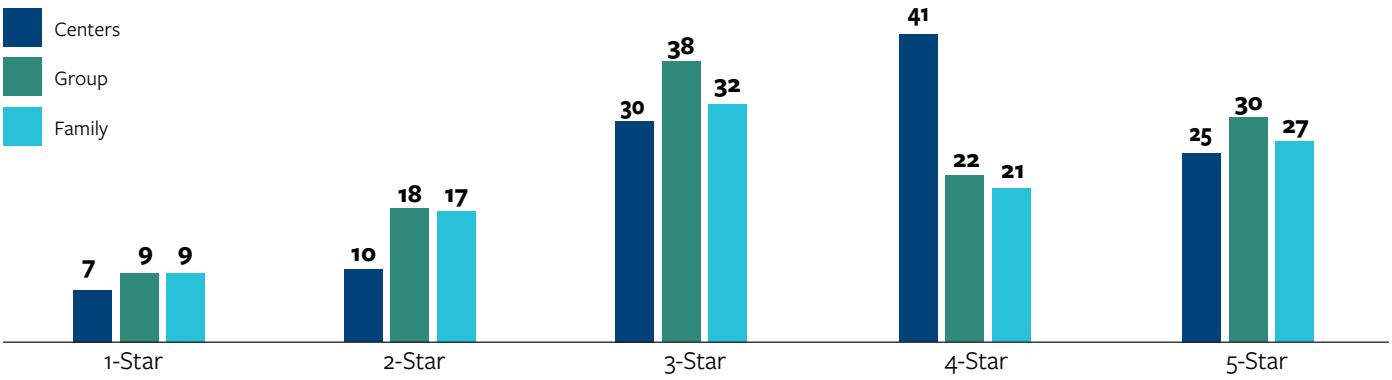


One criticism of the GSQ before the redesign was that the ranking system appeared to favor centers over home-based providers. In fact, centers did average a significantly higher star rating from 2014 through 2022 (Figure 7, above).

Additionally, centers were far less likely to ever have a decrease in their ranking than home-based providers were while nearly as likely to ever have their rankings increase (Figure 8). This means that not only were centers rated more highly than home-based providers on average, but they were also more likely to have a more stable star rating.

FIGURE 8. PERCENTAGE OF PROVIDERS WITH A CHANGE IN STAR RATING BY TYPE, 2014-2022

FIGURE 9. AVERAGE NUMBER OF MONTHS AT STAR RATING BY PROVIDER TYPE IN OCTOBER 2022[19]

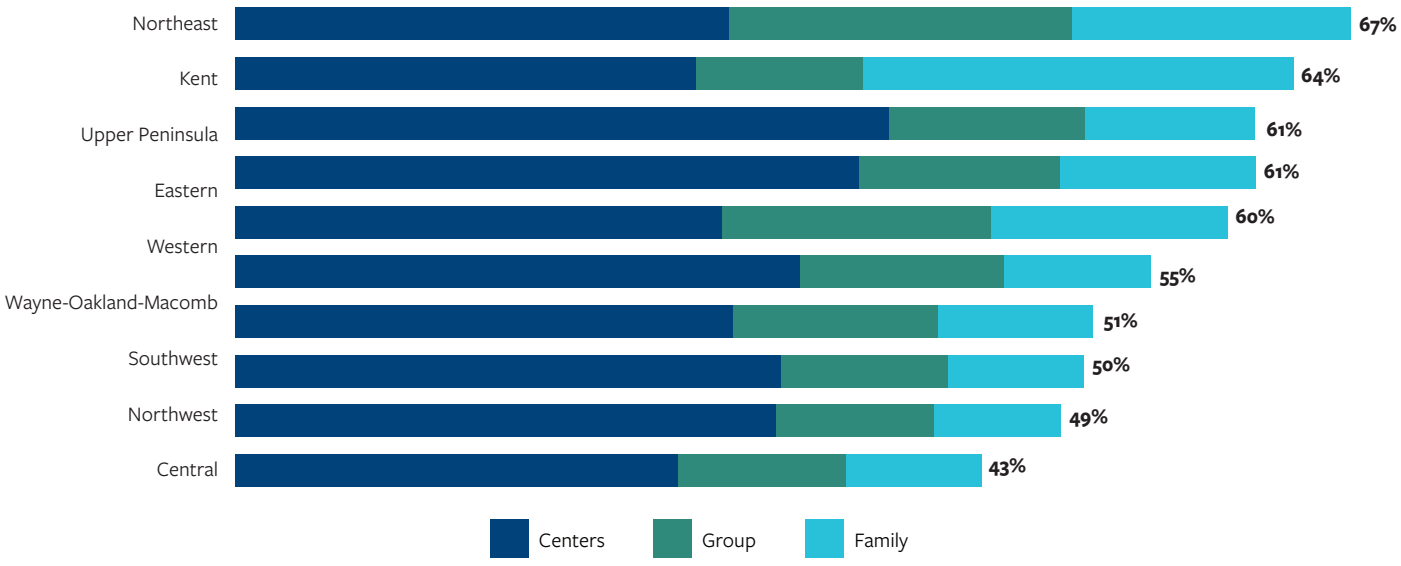


Centers were not only the largest group of star-rated providers in each region of the state before the redesign but also comprised of over half of all participating providers in most regions except the Kent, Southeast, and Western service areas. At the end of 2022, the average star ratings per region were all within half a star of each other, ranging from 3.16 in Kent County to 3.59 in the Upper Peninsula.

Both Kent and Northeast service areas had the highest participation rates by the end of 2022 (Figure 10, below). These two areas had some of the lowest center-to-home-based provider ratios. This is surprising given that centers appeared more likely to participate in GSQ (64% at the end of 2022) compared to home-based providers (50% of group, 41% of family).

The areas with the highest proportion of centers found themselves in the middle of the ranking, seeming to indicate that center market share is not a good predictor of GSQ participation or star rating of a given area. This led to the variation in participation being due to some other service area differences.

FIGURE 10. QRIS PARTICIPATION RATE BY RESOURCE CENTER SERVICE AREA AND PROVIDER TYPE, 2014-2022



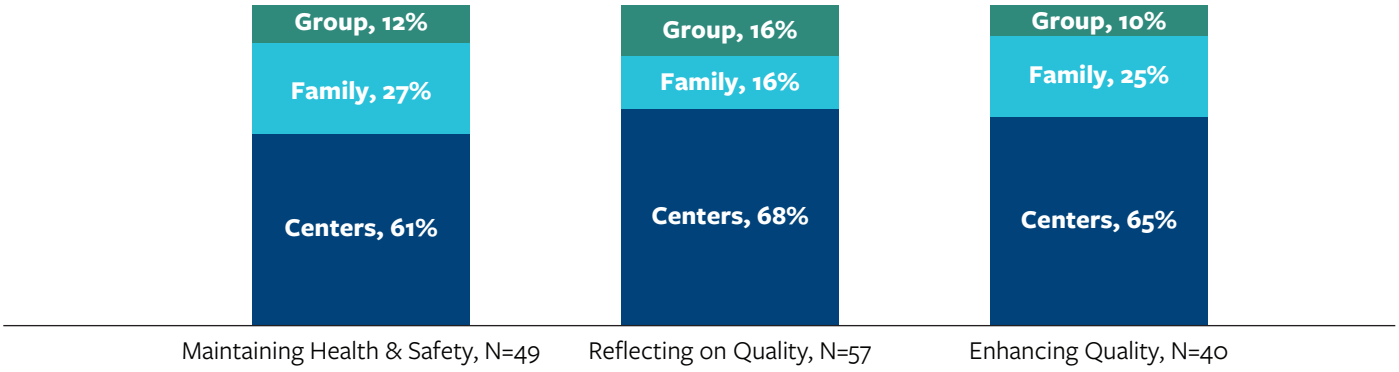
POST-REDESIGN PARTICIPATION IN GSQ

As shown in Figure 3 (above), providers in the GSQ now have one of five quality levels, with the intention that they continue to enhance the quality of their programs. Providers can apply for the next level at any time, provided they complete the steps necessary to progress.

Based on initial data from 2023 (February – August), 146 providers had sought a new quality level. Of those, 64% were centers, 22% were family homes, 13% were group homes, and there was one tribal center. About a quarter of these providers were Great Start Readiness Programs (28%), and 8% were Head Start programs.

Providers used self-reflections to identify their quality levels. Thirty-nine percent of providers were at the Reflecting on Quality level, 34% at Maintaining Health and Safety, and 27% at Enhancing Quality. Child care centers predominated across each level, as shown in Figure 11.

FIGURE 11. QUALITY LEVELS BY PROVIDER TYPE



Out of the 146 providers, 73 sought a validation (moving to the second-highest quality level), and all achieved Enhancing Quality - Validated. To attain validation, the validator must score at least one of the indicators as "Currently Meeting." Of providers seeking validation to date, most were from a child care center (78%), followed by family homes (14%), group homes (7%), and one tribal center.

Twenty-one of those went on to try to reach the highest quality level. As part of the evaluation, providers answered two questions about which assessment tool they chose and why. These questions are intended to understand whether providers are choosing the expected tools based on their license type; providers can select either CLASS and ERS.[20] Out of the 21 providers seeking an observation, 57% chose the CLASS assessment, and 43% chose an ERS assessment. Half of those who chose the CLASS were centers. Due to the low numbers of providers who have reached this stage of the GSQ, these results are highly preliminary.

Providers, when asked, said they chose one assessment over another for a range of reasons; no consistent pattern can be noted at this time. Reasons included pre-existing familiarity with one, wanting to try something new, thinking one was more appropriate for their program, and so on.

Evaluation Next Steps

The analysis presented in this brief represents baseline findings that will be elaborated on in future reports. The evaluation of Michigan's GSQ is a four-year effort using a robust mixed-methods design.

Across the evaluation, data sources include providers, parents who receive assistance from Michigan's Child Development and Care program, GSQ Resource Centers, ECSN regions, and system administrators, as well as state administrative records. In collecting these perspectives from the system actors through interviews, focus groups or roundtables, and surveys, we seek to understand attitudes about quality, supports to providers and perceptions of their value, and implementation successes and challenges. Administrative data rounds out these experiences with the system, presenting the opportunity to assess equity of access to quality by community and family type and workforce influences on the quality improvement of providers. Results from interviews and state data analysis collected in the first year of the evaluation will be reported in 2024.

This evaluation is supported by the Administration for Children and Families (ACF) of the United States (U.S.) Department of Health and Human Services (HHS) as part of a financial assistance award (Grant90YE0291) totaling $1.2 million with 100 percent funded by ACF/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACF/HHS, or the U.S. Government. For more information, please visit the ACF website, Administrative and National Policy Requirements.

1. I. Iruka, et al., *Great Start to Quality Validation Study Final Report* (Ypsilanti, MI: HighScope Educational Research Foundation, 2018), 51.
2. Ibid, 21.
3. Ibid, 32.
4. Ibid, 64.
5. Ibid, 51-52.
6. Reported by ECSNs during roundtable with evaluator, May 2023.
7. J. Cannon, et al., *Quality rating and improvement systems for early care and education programs: Making the second generation better* (RAND Corporation, 2017).
8. "Great Start to Quality Advisory Committee Members," Michigan.gov, https://www.michigan.gov/-/media/Project/Websites/mde/ogs/cdc/gsq_advisory_chart.pdf?rev=00811b43e87a4917a9335ac88367cc94
9. The four ECSNs focus on the whole child and seek to make the early childhood system easy for providers and families to navigate. They do this through cross-sector collaboration and by providing professional development and technical assistance. The ten Resource Centers provide supports to help providers improve the quality of their programs. They also connect families with child care resources and learning materials.

10. "Great Start to Quality: Stakeholder Engagement Findings Community Report," *Great Start to Quality*, accessed October 2, 2023, https://www.michigan.gov/-/media/Project/Websites/mde/ogs/cdc-2/landing_page_docs/michigan_qris_community_facing_report_final.pdf?rev=c6f06ffe4dd341bf8e6417e0b725e8bf, 2.
11. School Readiness Consulting, *Great Start to Quality: Stakeholder Engagement Findings Community Report* (Lansing: Michigan Department of Education, Office of Great Start, 2020), 3-4.
12. Ibid, 7.
13. This timeline builds on an earlier version: "Great Start to Quality Improvements, Tentative Timeline" developed for the Michigan Department of Education, Office of Great Start, https://greatstarttoquality.org/wp-content/uploads/2022/05/Launch-Timeline.pdf
14. Both figures were reproduced from the Great Start to Quality website. They can be found at https://greatstarttoquality.org/quality-improvement-process/
15. "The Revision Process," Great Start to Quality, accessed September 26, 2023, https://greatstarttoquality.org/revisions/
16. The new quality indicators are aligned with the CLASS and ERS, among other standards. See the Great Start to Quality website for more information: https://greatstarttoquality.org/reflecting-on-quality/ For more about the SAS, see the Validation Study Final Report, 21.
17. Only Out-of-School Time (OST)-only classrooms and programs can use the SEL-PQA.
18. "Program Participation Fact Sheet," National Center on Early Childhood Quality Assurance, 2019. https://childcareta.acf.hhs.gov/sites/default/files/346_2010_qris_fact_sheet_program_participation_final_508compliant.pdf#:~:text=Across%20the%2026%20QRISs%20with%205%20%96%206,programs%20receiving%20other%20funding%20streams%20%28see%20Figure%203%29.
19. Last reported date.
20. The ERS has three different versions appropriate for early childhood programs: the Early Childhood Environment Rating Scale-3 (ECERS-3; Harms, Clifford, & Cryer, 2015) for center-based preschool programs; the Family Child Care Environment Rating Scale-Revised (FCCERS-R; Harms & Clifford, 2007) for family child care programs; and the Infant/Toddler Environment Rating Scale-3 (ITERS-3; Harms, Cryer, Clifford, & Yazejian, 2017) for center-based programs serving infants and toddlers.

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