

EQUITY IS QUALITY, QUALITY IS EQUITY

Operationalizing Equity in Quality Rating and Improvement Systems

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INTRODUCTION

A robust research base indicates the importance of high quality early care and education, including Head Start, public pre-K, and child care, to a host of long term health, education, and employment outcomes. The concept of “quality” in these programs has been the focus of much attention and resources, particularly over the last decade. Most states have established definitions of quality through quality rating and improvement systems (QRIS) and have allocated accompanying resources to support early care and education providers to progress toward higher levels of quality.

Unfortunately, with few exceptions, definitions of “quality” have been sorely lacking attention to equity and to the unique experiences that affect children from historically marginalized communities. Although there is no single agreed upon definition of quality in early learning systems, several quality frameworks exist and have common components, such as research-based curriculum and assessments, low ratios and group sizes, credentialed teachers, and the provision of comprehensive services.¹ These factors are important to the experiences of all children, but they are insufficient. They do not encompass critical dimensions of program operations and implementation that directly and disproportionately affect the experiences of children from historically and contemporarily marginalized communities, such as culturally affirming, play-based pedagogy; expulsion, suspension, and corporal punishment practices that disproportionately affect Black and American Indian and Alaska Native children, and children with disabilities; access to dual language instruction for emerging multilingual and multidialectal children; socioemotional supports that uniquely address family mobility and transnationality in children of immigrant and refugee families; and access to inclusive learning opportunities with high-expectations and appropriate accommodations for children with disabilities. The field must re-envision and expand the definition of quality to encompass high-quality experiences for all children, centering those who have historically been left out.

What’s more, there are several equity concerns associated with widely utilized global classroom quality instruments that are often key components of monitoring and

accountability systems, including quality rating and improvement systems. At the most fundamental level, these instruments were not designed to understand children’s experiences at the individual level; rather, they were designed to examine the “average child’s experience.” The challenge with this lens, is that a robust body of data and research indicate that children have differential experiences, differential treatment, and differential needs in their learning programs, and those differences are associated with race, language, income, and disability. As a result of this intent to examine only the “average” experience, it is impossible to understand whether children from historically marginalized communities experience quality of care aligned with the global quality rating or that of the “average.”² That is, does the dual language learner who does not share a primary language with their teacher or the nonverbal autistic child, experience the same level of “quality” as the classroom global rating suggests? These instruments also generally neglect to measure or account for issues like bias, which is disproportionately experienced by Black children and other children of color, depending on the context. It is critical to understand adult-child interactions and process quality in early care and education settings, as they are foundational to child development and wellness, but it is clear that our definition of quality and the instruments we use to measure it, are incomplete and insufficient.

These shortfalls in our definitions and measurement of quality are accompanied by inadequate monitoring and accountability systems. Early care and education systems generally do not expect, track, or hold programs accountable for providing fair and positive experiences for all children and closing disparities in outcomes, where they exist. Too often, equity is optional or a bonus, as opposed to foundational.

Equity and quality should be inextricably linked. Equity should mean quality, and quality should mean equity. A program should not be considered of high quality unless it is **1) equitably accessible, 2) provides positive and fair experiences for all children, especially those who have been historically marginalized, and 3) actively works to identify and close disparities in child outcomes where they exist.** The recent infusion

of resources in the early care and education system, and the potential of universal expansion of some of these programs, present an unprecedented opportunity to ensure that equity is at the foundation of quality frameworks that are used across early learning systems.

Quality Rating and Improvement Systems as Levers For Equity

High quality early childhood education has been linked to improved child development across many domains and increases in child school readiness.³ However, classroom quality is only tied to positive child outcomes if classrooms are high quality.⁴ One critical policy lever in improving quality is through quality rating and improvement systems (QRIS). QRIS were originally established to better understand and improve the quality of early care and education in states regardless of auspice and setting, and to assist and inform families, caregivers, and parents in choosing quality care for their children. These systems aim to define the “gold standard” of quality in most states, and consequently, influences where resources are invested. Common indicators include staff credentials, teacher-child ratios and group size, environmental factors, and teacher-child interactions.⁵ Individual states have conducted validation studies of their own QRIS, but many have not been consistently linked to quality or meaningful child developmental gains. Measurement has been a challenge, considering their often broad scope, in identifying links between ratings and children’s positive development.⁶ These findings raise important questions about the function of QRISs and suggest that rather than framing the primary function of QRIS as quantitatively measuring and rating quality to predict child outcomes (especially when there is a concern about whether the outcomes are equitable and meaningful), the field should consider conceptualizing these systems primarily as a way to inform ECE improvement, provide parents, families, and caregivers with information to make an informed care decision, and track and promote children’s equitable access to quality experiences in early childhood.

Almost every state in the nation has a QRIS, and at least half of all states are in the process of updating and improving their systems. These quality systems have

received federal funding from a variety of streams, including Race to the Top Early Learning Challenge, Child Care and Development Block Grant quality funding, Preschool Development Grants, and others.

QRISs have the potential to provide an understanding of the quality of care children experience, including understanding inequities in access to and experience in high quality early care and education. They could give policy makers a better understanding of *who* has access to high-quality child care programs and who lacks such options. They can inform more effective targeting of resources to address gaps. The often overlooked “improvement” part of QRIS provides an important opportunity to resource providers to continue their growth toward quality and equity, with a priority for providers who serve historically marginalized children.

Though these systems have the potential to advance equity in early care and education systems, thus far, they have fallen short. They have rightly been criticized by advocates for being exclusive, rather than inclusive, leaving out lower-resourced providers, providers of color, and home-based or family child care providers, in effect disadvantaging or locking them out altogether of opportunities to receive state resources, both financial - through tiered systems of reimbursement, and coaching and professional development resources. The mechanisms of this exclusion have often come in the form of neglecting quality indicators and frameworks that disproportionately affect people from historically marginalized communities, and prioritizing white, middle class, non disabled, monolingual English lenses. This exclusive nature exacerbates inequities by providing more funding to providers who already have more resources, while leaving out providers who already have fewer. A recent study examining this issue found that white children were the most likely to be served in high quality rated programs, while Black and Latine children were less likely. Because the state has a tiered rating system in place where higher rated providers receive more resources, the inequities were being perpetuated by policy, such that programs that were serving Black and Latine children were receiving fewer public resources than those serving white children (Frankenberg et al., 2022), perpetuating a cycle of inequity.

Relatedly, less attention has been paid to bringing new providers into the system and supporting them in moving up quality tiers. The monitoring and accountability systems that are part of QRIS are also the subject of concern, such that bias in monitoring may disadvantage providers of color, providers who have less access to resources, and those who serve children from historically marginalized communities. Indeed, *who* is monitoring and *how* they are monitoring can be influenced by bias, pointing to the need to ensure state systems attend to this issue.

Perhaps the largest design flaw of QRISs in advancing equity is their actual content: how they define quality, and specifically, the way they operationalize, or altogether leave out, indicators related to equity in their definitions of quality across each tier in the system.

These concerns are layered and related to broader equity concerns in the early care and education system, as discussed in the CEP's [*Start with Equity: 14 Priorities to Dismantle Systemic Racism in Early Care and Education*](#). Inequitable funding and resource allocation in early care and education broadly, and in historically marginalized communities specifically, affect the accessibility, experiences, and outcomes of children who receive services.

This Report

This report addresses a fundamental content flaw in QRISs by operationalizing equity indicators. These indicators are grounded and organized by the CEP's 14 priorities to advance equity in early care and education systems, published in a 2020 report, in partnership with 8 national organizations. States can use these indicators to inform QRIS redesign efforts to advance equity and improve transparency for families.

We address the 11 most relevant of the 14 Priorities to QRIS systems. For each, we outline a range of indicator examples, as well as state system responsibilities to ensure conditions that enable providers to meet and progress through the tiered system. These indicators are not meant to be exhaustive, rather, they are illustrative. Finally, we recognize that federal investments in early care and education systems specifically, are particularly critical to ensure states and programs are resourced at a level that enables them to meet quality indicators.

1. **Equitable Funding**
2. **Holistic, Strengths-based, and Authentic Integration**
3. **Workforce Equity**
4. **Equity in Workforce Preparation and Development**
5. **High-Quality Curriculum and Pedagogy**
6. **Global Classroom Quality Measurement**
7. **Harsh Discipline**
8. **Equity for Children with Disabilities**
9. **Linguistic Equity for Dual Language Learners and Speakers of Different Varieties of English**
10. **Family Leadership and Engagement**
11. **Data-Driven Continuous Equitable Quality Improvement**

We recommend states begin by examining their current QRIS, in partnership with families, to better understand whether and how equity is operationalized, measurably, across each tier. Once this process is complete, this resource can be used to inform the development of new equity indicators that can be embedded by adding a new equity section to existing QRIS frameworks and/or by inserting these indicators under existing categories, as appropriate. We recommend including at least one indicator per area in every tier of QRIS. Equity must be addressed across all levels, not only in the highest levels. As stated, neither the topics nor the indicators here are exhaustive, thus we recommend co-creation with communities, providers, and families to ensure areas of concern related to equity are captured and embedded. As states engage in this work, they have the opportunity to increase the type and quantity of resources and supports available to providers who may not have benefited from such supports in the past, particularly home-based providers and providers in lower resourced communities.

EQUITY INDICATORS

1. Equitable Funding

Resources have never been allocated equally, let alone equitably, in US systems, including in the early care and education system, with some exceptions in targeted programs (e.g. Head Start and IDEA programs). However, even targeted programs often underserve particular groups, for example, Black and Indigenous children in the early intervention system. QRISs have been especially criticized for growing, instead of improving, inequities in resource allocation by 1) preferencing center-based, over home-based settings, resulting in greater gaps between the funding and supports home versus center based providers have access to; and by 2) establishing quality frameworks that could disadvantage Black, Indigenous, Latine, Asian American and Pacific Islander (AAPI) and immigrant communities. This results, whether intentionally or not, in children from racialized and immigrant communities attending programs that have less access to resources,⁷ and as a result, may be less able to invest in professional development and compensation, physical infrastructural improvements, and other quality enhancements.

SAMPLE INDICATORS

Program serves children from marginalized and underserved communities, including:

- Children in high poverty communities
- Children experiencing homelessness
- Children who are emerging bi/multilinguals or speakers of dialectical variations of English (African American English, Appalachian English)
- Children with disabilities
- Children involved with the child welfare system
- Children from migrant and seasonal worker families

STATE ROLE

States should ensure that QRISs include home-based and family child care providers. Quality frameworks should be applicable and/or specific frameworks should be established for these setting types. States can conduct outreach to family child care or home based networks to better understand and address barriers. States can also fund licensing and other upfront fees of entry. Importantly, they should examine state licensing for bias and disproportionate impact or exclusion of Black, Indigenous, Latine, AAPI, and immigrant provider communities, and providers who serve children in these same communities, and act to change licensing rules to ensure fairness and accessibility to the system. States should also ensure that expenditures they are required to make for quality improvement activities under federal law are available to all providers, with a focus on those providers who historically have not received such funding.

2. Holistic, Strengths-based, and Authentic Integration

Research finds that early care and education programs are even more racially segregated than K-12 schools, which are more racially segregated than the communities in which they reside.⁸ After years of progress, integration patterns began to regress in the 1980s and 1990s after the last explicit federal efforts supporting desegregation in the 1970s, and after courts weakened desegregation provisions in law during the 1900s and early 2000s.⁹ Socioeconomic segregation has been baked into ECE systems since their inception, considering the vast majority of programs, including Head Start and many public pre-K programs, are and always have been income-based. Disability segregation of preschool children is also pervasive, and has made little progress over the decades. Today, more than half of children with disabilities receive their services in settings separate from their peers without disabilities.¹⁰ In all, integration, particularly racial integration, was always framed inadequately as solely the physical placement of children, typically involving moving Black children into historically white spaces. Attention to the integration of teachers, leaders, language, and pedagogy have always been lacking.¹¹ Systems should consider these factors in addressing segregation across every domain.

SAMPLE INDICATORS

- Program does not segregate classrooms by funding stream.
- Program does not operate segregated or self-contained classrooms for children with disabilities or children who are learning English.
- Staff diversity, especially leadership and lead teaching staff, reflects diversity of children and families served.
- Children and families' language and cultures are meaningfully integrated into programming as reflected by language of instruction and linguistic ability of staff, program materials, environmental print, and children's toys, books, and learning materials.
- Program collects and analyzes data to inform improved integration, including child demographics of enrollment by classroom; workforce and leadership diversity; and indicators associated with culturally affirming and linguistically responsive pedagogy.

STATE ROLE

States can play a major role in facilitating greater integration. This begins with more effectively blending and braiding funding streams, like pre-K, Head Start, child care, and IDEA funds, to address socioeconomic and disability segregation. They can provide guidance to programs encouraging local blending and braiding of funds. They can also engage in concerted efforts to diversify the workforce to reflect the community they serve and support the existing workforce through ongoing professional development and coaching on culturally responsive and affirming education, inclusion of children with disabilities, and dual language learning.

3. Workforce Equity

Early care and education providers are overworked and under-compensated. Women of color and immigrant women are an overrepresented segment of this workforce. Research finds that they are paid lower wages than their white counterparts, are more likely to teach the youngest children, and are less likely to serve in lead teacher and administrative leadership positions.¹² It is critical to evaluate these indicators when considering a quality work environment and equitable workforce development.

SAMPLE INDICATORS

- Program has written a plan to hire, train, and retain a linguistically and racially diverse workforce, aiming to address workforce compensation and conditions, and close racial, language, and disability based disparities in positions (e.g. lead, assistant) and pay.
- Program offers paid time off and sick leave.
- Program provides teachers with adequate, frequent breaks during the day that correspond to the length of the working day.
- Program has a written professional development plan and funding to promote assistant teachers to lead teachers.
- Program examines, tracks, and addresses pay disparities by provider race/language, by ages of children served, and by setting type.
- Program allots dedicated, non-child contact time for planning, observation, and reflecting with other staff.
- Program has a pay scale that enables career advancement and compensation increases commensurate with advancements in education, experience, or competence.

STATE ROLE

States play an essential role in improving workforce compensation and conditions, and addressing workforce equity more broadly. Programs need resources to advance equity for their workforce. States must invest in the workforce and explicitly address wages, benefits, and working conditions- including adult-child ratios and group sizes and the provision of substitute teachers to ensure breaks and paid time off. They must also provide guidance to programs and collect data to identify and address gaps in pay or position by race, language, disability, ages taught, and setting type. In this domain, federal investments are particularly crucial, as states do not have the resources without federal support to address the problem.

4. Equity in Workforce Preparation and Development

Equity is an inadequate component of early care and education preparation and professional development. Anyone working in the early care and education program system including teachers, assistants, coaches, administrators, and other staff should have comprehensive and sustained training and continuous professional development on the history of race and racism; implicit bias and its manifestations in decision making; culturally responsive and sustaining practices and pedagogy; dual language learning; inclusive best practices; and building positive relationships with diverse families.

SAMPLE INDICATORS

- Program offers onboarding and ongoing training and professional development for all administrators, teachers, assistants, coaches, and providers on key equity issues, including the history of race and racism, implicit bias and its manifestations, culturally responsive and sustaining practices and pedagogy, forming partnerships with diverse families, dual language learning, and inclusion of children with disabilities.
- Program implements research-supported strategies for professional development which include cyclic, ongoing, job-embedded or practice-based coaching (e.g., mutual goal setting, observation, constructive feedback, reflection) that includes core content on equity issues.
- Program allocates funds to hire coaches with expertise on topics relevant to providing Black, Latine, Indigenous and other children of color, bilingual children, and children with disabilities with high quality instruction and responsive caregiving.

STATE ROLE

States have an important role to play in setting the foundation for workforce requirements, and providing resources and support for continuous professional development. All state efforts related to preparing and developing the workforce must include specific equity topics and concrete approaches to address issues. Some states operate their own entry level credentials. These credentials should include requirements and knowledge demonstration on these issues. States can and should also partner with institutions of higher education and other training organizations to ensure new teachers and providers are benefiting from this type of content and that graduates are ready to teach and support children with diverse needs and from diverse backgrounds.

5. High Quality Curriculum and Pedagogy

Ideal Learning Principles are vital characteristics of high quality learning environments for young children in learning settings. These characteristics are aligned with effective child-led, play-based pedagogical frameworks such as Reggio, Waldorf, and Montessori, which all include a commitment to play-based learning, relationship-based intersections, child-centered perspectives, equity, and strength-based approaches to children. These principles align well with culturally responsive-sustaining pedagogy (CRSP),¹³ in which children’s learning and development are fostered by centering and valuing their cultural and linguistic identities; building strong, positive relationships with children and their families; applying rigorous and relevant curricula that leverages children’s strengths; and equipping children with the knowledge and critical skills to advocate for a more just society. Combining well-established play-based and child-led pedagogical approaches with CRSP has the potential to create learning environments that not only optimize the learning of children from racialized communities, but of nurturing their sense of belonging and racial and linguistic identities.¹⁴ Yet, children from racialized communities — particularly Black, Latine, AAPI, and Indigenous children — including those with disabilities, are more likely to experience early childhood education that is not culturally or linguistically responsive or sustaining, nor child-led and play-based.

SAMPLE INDICATORS

- Program implements pedagogy aligned with Ideal Learning Principles, including developmentally appropriate, play-based and child-based, and anti-bias/anti-racist approaches.
- Staff professional development plans include support to create classroom environments that are culturally responsive and sustaining (e.g. creating lessons and selecting materials that represent children’s lived cultural and linguistic experiences; communicating to Black, Latine, Indigneous and other children of color, including those with disabilities, about how their identities are sources of brilliance and joy; incorporating families’ knowledge and expertise into children’s learning experiences).
- Program has a systematic approach for evaluating and addressing the racial, ability, gender, and linguistic diversity of classrooms’ materials including toys, books, and environmental print.

STATE ROLE

States have an important role in the preparation and continuous development of early childhood educators. They should partner with and invest in institutions of higher education, including community colleges, and training organizations to ensure that preparation programs have a strong foundation of child development, ideal learning principles, and culturally responsive and affirming education. They should invest in workforce development efforts, including targeted TA and coaching, to support programs in implementing research based pedagogy in line with these principles and approaches.

6. Global Classroom Quality Measurement

Presently, the most frequently used measures of global classroom quality are the Classroom Assessment Scoring System (CLASS) and the Environmental Rating Scale (ERS). Although these measures are important in capturing some dimensions of classroom quality, including teacher-child interactions and the learning supports available to children, they are limited.^{15, 16} These measures do not capture potential bias, or embed metrics of quality that may be unique to children from historically marginalized communities, including Black, Indigenous, Latine, and AAPI children, bi/multi dialectical children, and children with disabilities. This gap in measuring equity in global classroom quality measures begs the question: “Is the classroom quality experienced similar for children from historically marginalized communities?” Without embedding equity in global classroom quality measures, it is impossible to determine if children from historically marginalized communities, including DLLs and children with disabilities, are receiving equitable, high quality learning experiences.

SAMPLE INDICATORS

- Program measures quality at the program and classroom/home level using equity-minded, valid and reliable tools. If no tool is available and/or only the CLASS or ERS used, the program uses separate tools, alongside global classroom quality measures, to specifically assess dual language learning (e.g., Linguistic Interaction Snapshot, Early Language and Literacy Classroom Observation-DLL adaptation, bias and equity (e.g., Assessing Classroom Sociocultural Equity Scale, and inclusion of children with disabilities (e.g., Inclusive Classroom Profile).
- Program ensures alignment between children and families’ experiences of quality and the observational measure through caregiver/parent-program feedback loops.
- Program uses classroom quality findings to inform professional development and policy.

STATE ROLE

States have a major role to play in supporting programs to address classroom quality, measuring progress and shortfalls, and providing assistance to ensure continued growth. States should examine their 1) quality expenditures and frameworks to ensure equity indicators are included, 2) data and accountability systems to ensure equity is being measured and that there is accountability for growth, and 3) training and technical assistance systems to ensure programs receive the support they need to advance equity at the classroom level. They should also invest in training monitors and other quality coaches on using these tools, and more importantly, on the concepts and frameworks that inform these tools, to ensure effective monitoring and support. Finally, some existing instruments are not yet widely scaled. In these cases, states should invest in piloting these tools and determine the most appropriate processes for integrating them into their quality systems.

7. Harsh Discipline

There is a long and consistent documented history of Black children being unfairly and harshly over-disciplined in learning settings, starting in the earliest years, even though overwhelming research indicates that Black children do not display any more challenging behaviors than their White counterparts.¹⁷ Data also indicate that children with disabilities and boys are disproportionately disciplined. Additionally, some data also suggest that Native American, Latine, and Pacific Islander children are disproportionately disciplined.¹⁸ There is no evidence that these harsh disciplinary practices work toward the intended goal of improving behavior, and an abundance of research that finds that they are harmful to children in the short- and long-term.¹⁹ These policies and practices affect both the quality of children’s experiences in programs, and fundamentally, their access to learning systems altogether and must be included in quality rating and improvement systems. A program that suspends and expels children should not be considered a high-quality program, regardless of other positive attributes.

SAMPLE INDICATORS

- Program has written policy that prohibits suspension and expulsion
- Program has written positive behavior support policy that is promotive and not punitive
- Program has access to early childhood mental health consultation, positive behavior intervention support, or other social emotional supports and ensures these are implemented with attention to bias and disparity.
- Program has a written policy for transitions for rare instances where the child has needs the program cannot meet. These plans include shared decision making with families, a warm handoff to another program, and securing any screenings, evaluations, or supports identified by the caregiver, family, program staff, and specialists.
- Program includes content on racial bias in the context of challenging behavior and discipline as part of onboarding and ongoing training, and professional development.
- Program has a system of data collection that records disaggregated data (at least by race, ethnicity, gender, disability, and language) on disciplinary practices, including behavior incidences, expulsions, suspensions, planned transitions, or any other form of harsh discipline. Data are examined at least quarterly and used to inform professional development and policy.

STATE ROLE

States must set the conditions for programs to be successful in implementing indicators that address harsh discipline. They can utilize several levers to do this, including policy, funding for professional development and services, data systems, and accountability. Specifically, states should invest in equity focused social emotional supports for all programs, such as ECMHC or PBIS. They should require data collection on exclusionary discipline, including soft exclusionary discipline, and support programs in collecting and analyzing those data. They should require professional development on challenging behavior, including on the ways bias influences perceptions of challenging behavior. And, they should institute universal screening to ensure children with developmental concerns get the evaluations and services they are entitled to.

8. Equity for Children with Disabilities

Children with disabilities face an array of inequities across several dimensions. For children of color with disabilities or for bilingual children with disabilities, these inequities are often exacerbated. Black, Latine, and Indigenous children are less likely to receive early intervention and preschool special education services, but are generally over represented in K-12 special education systems. In the K-12 system, Black children are more likely to be identified with disabilities that require more subjectivity in the diagnostic process, and Black, Latine, and Asian American children are less likely to spend time in general education settings than their peers.²⁰ Despite robust research supporting high-quality inclusive learning, on improved school readiness and socio-emotional development,²¹ more than half of preschoolers with disabilities who receive IDEA services through Part B Section 619, receive them in settings segregated them from their peers without disabilities.²² Moreover, even when these children receive services, their programs are often underfunded and the quality and dosage of services vary widely.²³ Including indicators specific to children with disabilities will make quality rating systems more equitable and inclusive.

SAMPLE INDICATORS

- Program does not turn children with disabilities away or have policies, including toilet training policies, that exclude children with disabilities.
- There is a written process shared with families to collaborate and identify children with suspected disabilities, including universal screening and referrals to Child Find and IDEA programs for further evaluation.
- Teachers receive professional development on implementing inclusive teaching practices aligned with best practice, and on Individual Education Plans (IEPs) and Individual Family Service Plan (IFSPs).

- Program provides children with identified or suspected disabilities inclusive instruction following recommended practices as outlined by the Division of Early Childhood (DEC) including differentiated instruction, flexible grouping, and the use of different modalities to access materials (e.g., visuals, audio, etc.), in conjunction with children without disabilities.
- Teachers and families collaborate with special education personnel to support children in reaching their goals across settings.
- Data on children with disabilities is gathered across all areas that are also gathered for children without disabilities, including screening data, assessment data, services data (quantity and quality), and other outcome data.
- Accommodations are provided to children with disabilities when conducting assessments (e.g., flexible presentation, more time allotted to complete the assessment, etc.).
- Children with disabilities who are bilingual are assessed in their home language and English, as appropriate.
- Children with disabilities who are bilingual receive coordinated support to meet both their bilingual and developmental needs.
- There is a family engagement and advocacy plan that is specifically tailored to children with disabilities. This plan includes connecting families with parent training information centers, informing the family about the IFSP/IEP process and their rights, discussing their child's rights to the Least Restrictive Environment, and meeting with the special education and kindergarten teacher as the child transitions to the K-12 system.

STATE ROLE

States must ensure programs are supported in meeting these indicators. That means investing in inclusion coaches for all programs, physical accessibility, caregiver and parent training and information centers, and co-professional development opportunities for special educators, early interventionists, related service providers, and early educators. States should also engage with licensing and examine their own regulations to ensure that children with disabilities are not unfairly excluded, whether intentionally or not, by child care policies, such as toilet training policies. They should also create opportunities for advancing inclusion by bringing districts together with Head Start and child care and developing technical assistance specifically targeted at inclusion.

9. Linguistic Equity for Dual Language Learners and Speakers of Different Varieties of English

Emerging bilingual children are unlikely to receive assessments and instruction that recognize their bilingualism as a developmental characteristic or validate their linguistic strengths.²⁴ Despite robust research indicating the cognitive and linguistic advantages of bilingualism and supporting the long-term benefits of bilingual instruction for Dual Language Learners (DLLs), most DLLs only receive English-only instruction,²⁵ limiting their access to learning opportunities and impacting their self-esteem, sense of belonging, cultural and linguistic identities and socioemotional well-being.²⁶ Moreover, commonly used assessments and instructional practices in ECE settings do not validate speakers of different varieties of English.²⁷ As a result, children who speak different varieties of English, particularly Black children who speak African American English (AAE) are viewed through a deficit lens and are not afforded appropriate supports. A program that does not embrace linguistic diversity, actively promote exposure to the home language, and provide tailored supports for emerging bilinguals and speakers of different varieties of English should not be considered a quality program.

SAMPLE INDICATORS

- Program conducts annual home language surveys and uses data to guide assessment, caregiver and family engagement, instruction, curriculum and learning resources, and personnel needs.
- Program ensures that caregiver, family engagement activities, and all forms of communication are provided in families' home language, with the aid of a trained interpreter as needed, and that information on the benefits of bilingualism and the home language are shared.
- Program provides both monolingual and bilingual teachers with ongoing professional development focusing on how to provide valid assessments and instruction to children who speak different varieties of English and children who are DLLs, including children who are DLLs with disabilities.
- Program assesses DLLs, including those with suspected or identified disabilities, in their home language and English (as appropriate). Speakers of different varieties of English are not penalized on assessments for the way they speak.
- Program uses culturally sustaining curricula that centers children's cultures and languages, shows high expectations, and embeds authentic, cultural themes and materials into lessons.
- Program embeds all the home languages represented in the classroom, even when the bulk of instruction occurs in English. The home languages are embedded by presenting vocabulary in home languages, having classroom materials, songs, and books available in home languages, conducting storybook readings in home languages, and using visuals to facilitate English comprehension.
- Program delivers instruction in the home language or in a dual-language model if more than a third of children share the same home language.

STATE ROLE

State policy sets the tone for programmatic practice, expectations, and accountability in embracing or actively dismissing and inhibiting multilingual language development for dual language learners. In order for programs to implement these indicators with success, state systems must invest in linguistically diversifying the workforce, including promoting *grow your own* initiatives and creating accessible pathways toward advancement for bilingual paraprofessionals. They should invest in and require professional development on bilingual development, promoting biliteracy, and on supporting children who speak other varieties of English, particularly if programs serve large proportions of these children. They should publicly embrace bi/multilingualism and all languages and English varieties, and encourage programs to do so through policy statements and state resources. They should invest in materials, staff, and resources to transition monolingual programs to bilingual or dual language programs.

10. Family Leadership and Engagement

Parents, families, and other caregivers are children's most important, longest lasting, and most consistent teachers. Their funds of knowledge are valuable and should be meaningfully centered in early care and education programs. Their needs should be met, alongside children's needs to support holistic family wellness and optimal child development. Family leadership and engagement is critical to ensuring equity and accountability in early care and education systems. Family engagement should include sharing power with families as leaders in reciprocal and culturally-responsive interactions, with attention to bias.

SAMPLE INDICATORS

- Program ensures family directed materials like flyers are available in languages spoken in the program and across literacy levels.
- Program ensures family engagement activities and family meetings are held at a variety of hours to accommodate diverse work and family schedules

- Program has written a family engagement policy that stresses bidirectional partnership and includes ongoing elicitation of family input on programmatic operations, shared decision making, and opportunities to engage in classroom or school activities and advocacy and leadership opportunities.
- Program materials use inclusive language to represent the diversity in family structure
- Family leadership training sessions are led by and for families
- Program has a family coordinator tasked with partnering with families to address their needs (e.g. access to job training, medical home, or housing vouchers), elicit input, and coordinate accessible family engagement activities and relationships.

STATE ROLE

States should have policy statements or frameworks prioritizing family engagement and leadership at all levels of programming and services, such as the Head Start Family and Community Engagement Framework. They should ensure that there are diverse families represented in state level advisory committees and other stakeholder groups informing the state. They should invest in technical assistance to advance deep family engagement and support programs in standing up family committees, trainings, and support systems.

11. Data-Driven Continuous Equity Quality Improvement

Data-driven, continuous data-driven quality improvement (CQI) is effective in contributing toward improvements in academic performance, teachers effectiveness through professional development, and program quality. However, CQI efforts are often lacking in their attention to equity, which in turn impacts priorities, how resources are directed, and how data is communicated to stakeholders. For a CQI process to account for equity, data should be disaggregated by demographic variables including, at least, race and ethnicity, language, gender, and disability. Programs should use these data to identify and address gaps in supports (e.g. children’s experiences) and disparities in outcomes (e.g. developmental, discipline, family engagement). This process should be an integrated part of continuous quality improvement efforts. It is also important to identify and address potential bias in the assessments used to inform data-based decision making when implementing CQIs.

SAMPLE INDICATORS

- Program collects data on child experiences (positive interactions, home language support, harsh discipline) and outcomes (academic, social, behavior, suspension) on an ongoing basis, disaggregates data (race, gender, language, disability), and regularly analyzes the data to identify and rapidly address inequities in experiences or disparities in outcomes.
- Program has written process on how to identify and address potential bias in the assessments administered as part of continuous quality improvement efforts (e.g., content bias in regards to the whether children have background knowledge to understand assessment task; linguistic bias in regards to whether the assessment is taking into consideration children’s bilingualism or varieties of English, and assessor bias in terms of whether the assessor has been trained on how to identify implicit bias during assessment).

STATE ROLE

States can support programs in their equity focused CQI efforts by investing in data-focused technical assistance to collect, analyze, and use disaggregated data to advance equity. They should ensure all data reported to the state are disaggregated. They should share analyzed data on inequitable experiences and disparities in outcomes with programs to ensure issues are addressed to ensure the state as a unit is engaging in equity focused continuous quality improvement efforts.

CONCLUSION

QRIS have the potential to advance equity, but have thus far, fallen short. In some cases they have been used as a tool to perpetuate inequity, instead of remedying it. Policymakers have the opportunity to reform these systems to intentionally and meaningfully advance equity. A critical component of that requires concretely and measurably embedding equity, operationalized, across every tier in QRIS. In this brief we provide several example indicators states can use in their systems, across 11 domains, aligned with the CEP's 14 Priorities report. But while the indicators are intended to measure programmatic progress on equity, programs cannot do this alone. Federal investments are critical. State policy reforms and meaningful investments are also needed to enable the success of providers to meet these indicators and to best serve children and families.

Although the main focus of this brief is to provide example indicators that can advance equity, there are several other concerns that states must address with QRIS. These include their exclusive nature, making them disproportionately

unattainable for providers in lower resource communities, providers of color, immigrant providers, and other historically marginalized groups. Bias in monitoring and monitors must be addressed. The funding and resources to bring new providers into the system and enable them to progress in their quality is key. Systems of tiered quality rating and improvement must be further studied to examine their impact on inequitable resource allocation and its effects on children from historically marginalized communities.

Finally, reforming QRIS in itself will not bring about transformational change and equity without several other meaningful reforms. The CEP's previously published policy agendas, [Start with Equity From the Early Years to the Early Grades](#), and [14 Priorities to Dismantle Systemic Racism and Advance Equity](#), provide several tangible and measurable state policy recommendations to implement alongside QRIS reform.

ENDNOTES

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