

# QRIS ISSUES MEETING WHITE PAPER

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Including Infants and Toddlers in Quality Rating and Improvement Systems  
National Infant & Toddler Child Care Initiative



A project of the  
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## BACKGROUND

The quality of child care has an impact on child outcomes (Center on the Developing Child, 2007).). Initially, called Quality Rating Systems (QRS), more recently some States have explicitly included the term “improvement” in the label in recognition that the improvement of quality is crucial to the goal of improving child outcomes. We use this term in this paper to reflect the dynamic nature of development for infants and toddlers. Generically called Quality Rating Systems (QRS) from the outset, more recent references have explicitly included the term “improvement” in the label in recognition that the improvement of quality is crucial to the goal of improving child outcomes.

Thus, Quality Rating and Improvement Systems (QRIS) are a key element in State<sup>2</sup> efforts to promote high quality in child care settings. QRIS define standards for incremental levels of quality across a range of categories, and establish systems for rating and improving quality of child care settings (Child Care Bureau, 2007). Many States have implemented QRIS in response to calls for accountability and school readiness through such initiatives as *Good Start, Grow Smart*<sup>3</sup> and the Maternal and Child Health Early Childhood Comprehensive Systems grants.<sup>4</sup> These systems are gaining strength within a context of growing national attention to State Pre-K programs. As a consequence, there is some concern that attention to preschool-related efforts may result in reduced consideration of infants and toddlers within the scope of early childhood systems.

The National Infant & Toddler Child Care Initiative (NITCCI) is funded by the Child Care Bureau (CCB) to assist Child Care and Development Fund (CCDF) Administrators to improve the quality and supply of infant/toddler child care. In that capacity, NITCCI conducted a review of existing statewide QRIS which revealed that indicators addressing the quality of care for infants and toddlers were largely absent.

In response to this finding, the CCB convened a QRIS Issues Meeting in May, 2008, through NITCCI. The purpose of the Issues Meeting was to explore key issues to be considered in implementing QRIS activities that include infants and toddlers. Four national experts framed the meeting by providing an overview of key elements that support quality for infants and toddlers in QRIS. These key topic areas were:

1. Professional development
2. Parent and family involvement
3. Learning environment and curriculum
4. Administrative program policies

Following the framing presentations, the panelists facilitated two rounds of small group discussions. Participants included CCDF Administrators and QRIS staff, researchers, technical assistance providers and representatives from national organizations. The focus of the discussions was to explore issues related to the inclusion of infant/toddler standards in QRIS within each topic. The day ended with summary comments and recommendations by the panelists.

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1. <http://nccic.org/pubs/qrs-defsystems.pdf>

2. At this time, no Territories have established QRIS, therefore the term “State” will be used in this document. It is anticipated that Territories may encounter similar issues when QRIS become a focus of their efforts.

3. <http://www.acf.hhs.gov/programs/ccb/initiatives/gsgs/fedpubs/GSGSBooklet.pdf>

4. <http://mchb.hrsa.gov/about/dcafh.htm>

The purpose of this White Paper is to highlight key discussion points emerging from this Issues Meeting and to summarize key recommendations.

## ISSUES

Issues emerging from the small group discussions fell into four themes: defining quality for infants and toddlers in care settings, measuring quality, supporting quality, and QRIS within the larger early childhood system.

### DEFINING QUALITY

Quality must be defined before it can be measured and rated in a QRIS. Throughout the day and across topic groups, the definition of quality in infant/toddler care was a prominent theme. Three sub-themes surfaced in the discussions: a) the developmental and learning needs of infants and toddlers; b) curriculum and the learning environment; and c) parent and family engagement.

#### *The developmental and learning needs of infants and toddlers*

In terms of both care and learning, infants and toddlers have characteristics and needs that are distinct from older children in early care and education settings. As stated by one participant, *“Infants have unique needs and interests.”*<sup>5</sup> These needs fall primarily into the domains of health and safety, relationships, experiences, and continuity. Although these categories are not exclusively related to infants and toddlers, the nature of development in the earliest years demands responses that are unique to this age group if quality is to be supported and maintained.

- *Health and safety.* The extreme vulnerability and dependence that characterizes this age group calls for a strong response in terms of health and safety standards. A concern emerged that many QRIS include health and safety at the level of regulatory standards (typically, the entry level of QRIS), but rarely include related standards at subsequent levels that define higher quality for this critical aspect of infant/toddler care. *“There is a tendency to assume that [health and safety] are covered in licensing, but this assumption is not always true.”*
- *Relationships.* *“The quality of relationships with the primary caregiver is key.”* A second critical distinction is that relationships are the context for infant/toddler learning (Shore, 1997), with the process of infant development described as transactional (Sameroff & Fiese, 2000). That is, the interactions between infant and caregiver are recognized to have a significant influence on the developmental course of the child. Although it is true that relationships are fundamental to all healthy development (National Scientific Council, 2000), they are particularly salient for infants and toddlers. Having not yet acquired the skills to approach and explore their world independently, infants and toddlers require nurturing relationships to access and learn from their environments.
- *Experiences.* A third aspect that is unique to the care and learning of the youngest children is fundamental, but significant in implication: *“Everything is new to the infant and toddler.”* Infants are at the very beginning of the continuum in all aspects of development; therefore have little to build upon beyond an amazing capacity to learn. Their learning

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5. All italicized quotations are representative statements made by participants at the Issues Meeting.

is sensory and experiential, with every experience assimilated into their knowledge base as a context or background for the next. With the science of early development revealing the foundational nature of learning in the first three years, it is clear that the experiences, opportunities and events afforded to infants and toddlers are of critical importance for all learning that comes later.

- *Continuity.* A corollary distinction derived from the two previous points is that continuity is critical for infants and toddlers. “*We need continuity of care. It is important for relationship-building and growth.*” At this age, infants and toddlers have relatively few mechanisms to filter and organize sights, sounds or other sensory input. Therefore, when alert, they receive input every moment, with sensory signals constantly stimulating neural responses (Shore, 1997). Continuity of setting, relationships, and routines supports development of neural pathways that lay the foundation for future learning, as infants and toddlers are busy trying to organize and make sense of the many sensory inputs from their environments.

These four critical needs have implications for the definition of quality for infants and toddlers.

### *Curriculum and the learning environment*

Primary mechanisms for meeting the needs of infants and toddlers are through curriculum and the learning environment. Science now provides evidence regarding how and what infants and toddlers learn from their experiences (National Research Council, 2000). This evidence supports the need for infant/toddler curriculum to be developmentally and culturally appropriate, and individualized to the unique needs of each child. Thus, curriculum for infants and toddlers does not require a packaged set of activities as is often associated with the term, but is rather a process that supports the healthy development and learning of each child through an individualized approach.

- *Infants and toddlers have their own learning agenda.* A fundamental developmental task of infants and toddlers is to begin to organize input and make sense of the world. Their focus and attention is primarily internally regulated. Developmentally, they are unable to maintain focused attention on an externally prescribed object or event. Therefore, the role of the caregiver in high quality infant/toddler care is adjusted from that of teacher to observer/facilitator of experiences and learning. A primary responsibility of the caregiver is to discover the child’s learning agenda, or curriculum, through a continuous process of intentional observation, supported through documentation, reflection, and communication with parents. This planning cycle is completed by implementing interactions and activities designed to meet each child’s unique needs. Depending on the setting (FFN compared to a center, for example), the process may emphasize different components of the cycle to achieve the goal of individualized curriculum.
- *Routines are critical.* A key aspect of creating and implementing a developmentally appropriate infant/toddler curriculum is to assure that the child’s learning experiences are embedded into familiar routines. For infants and toddlers, everyday caregiving routines offer a framework for implementing experiences and interactions within a familiar context. Effective communication with parents offers an additional layer of consistency by allowing the caregiver to incorporate aspects of the child’s home culture and practices into the curriculum.
- *Early learning guidelines provide a developmental context.* An effective infant/toddler curriculum can be both supported and augmented by the use of infant/toddler early learning guidelines.

While observation of a child provides information on that child's interests, process, and development, it is also critical that caregivers be informed in general on what infants and toddlers should know and be able to do. It is the combination of information specific to a particular child and general knowledge of child development that serves as the basis of an appropriate curriculum.

In early childhood programs, the learning environment is a key factor in determining quality. It is important to note that both the physical and affective aspects of the environment are critical components of quality in infant/toddler care settings.

- *The physical environment.* Quality in the physical environment of an infant/toddler care setting is grounded first in health and safety, and then further defined by materials and furnishings. “[Infants and toddlers] need a safe and healthy environment to move in and explore in order to take on the challenges of learning.” Although most basic health and safety considerations are covered in child care regulations or the entry level of QRIS, aspects of these components can be addressed in higher levels. *Caring for our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (American Academy of Pediatrics, 2002) provides many examples of health and safety performance standards that extend beyond basic licensing rules, and could be incorporated into higher levels of QRIS.

The more quantifiable aspects of quality related to physical environment, materials, furnishings, and room design should be appropriate for infants and toddlers, and promote development across domains. This aspect of quality is one that has traditionally been accounted for in QRIS, through use of such tools as the *Infant Toddler Environmental Rating Scale-Revised (ITERS-R)* (Harms, Cryer, & Clifford, 2006).

- *The affective environment.* In infant/toddler settings, the key ingredient defining the quality of care is the relationship between the caregiver and child. Infants need responsive caregiving within the context of a warm, nurturing relationship. To support the availability of this type of relationship, the concepts of primary caregiver and continuity of care are central to the definition of quality in infant/toddler programs (Lally, et al, 2003). A primary caregiver is defined as “...one who is assigned to a small group of children for a significant part of each child's day in care. This caregiver builds a relationship through routines and other activities. They are the main resource for the family and other adults involved with the child, and support the child's relationship with their family culture” (WestEd, 2005, session handout).

The caregiver-parent relationship is an important component of quality in infant/toddler programs that affects the emotional environment. Strong, supportive, effective relationships with families are essential to the level of communication needed to assure continuity across settings and development and implementation of a curriculum that is reflective of the child's home culture.

Cultural attunement is also a critical component of quality in a child care setting. “*Quality is quite tenuous if diverse populations cannot see themselves and their cultures reflected in the caregiving program.*” Both the curriculum and learning environment should be reflective of the child's culture. Care that is culturally and linguistically relevant to the child and family serves two primary goals: 1) it supports continuity across settings for the child; and 2) it is essential to the child's developing sense

of self. This contributes to the basic element of trust between the family and the care setting that sets the foundation for the caregiver–parent relationship.

A final consideration in how the definition of quality relates to infant/toddler environments is that high quality care may look very different in center-based settings from the home-based settings of family child care (FCC) or family, friend and neighbor (FFN) care.<sup>6</sup> Current QRIS are primarily designed to rate the quality of centers and FCC settings however, few address quality for FFN care. Two promising examples are Illinois, which includes a QRIS track for license-exempt family homes, and Indiana, which includes unlicensed registered child care in their QRIS. QRIS that are intentional about improving quality for infants and toddlers in care will assure that quality is defined and rated across care settings.

### *Parent and family engagement*

The inclusion of families is a guiding principle of high quality infant/toddler programs. Parent and family involvement has implications in infant/toddler care settings that are different from traditional interpretations of parent involvement in settings for older children. One participant cited the Harvard Family Research Project,<sup>7</sup> saying “...parents need to be engaged in the critical decision-making process to understand what is going on day-to-day in the center, not just at holiday parties or during other special events.” In infant/toddler care, parent and family engagement is an outgrowth of a relationship-based approach, and fundamental to the process of developing and implementing an appropriate curriculum. Parents should be integrally involved in curriculum planning for their child, and be engaged in meaningful, ongoing two-way communication with the child’s caregiver.

To involve parents as shared participants in curriculum building, it is essential to have daily bi-directional communication. Over time, it is helpful to include both verbal and written communication. This strengthens communication and supports participation by family members not involved in arrival and departure routines. “*It is important to talk with families, not just to families...*” While brief written notes can effectively share routine information (feedings/ meals, naps, toileting), more is needed to communicate the child’s engagement in interactions or activities, or developmental progress. “*Reciprocal communication between caregivers and families validates that both parties have expertise,*” and contributes to the quality of the child’s experience in care.

Support for periodic, scheduled parent–caregiver time engages parents beyond the level of daily communication. This concentrated time strengthens the parent–caregiver relationship and offers the opportunity for shared reflection on the child’s progress. With planning and budgeting, this time can be built into a caregiver’s schedule in centers. However, it may more naturally occur within FFN settings, especially if there is a relationship between the parent and caregiver. Home visits are an example of a top level indicator on this continuum. They can offer the caregiver a sense of the family’s culture and further strengthen the parent–caregiver partnership and the effectiveness of curriculum planning.

## MEASURING QUALITY

With quality defined, the measurement and rating of a program’s quality is the function of QRIS that lays the groundwork for the goal of improvement. The measurement of quality includes a

6. FFN care has been defined as “home-based care – in the caregiver’s or child’s home – provided by caregivers who are relatives, friends, neighbors, or babysitters/nannies who are unlicensed or subject to minimal – if any –regulation” (Susman-Stillman & Banghart, 2008, p. 4).

7. <http://www.hfrp.org/publications-resources/browse-our-publications/family-involvement-in-early-childhood-education>

number of critical elements that are not unique to infant/toddler programs, but are worthy of mention because of their importance to the overall system.

- QRIS should assure that any measures used in the process of assessing the quality of a program have been shown through research to actually measure quality. Some measures typically used in evaluating early childhood programs have been shown through research to have only a modest connection to quality (Burchinal, et al., 2008).
- QRIS should assure that measures used within the system are reliable.
- QRIS should assure that assessment is connected to informing practice, and not simply providing a score for the quality rating.

### *Challenges in measuring quality for infants and toddlers*

Participants identified three challenges in measuring quality in infant/toddler care. The primary challenge is the nature of quality in infant/toddler care. This led to a second challenge involving the inadequacy of existing tools. Finally, the diversity of settings in which infants and toddlers are served calls for flexibility in quality measurement that acknowledges the distinct character of different settings. Participants felt that the weight of these challenges could be a contributing factor to the absence of infant/toddler indicators in existing QRIS.

*The nature of quality.* Participants revealed widespread concern that QRIS must include indicators that are true measures of quality for infants and toddlers in care settings. The primary issue is that the aspects of care serving as principal indicators of quality offer significant challenges in measurement. Three examples of this challenge include assessment of relationships, continuity, and curriculum. Examples of the challenges identified by participants follow:

- **Assessing relationships** – Which relationships are assessed? Should QRIS look at caregiver-child, or caregiver-parent, or both? What are effective measures of relationships? Does the definition of an effective caregiver-parent relationship change related to the setting of care?
- **Assessing continuity** – How is continuity measured? Is implementation of a primary caregiver measured by program policy, or by practice? How does the program address auxiliary caregivers when the child is in care longer than the work shift of the primary caregiver? Does the principle of continuity apply to changes in room, or changes in caregiver? How are transitions handled? Is continuity of setting protected by implementation of policies that minimize “room traffic” throughout the day?
- **Assessing curriculum** – Curriculum for infants and toddlers offers additional challenges to measurement. As mentioned above, an effective infant/toddler curriculum is individualized for each child through a process of observation, documentation, reflection, and implementation. Thus, for infants and toddlers, quality in curriculum planning is more about the process than the product or content of the plan. How is this process measured in a quality rating system? How is it measured in different settings?

The bottom line for measuring the quality of infants and toddlers in care is that the aspects of quality for this age group involve processes over time, which are challenging to measure within a QRIS. These challenges require a thoughtful approach if quality for infants and toddlers is to be intentionally included in QRIS.

*Inadequacy of existing tools.* A second measurement challenge is that there is a dearth of effective tools that can efficiently, with reliability and validity, measure quality in infant/toddler care settings. Relevant comments by meeting participants range from “*Tools need to be developed because they currently do not exist,*” to the acknowledgement that although the research in infant/toddler quality may be moving forward, “*mainstream tools are not keeping up.*” Many program evaluation tools considered standard in early childhood were designed for measuring quality related to preschool settings, and do not apply to infant/toddler settings. The key elements of relationships, culture, and family involvement have distinct implications in infant/toddler quality, and tools need the sensitivity to capture these essential elements.

*Diversity of settings.* A final challenge in measuring quality relates to the variety of settings in which infants and toddlers experience care. High percentages of infants and toddlers are served in diverse care settings, but States’ rating systems are predominantly focused on child care centers. The essential factors that define these settings (numbers of children, age ranges of children, the nature of relationships with families, and so on) call for measurement that is reflective of the setting. “One size does not fit all” in the diverse settings in which infants and toddlers are served. That quality measurement is important for all infants and toddlers—regardless of setting—is the challenge to the field.

As a final, but strong note related to the measurement of quality for infants and toddlers, participants indicated concern that QRIS should assure that there are no loopholes for the level of infant/toddler quality anywhere in the quality rating system. Infant/toddler indicators should be embedded within all levels and components of the rating system.

## SUPPORTING QUALITY

The third major theme from the Issues Meeting related to which other early childhood system components are needed to support quality in care settings. These include professional development efforts and administrative program policies.

### *Professional development*

Professional development is a primary component of quality. Most QRIS specifically include professional development requirements within their system. However, few States require training or education that specifically targets the needs of those working with infants and toddlers. At the time of the NITCCI review, North Carolina included an Infant/Toddler Credential as a part of their QRIS, and Ohio, Iowa, and Maryland required education and training specific to infants and toddlers.

Placing this concern in context, one panelist stated, “*We do not have a[n infant/toddler] workforce, and this is a bigger issue than QRIS.*” Despite systemic efforts at establishing state-wide professional development systems, most States lack an adequately prepared infant/toddler workforce. Participants at the meeting expressed a general concern that “*...sometimes the people with the least training and education are [responsible for] our infants and toddlers.*” The group also articulated the need for program administrators to know and understand infant/toddler development and their unique care needs.

“*There is a gap in the development of professional development and support systems for infant/toddler teachers.*” Not only are the caregivers working with infants and toddlers ill-prepared, training and education opportunities and established pathways to address the situation do not exist. One

participant noted, “*We do not have an infant/toddler professional development system, and in many instances, do not have the pieces to build one.*”

An effective early care and education professional development system would include definition of the core knowledge and competencies needed by those working in the birth-to-three system. At this time, few examples of core knowledge and competencies intentionally inclusive of infant/toddler caregivers exist. Those that do are predominantly embedded in broader early childhood core knowledge and competency documents, and appear as “downward extensions” of those needed by teachers of preschool-aged children.

#### *Infant/toddler professional development across care settings.*

Infants and toddlers receive care in a variety of settings, including a high percentage in FFN care. State professional development systems face multiple challenges in designing training content and methods that will meet the needs of this varied population. An anecdotal finding suggested at the meeting indicates that “*FFN providers are more motivated to follow QRIS training than accreditation standards. States and QRIS systems need to focus on getting information out to FFNs, not strictly to licensed caregivers.*”

#### *Administrative program policies*

Administrative program policies are the explicit representation of how a child care program defines quality. They provide the guidance and structure that govern program values, standards and expectations for practice. Across child care settings, policies supporting quality vary widely. For licensed centers and licensed FCC homes, the minimum standards of quality are typically set through licensing regulations. FFN settings, by definition, are not required to meet licensing standards, and may or may not have policies in place. Accreditation systems establish a second level of quality for child care centers and family child care homes. Many existing QRIS define the range of quality by placing licensing regulations as a “pre-QRIS” or an entry level requirement, and establishing program accreditation as the top level in the rating system.

Program policies and standards are the metrics by which child care settings are measured and rated. At this time the inclusion of such policies is limited across QRIS, although 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.

The following policies are examples of those that support quality for infants and toddlers.

- *Group size and ratio.* The most fundamental policy that affects quality for infants and toddlers is the policy defining group size and ratio of caregivers to children. Low ratios and smaller group sizes best support the individualized needs of infants and toddlers.
- *Communication with families.* Policies that promote ongoing communication between caregivers and parents support effective family engagement. Expectations for written and verbal bi-directional communication should be defined for daily, weekly, and monthly time frames, with the depth of communication inversely associated with frequency. These policies include a focus on parent participation in curriculum development, and cultural and linguistic alignment with the home. A top level quality indicator is programmatic support for periodic home visits. Such practices call for budgeting, training, and clear expectations for the caregiver–parent relationship.

Additional policies related to communication and interaction with families include those that address potential conflicts that may arise when the very intimate practices of caring for infants and toddlers reveal value differences between program standards and family culture or beliefs. Policies that set parameters around how such conflicts are addressed support positive caregiver–parent relationships.

- *Continuity and relationships.* Policies supporting continuity and relationships are typically found within child care centers, as the nature of caregiving (a single caregiver with mixed age groups) within home-based settings typically eliminates the need for institutionalizing such practices through policy. Within centers, a cluster of policies supporting continuity is critical for infant and toddler development. For example, assigning a primary caregiver supports a relationship-based approach to caregiving for infants and toddlers. Reducing transitions for infants and toddlers can support continuity of care across time and settings. Examples of such policies include mixed-age grouping or variations on same-age grouping that reduce transitions in caregiver and/or physical environment. A policy that intentionally minimizes daily disruptions in care rooms supports continuity for infants and toddlers on a day-to-day basis. Programs that restrict disruptions to those necessarily imposed by staff breaks or shift changes and the arrival and departure of parents offer a greater degree of continuity for infants and toddlers throughout the day.

Continuity policies can also address the fact that children are frequently in care longer than the work shift of a single caregiver. Policies that define standards for auxiliary caregivers (those that provide care before or after the shift, or during planning time of the primary caregiver) support continuity. An example of a top level policy is the expectation that the auxiliary caregiver(s) for each child be held to the same standards as the primary caregiver. “*Professional development standards should apply to both the primary caregiver and the auxiliary caregiver.*”

Continuity across care settings is also supported through communication policies mentioned above. “*We need to foster relationships with parents to get to know them and their worlds.*” Continuity of routines cannot be achieved across settings if the caregiver is not familiar with the child’s routines at home.

- *Staff retention.* As part of its personnel policies, a program can support continuity through salary and benefit packages aimed at improving staff retention. For example, scholarships and incentives can be an effective component of this category of policies.

## QRIS WITHIN THE EARLY CARE AND EDUCATION SYSTEM

A final theme that emerged in this Issues Meeting related to how inclusion of infants and toddlers in QRIS fit within the broader goals of early care and education system-building efforts. As a sub-system that crosses various aspects of the early care and education system in States, QRIS are positioned to play a pivotal cross-sector role in supporting quality for infants and toddlers.

Foremost among the comments in this category was the concern that the distinctive needs of infants and toddlers are not lost in the current momentum focusing on school readiness and voluntary pre-kindergarten initiatives. There was strong consensus that the voice of infants and toddlers has not been present in many of these efforts, raising concern that the needs of this age group have not been addressed as State early care and education systems move forward. The question of alignment is a primary concern embedded in this issue. Forcing birth-to-three systems into a preschool framework (which is often derived from a K-12 template) is akin to fitting the

proverbial square peg into a round hole. The legitimate question is how to create early care and education systems, writ large, that appropriately address the diverse needs of different age groups.

A second area of concern within the theme of how QRIS fits within the early care and education system relates to the diversity of settings in which infants and toddlers are served. The high percentage of infants and toddlers served in FFN and FCC settings (Sussman-Stillman & Banghart, 2008) calls for QRIS to define quality within a complex system that crosses cultures and care settings. QRIS is an opportunity to support quality in all child care settings.

## RECOMMENDATIONS

The depth of discussion at the Issues Meeting led to a set of recommendations for intentional inclusion of infants and toddlers in QRIS. Comments throughout the day acknowledged the need for all components of the early childhood system to be aligned and integrated. This weaving together of components strengthens the overall system, as well as each individual element.

### GENERAL RECOMMENDATIONS

- *QRIS standards of quality for infants and toddlers should reflect the critical needs of this age group throughout all levels of the system.* A simple, but specific, recommendation is to add age-specific standards and criteria where appropriate. For example, many QRIS require levels of training and education as programs progress to higher levels of the rating system. The group recommends strengthening this standard by stating that a number of the required training hours or coursework must be specific to the age of children served.
- *QRIS should include a track appropriate to the settings and expectations for FFN care.* Given the large percentage of infants and toddlers served in FFN settings, States that do not include these caregivers in their QRIS efforts are limiting opportunities for improving quality for significant numbers of infants and toddlers.
- *QRIS systems should not allow a “loophole” for infant/toddler quality.* States with existing QRIS or who are developing QRIS should assure that programs cannot advance through QRIS levels unless quality is assured for all age groups served by the program.

### RECOMMENDATIONS FOR DEFINING QUALITY FOR INFANTS AND TODDLERS

#### *Curriculum and learning environment*

- *Curriculum.* QRIS standards should establish the expectation that curriculum for infants and toddlers be individualized through a planning process that involves ongoing observation, documentation, reflection, and implementation. High quality programs will demonstrate evidence of collaboration with parents in the process. Infant/toddler curricula should include developmentally appropriate experiences, be culturally appropriate, and reflect continuity from home to care setting. QRIS expectations should consider the varying levels of individual attention that may be available in home-based settings.
- *Learning environment (affective).* QRIS standards should support the expectation that relationships are critical in infant/toddler care. Specific standards will aim to minimize transitions for children, including those related to caregiver, space, and daily routines. Low staff-child ratios and small group sizes support responsive caregiving and the development of emotional security in infants and toddlers.

- *Learning environment (physical)*. The quality of the physical environment for infants and toddlers is one aspect of QRIS that is the most often defined in existing systems. Tools such as the ITERS-R offer both scope and scale on multiple aspects of the environment. A recommendation of the group is that States consider enhancing standards related to health and safety beyond the entry/licensing level to all levels of the QRIS.
- *Learning environment standards should be defined for all care settings, including FFN and FCC*. With recognition that although some standards of quality remain consistent regardless of the setting, other standards may vary from center to FCC home to an FFN setting. Since infants and toddlers are served in all settings, QRIS should define standards that include the full range of options for families.

### *Parent and family engagement*

- *Parent engagement*. The active engagement of parents is a key component of quality in infant/toddler care. QRIS should expect that providers engage parents in a shared process of curriculum development and implementation, especially related to assuring cultural relevance and continuity of routines for infants and toddlers.
- *Communication with families*. Open and effective communication is the key to engaging parents in a shared process. A standard should be present in QRIS that assures that caregivers establish regular bi-directional communication with families, and that staff have the capacity or strategies for communicating, regardless of the family's home language. "*Home language is fundamental to having meaningful family engagement.*"

## RECOMMENDATIONS FOR MEASURING QUALITY FOR INFANTS AND TODDLERS

The strongest theme of the Issues Meeting involved the challenges of measuring indicators of quality in infant/toddler care. Aspects of quality to be measured include, but are not limited to:

- Caregiver-child relationships
- Caregiver-parent relationships
- Curriculum planning and implementation, including individualization and cultural appropriateness
- Continuity of care
- Parent and family engagement

The call was clear for additional research on measures of these aspects of care, with the recognition that at this time, there are few tools or measures available with established validity and reliability that address these critical components of quality for infants and toddlers. It is recommended that appropriate tools be developed, eliminating the barrier of inadequate measurement to the inclusion of these critical indicators in QRIS. In addition, measurement of quality should be appropriate for each setting serving infants and toddlers.

## RECOMMENDATIONS FOR SUPPORTING QUALITY FOR INFANTS AND TODDLERS

### *Professional Development*

Recognizing that State professional development infrastructures may not be fully prepared to offer

such opportunities, this section broadened beyond QRIS to recommendations for how appropriate infant/toddler content can be integrated into State professional development systems.

- *Provider professional development requirements.* The QRIS-specific recommendation in this category is that States should establish that a portion of the required professional development training or coursework is specific to the age group of children served.
- *Target audiences.* State professional development systems should integrate an infant/toddler specific track that addresses the learning needs of all participants in the field, including:
  - Caregivers and administrators in all infant/toddler settings, including centers, FCC, and FFN care.
  - Trainers responsible for non-coursework or clock-hour training.
  - Alternative professional development providers, such as coaches, mentors, infant/toddler specialists, or technical assistance specialists.
  - Professors and instructors at universities and colleges providing infant/toddler specific coursework.
- *Delivery systems.* As infant/toddler content is embedded into State professional development systems, States should recognize that the variety of positions needing infant/toddler specific training will require diverse delivery options in order to meet the range of learning needs. Such systems can range from coursework at colleges and universities (on-site or online) to training or the mentoring and coaching that is available through infant/toddler specialist networks.
- *Core content.* Infant/toddler coursework or training should cover, at a minimum, the following topics:
  - Infant/toddler early learning guidelines, to be infused throughout the system
  - Infant/toddler curriculum and process
  - Relationship-based practices
  - Responsive caregiving
  - The importance of continuity and routines in infant/toddler care
  - Creating safe and healthy physical and emotional environments
  - Communication skills
  - Self-reflection

There was a specific recommendation to convene a meeting of national experts to identify infant/toddler core knowledge and competencies. The group recommended that the identified core knowledge and competencies should be embedded and articulated across all levels of State professional development systems.

#### *Administrative Program Policies*

It is recommended that States consider the inclusion of standards that support key indicators of quality for infants and toddlers at appropriate levels of the QRIS.

- *Health and safety.* QRIS should address the levels of quality attained by programs implementing health and safety policies that extend beyond the floor of child care licensing

standards. Such policies may include safe sleep practices, oral hygiene, parent education regarding childhood obesity, and so on.

- *Ratios and group size.* QRIS should recognize lower staff to child ratios and smaller groups sizes as indicators of quality in higher levels of the rating system.
- *Cultural attunement.* Because infants and toddlers are engaged in the important work of developing a sense of self, it is critical for child care settings to be reflective of the child's home culture. "*Caregiving routines should reflect culture, family lifestyle, and language.*" QRIS should recognize this critical element through program policies that address issues that may arise when family culture involves approaches to child rearing that differ from the practices of the program. Policies should support both flexibility and the boundaries needed to prevent parent-provider conflict over the culture-laden process of caring for very young children.
- *Promotion of relationships and continuity.* Of primary importance are policies that support the development of caregiver-child and caregiver-parent relationships and those that promote continuity of care. Policies for consideration include the assignment of a primary caregiver and mixed-age grouping, those that support the establishment of continuity between home and care settings, and policies that reduce transitions and support continuity in terms of caregivers and physical space, including provisions for auxiliary caregivers. Policies that support individualized and ongoing dialogue between the family and the child's primary caregiver are especially important for young infants and children new to the care setting,

The implications of these policies will vary across care settings. For example, a QRIS standard related to continuity of caregiver may have little impact on home-based settings, but may have significant implications for a center. States will need to consider how such policies and practices support quality across settings, and design their QRIS accordingly.

## CONCLUSION

States' efforts to promote and improve the quality of child care have increased awareness of the importance of quality for all children. This Issues Meeting highlighted specific areas for consideration as States move forward with designing or revisiting QRIS. For some issues, awareness of the recommendation may be all that is needed to include the appropriate indicator in emerging or existing systems. More complex issues, such as the need for research and development of effective measures of quality, may require additional conversation and research at either the State or national level. With the understanding that many elements of quality are not exclusive to infants and toddlers, the unique developmental and care needs of infants and toddlers require focused attention on how to design QRIS that support and improve quality for this age group.

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**National Infant & Toddler Child Care Initiative**  
**QRIS Experts Issues Meeting**  
Hyatt Regency Bethesda • Bethesda, Maryland • May 6, 2008

*Intentionally Building Quality Rating Improvement Systems Inclusive of Infants and Toddlers*

## Agenda

9:00 – 9:30 a.m.

### Welcome and Opening Remarks

- Moniquin Huggins  
Director, Program Operations Division  
Office of Family Assistance/Child Care Bureau
- Debbie Powell  
Director, Technical Assistance Division  
Office of Family Assistance/Child Care Bureau

### Introduction of the Topic, Materials, and Panel Experts

- Karen Heying  
Project Director  
National Infant & Toddler Child Care Initiative  
ZERO TO THREE
- Kathie Boling  
State Program Specialist  
National Infant & Toddler Child Care Initiative  
ZERO TO THREE

9:30 – 10:30 a.m.

### Panel Discussion—Experts' Perspectives on Quality Rating Improvement Systems *Learning Environment and Curriculum*

- Dr. Peter Mangione, Co-Director, Center for Child and Family Studies  
WestEd

#### *Parent and Family Involvement*

- Dr. Jerlean Daniel, Deputy Executive Director  
National Association for the Education of Young Children

#### *Professional Development*

- Dr. Marty Zaslow, Vice President for Research, Early Childhood Development  
Child Trends

#### *Administrative Program Policies*

- Dr. Judith Jerald, Senior Early Childhood Advisor, U.S. Programs  
Save the Children

10:30 – 10:45 a.m.

### Break

10:45 a.m. – 12:15 p.m.

### Four Concurrent Facilitated Discussion Groups

1. *Learning Environment and Curriculum*—facilitated by Dr. Peter Mangione
2. *Parent and Family Involvement*—facilitated by Dr. Jerlean Daniel
3. *Professional Development*—facilitated by Dr. Marty Zaslow
4. *Administrative Program Policies*—facilitated by Dr. Judith Jerald

12:15 – 1:45 p.m.

### Lunch (on your own)

1:45 – 3:15 p.m.

### Four Concurrent Facilitated Discussion Groups (Continued)

1. *Learning Environment and Curriculum*—facilitated by Dr. Peter Mangione
2. *Parent and Family Involvement*—facilitated by Dr. Jerlean Daniel
3. *Professional Development*—facilitated by Dr. Marty Zaslow
4. *Administrative Program Policies*—facilitated by Dr. Judith Jerald

3:15 – 3:30 p.m.

### Break

3:30 – 4:30 p.m.

### Report and Recommendations From Each Discussion Group

4:30 p.m.

### Closing



**National Infant & Toddler Child Care Initiative**  
**QRIS Experts Issues Meeting**

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***Participant List***

**Jeanne Anderson**

Manager  
Early Education and Child Care Initiatives  
Healthy Child Care America  
141 Northwest Point Boulevard  
Elk Grove Village, IL 60007-1098  
Phone: (847) 434-7638  
Fax: (847) 434-8000  
E-mail: janderson@aap.org

**Sheri Azer**

Information Systems Specialist  
National Child Care Information  
and Technical Assistance Center  
Suite 200  
10530 Rosehaven Street  
Fairfax, VA 22030-2840  
Phone: (703) 219-3952  
Fax: (800) 716-2242  
E-mail: sazer@nccic.org

**Patti Banghart**

Research Analyst  
Child Care and Early Education  
*Research Connections*  
National Center for Children in Poverty  
Columbia University  
Floor 3  
215 West 125th Street  
New York, NY 07302  
Phone: 646-284-9624  
Fax: 646-284-9623  
E-mail: plb2001@columbia.edu

**Angeline Bishop-Oshoko**

Program Manager  
OCC - Credentialing Branch  
Division of Early Childhood Development  
Maryland State Department of Education  
200 West Baltimore Street  
Baltimore, MD 21201  
Phone: (410) 767-7852  
Fax: (410) 333-6226  
E-mail: Angeline.Bishop-Osho@msde.state.md.us

**Kathie Boling**

State Program Specialist  
National Infant & Toddler  
Child Care Initiative  
ZERO TO THREE  
Suite 200  
2000 M Street, N.W.  
Washington, DC 20036  
Phone: (202) 638-1144, ext. 699  
Fax: (202) 638-0851  
E-mail: kboling@zerotothree.org

**Michelle Brown**

Information and Training Specialist  
National Infant & Toddler  
Child Care Initiative  
ZERO TO THREE  
Suite 200  
2000 M Street, N.W.  
Washington, DC 20036  
Phone: (202) 638-1144, ext. 682  
Fax: (202) 638-0851  
E-mail: mbrown@zerotothree.org

**Anna Carter**

Assistant Section Chief  
North Carolina Division of Child Development  
2201 Mail Service Center  
Raleigh, NC 27699  
Phone: (919) 662-4499  
Fax: (919) 622-4730  
E-mail: annacarter@ncmail.net

**Jerlean Daniel**

Deputy Executive Director  
National Association for the Education  
of Young Children  
Suite 500  
1313 L Street, N.W.  
Washington, DC 20005  
Tel: (202) 232-8777  
Fax: (202) 328-1846  
E-mail: jdaniel@naeyc.org

**Allyson Dean**

Director  
Maine Roads to Quality  
Catherine E. Cutler Institute for Child and  
Family Policy  
P.O. Box 15010  
400 Congress Street  
Portland, ME 04112  
Phone: (207) 780-5833  
Fax: (207) 780-5817  
E-mail: adean@usm.maine.edu

**Karen Heying**

Project Director  
National Infant & Toddler  
Child Care Initiative  
ZERO TO THREE  
Suite 200  
2000 M Street, N.W.  
Washington, DC 20036  
Phone: (202) 638-1144, ext. 618  
Fax: (202) 638-0851  
E-mail: kheyng@zerotothree.org

**Moniquin Huggins**

Director  
Program Operations Division  
Acting Associate Director  
Child Care Bureau  
Office of Family Assistance  
Administration for Children and Families  
U.S. Department of Health and Human Services  
Aerospace Building, Fifth Floor East  
370 L'Enfant Promenade, S.W.  
Washington, DC 20447  
Phone: (202) 690-8490  
Fax: (202) 690-5600  
E-mail: moniquin.huggins@acf.hhs.gov

**Amy Hunter**

Senior Early Childhood Mental Health Specialist  
Early Head Start National Resource Center  
ZERO TO THREE  
Suite 200  
2000 M Street, N.W.  
Washington, DC 20036  
Phone: (202) 857-2679  
Fax: (202) 638-0851  
E-mail: ahunter@zerotothree.org

**Judith Jerald**

Senior Early Childhood Advisor  
U.S. Programs  
Save the Children  
108 Oak Street  
Brattleboro, VT 05301  
Phone: (203) 454-6845  
Cell Phone: (203) 571-8446  
E-mail: jjerald@savechildren.org

**Elizabeth Kelley**

Director  
Maryland State Department of Education  
200 West Baltimore Street  
Baltimore, MD 21201  
Phone: (410) 767-7806  
Fax: (410) 333-8699  
E-mail: liz.kelley@msde.state.md.us

**Lee Kreader**

Project Director  
Child Care & Early Education  
*Research Connections*  
National Center for Children in Poverty  
Columbia University  
Third Floor  
215 West 125th Street  
New York, NY 10027-4426  
Phone: (646) 284-9625  
Fax: (646) 284-9623  
E-mail: jk821@columbia.edu

**Michelle Kuamoo**

Early Learning and Literacy Specialist  
National Child Care Information  
and Technical Assistance Center  
Suite 200  
10530 Rosehaven Street  
Fairfax, VA 22030-2840  
Phone: (703) 219-3775  
Fax: (800) 716-2242  
E-mail: mkuamoo@nccic.org

**Valeri Lane**

Policy Analyst/Writer  
National Infant & Toddler  
Child Care Initiative  
ZERO TO THREE  
Suite 200  
2000 M Street, N.W.  
Washington, DC 20036  
Phone: (304) 796-4167  
Fax: (202) 638-0851  
E-mail: vlane@zerotothree.org

**James Libbey**

Senior Editor/Writer  
Communications Management Center  
Suite 175  
1375 Piccard Drive  
Rockville, MD 20850  
Phone: (240) 631-3942  
Fax: (301) 926-3156  
E-mail: jlibbey@masimax.com

**Peter Mangione**

Co-Director  
Center for Child & Family Studies  
WestEd  
180 Harbor Drive, Suite 112  
Sausalito, CA 94965  
Phone: (415) 289-2310  
Fax: (415) 289-2301  
E-mail: pmangio@wested.org

**Ruth Mayden**

Director  
The Annie E. Casey Foundation  
701 St. Paul Street  
Baltimore, MD 21202  
Phone: (410) 547-3669  
Fax: (410) 986-3669  
E-mail: rmayden@aecf.org

**Scarlett Morao**

Editor/Writer  
Communications Management Center  
Suite 175  
1375 Piccard Drive  
Rockville, MD 20850  
Phone: (240) 632-5634  
Fax: (301) 926-3156  
E-mail: smorao@masimax.com

**Patrice Pettinato**

Editor/Writer  
Communications Management Center  
Suite 175  
1375 Piccard Drive  
Rockville, MD 20850  
Phone: (240) 632-0610  
Fax: (301) 926-3156  
E-mail: ppettinato@masimax.com

**Debbie Powell**

Director  
Technical Assistance Division  
Child Care Bureau  
Office of Family Assistance  
Administration for Children and Families  
U.S. Department of Health and Human Services  
Aerospace Building, Fifth Floor East  
370 L'Enfant Promenade, S.W.  
Washington, DC 20447  
Phone: (202) 205-2360  
Fax: (202) 690-5600  
E-mail: debbie.powell@acf.hhs.gov

**Lorie Pugh**

Policy Consultant  
North Carolina Division of Child Development  
2201 Mail Service Center  
Raleigh, NC 27699  
Phone: (919) 662-4499  
Fax: (919) 622-4730  
E-mail: lorie.pugh@ncmail.net

**Antoinette Price**

Senior Conference Manager  
Communications Management Center  
Suite 175  
1375 Piccard Drive  
Rockville, MD 20850  
Phone: (240) 632-8806  
Fax: (301) 926-3156  
E-mail: aprice@ccb-cmc.org

**Helen Raikes**

Professor  
Department of Family and Consumer Sciences  
University of Nebraska-Lincoln  
3221 South 76<sup>th</sup> Street  
Lincoln, NE 68506  
Phone: 402-472-7212  
Fax: 402-483-7352  
E-mail: hraikes2@unl.edu

**Dawn Ramsburg**

Child Care Program Specialist  
Program Operations Division  
Child Care Bureau  
Office of Family Assistance  
Administration for Children and Families  
U.S. Department of Health and Human Services  
Aerospace Building, Fifth Floor East  
370 L'Enfant Promenade, S.W.  
Washington, DC 20447  
Phone: (202) 690-6705  
Fax: (202) 690-5600  
E-mail: dawn.ramsburg@acf.hhs.gov

**Rose Salton**

Project Director  
Communications Management Center  
Suite 175  
1375 Piccard Drive  
Rockville, MD 20850  
Phone: (240) 631-3947  
Fax: (301) 926-3156  
E-mail: rsalton@ccb-cmc.org

**Linda Saterfield**

Bureau Chief  
Illinois Department of Human Services  
400 West Lawrence Avenue  
Springfield, IL 62762  
Phone: (217) 785-2559  
Fax: (217) 524-6030  
E-mail: Linda.Saterfield@illinois.gov

**Barbara Saunders**

Content Consultant  
Early Education Solutions  
9380 Paseo de Valencia  
Fort Myers, FL  
Phone/Fax: (239) 481-2522  
Cell Phone: (239) 839-0443  
Email: blsaunders@mindspring.com

**Sarah Minter Semlak**

Early Childhood Education Consultant  
3028 Newark Street, N.W.  
Washington, DC 20008  
Phone: (202) 537-1511  
E-mail: sarahsemlak@aol.com

**Jamie Sheehan**

Head Start Fellow  
Office of Head Start  
Administration for Children and Families  
U.S. Department of Health and Human Services  
Portals Building, 8th Floor  
1250 Maryland Avenue, S.W.  
Washington, DC 20024  
Phone: (202) 449-8155  
Fax: (202) 554-1083  
E-mail: jamie.sheehan@acf.hhs.gov

**Dianne Stetson**

Technical Assistance Specialist  
National Infant & Toddler  
Child Care Initiative  
ZERO TO THREE  
Suite 200  
2000 M Street, N.W.  
Washington, DC 20036  
Phone: (202) 864-2328  
Fax: (202) 638-0851  
E-mail: dstetson@zerotothree.org

**Marty Zaslow**

Vice President for Research  
Early Childhood Development  
Child Trends, Inc.  
4301 Connecticut Avenue, N.W.  
Washington, DC 20008  
Phone: 202-572-6032  
Fax: 202-362-5533  
E-mail: mzaslow@childtrends.org



National  
Infant & Toddler  
Child Care  
Initiative

@  
ZERO TO THREE

2000 M Street NW, Suite 200  
Washington, DC 20036

PHONE: 202.638.1144

INFO LINE: 202.857.2673

FAX: 202.638.0851

E-MAIL: [itcc@zerotothree.org](mailto:itcc@zerotothree.org)

WEB: <http://nccic.acf.hhs.gov/itcc>