Designing Quality Rating and Improvement Systems Inclusive of Infants and Toddlers

Quality Rating and Improvement Systems (QRIS) are being implemented in States to establish a means to both define and promote quality in child care settings. These rating systems include five common elements: 1) standards, 2) accountability measures, 3) program and practitioner outreach and support, 4) financial incentives, and 5) parent/consumer education. A comprehensive focus on QRIS can be found in Issue 32 of the *Child Care Bulletin* (Winter/Spring, 2007),[1] including a description of these key elements.

Many of the elements included in 18 state QRIS are program-wide in scope, and apply to the care of all children. Given the developmental needs of babies and toddlers, however, specific aspects of care can be defined that speak to quality for the very youngest children in child care. Program policies and standards are the backbone of QRIS. They are the metrics by which child care settings are measured and rated. Although at this time the inclusion of such policies is limited across QRIS, some States have included substantive standards related to infants and toddlers. For example, Indiana includes specific infant/toddler standards at each level of their QRIS. This document offers suggestions for the intentional inclusion of quality indicators for infants and toddlers in State QRIS.

1. **Standards** – The standards defined in a State's QRIS are the criteria that a program must meet to achieve the rating. Baseline standards are typically set at the State's licensing criteria, and are tiered to more stringent standards as programs increase in quality to achieve a higher rating in the QRIS.

   General considerations related to defining standards of quality for infants and toddlers:
   - Include standards that specifically address aspects of quality related to infants and toddlers.
   - Assure that standards are inclusive of all legally operating care systems, including family, friend and neighbor care.
   - Assure that standards are tied to evidence-based research on infant/toddler care.

---

[1] http://www.nccic.org/ccb/issue32.pdf

Standards for rating quality specific to infant and toddler care might include the following:

Key Standard of a QRIS	Infant/Toddler-Specific Considerations

Professional Development/ Professional Qualifications/ Training	• Requirement of Infant/Toddler specific training or education, such as:
	  ‐ an Infant/Toddler Credential
	  ‐ Infant/Toddler specific coursework
	  ‐ Infant/Toddler specific training (such as the Program for Infant/Toddler Care - PITC)
	  ‐ Specific Health and Safety training, such as Awareness of Abuse and Neglect, Safe Sleep Practices and Sudden Infant Death Syndrome.
	• Core Knowledge and Competencies for Infant/Toddler Caregivers are identified and tied to the QRIS.

Learning Environment/ Curriculum	• Standards defining quality in infant/toddler environments (such as NAEYC Accreditation criteria or Head Start Performance Standards for Early Head Start) are required at appropriate levels of the QRIS. • Approved curricula or learning approaches are specific to infants and toddlers such as Creative Curriculum for Infants and Toddlers, Innovations for Infants and Toddlers, or the approach defined in the PITC. • The curriculum is individualized to the routines and rhythms of infants and toddlers receiving care. • The curriculum utilizes Early Learning Guidelines and program standards for infants and toddlers. • Caregiving routines reflect the culture, family life-style, and language of infants and toddlers.

Ratios/Group Size	• Standards meet recommendations for high quality care for infants and toddlers.
	  ‐ Infants are served in smaller group sizes than toddlers,
	  ‐ Low caregiver/child ratios are in place for children ages birth through two years of age.

Parent/Family Involvement	• Written, daily communication with parents is documented, especially as relates to caregiving routines such as feeding, sleeping, toileting/diapering. • Parents are involved in defining appropriate routines for infants. • Enrollment process exchanges program policies and family values, caregiving routines, etc.

Administrative Policies/ Program Design	• Principles related to quality for infants and toddlers are supported in program design and policy, such as:
	  ‐ Assignment of a primary caregiver
	  ‐ Continuity of caregiver over time
	
	• Program policies specifically address infant/toddler issues, such as:
	  ‐ Safe sleep policies
	  ‐ Policies supporting individualized needs of infants and toddlers
	  ‐ Health, Safety and Nutrition policies specific to I/T routine care

A project of the
U.S. Department of Health and Human Services, Office of Family Assistance,
Administration for Children and Families, Child Care Bureau

Key Standard of a QRIS	Infant/Toddler-Specific Considerations
Program Evaluation	• Infant/Toddler-specific criteria are used, such as the ITERS-R. • Program evaluation includes a close look at caregiver/child interactions, utilizing such tools as the Caregiver (Adult) Interaction Scale (Arnett).
Children with Special Needs	• Programs partner with State Part-C system. • Support services are in place for the inclusion of infants and toddlers with special needs. • Staff receive training related to infants and toddlers with special needs.

2. **Accountability measures** – The second element of a QRIS includes the accountability measures that will be used to determine how well programs are meeting QRIS standards.

   General considerations for maintaining an infant/toddler focus in the determination of accountability measures include:
   - Assuring that monitoring, program evaluation, or program assessment tools include aspects of quality related to infants and toddlers, as described in the key standards above.
   - Assuring that QRIS assessors have appropriate background, credentials, or training related to infant/toddler care.

3. **Program and practitioner outreach and support** – The third element of a QRIS is designed to promote professional development and technical assistance methods that will support quality improvement, and to encourage participation in the system.

   General considerations for maintaining an infant/toddler focus in the determination of program and practitioner outreach and support include:
   - Inclusion of research related to the importance of quality indicators in infant toddler care as a part of efforts aimed at promoting participation.
   - Training specific to infant/toddler care.
   - Mentoring and coaching through such systems as Infant/Toddler Specialist Networks
   - Inclusion of an Infant/Toddler Credential in the QRIS.

4. **Financial incentives** – The fourth element, incentives such as tiered reimbursement for participating programs, offers a reward to those programs increasing quality through the QRIS, and encourages participation.

   General considerations for maintaining an infant/toddler focus in the determination of financial incentives include:
   - Scholarships or wage bonus for providers achieving an Infant/Toddler Credential

A project of the
U.S. Department of Health and Human Services, Office of Family Assistance,
Administration for Children and Families, Child Care Bureau

- Wage supplements specific to infant/toddler staff for professional development efforts that result in increasing rating of infant/toddler care.
- Establishing tiered reimbursement systems that acknowledge and support the higher cost maintaining quality in infant/toddler care
- Use of CCDF Infant/Toddler Targeted Funds to support the high cost of quality in infant/toddler care.
- Contracts for quality enhancement grants that require specific infant/toddler qualifications.

5. **Parent/consumer education efforts** – The final element of QRIS targets parents, helping educate and inform child care consumers about the importance and effects of high quality programming. A primary consideration in these efforts is the inclusion of information about the critical importance of quality in infant/toddler care. Educating parents on key indicators of quality for infants and toddlers will help them make informed decisions as they seek and choose child care settings for their children.