Developing State Quality Rating and Improvement Systems with Babies in Mind



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Talking about...

- What babies in child care need
- How state QRIS can be intentional about improving infant and toddler (I/T) care
- Learning from states:
 - Quality standards
 - Incentives and supports
 - System implications
- Lessons and future challenges





Key principles: what babies and toddlers in child care need

Healthy and safe environments in which to explore and learn. Nurturing, responsive providers and caregivers they can trust to care for them as they grow and learn.

Their families to have access to quality options for their care.

-ASP

Parents, providers, and caregivers supported by and linked to community resources.

State Early Childhood Development System



Where QRIS needs to be intentional

General

- Who is included in planning?
- Which child care settings?
- How to prevent loopholes?

Quality standards

- Are quality aspects important to babies addressed?
- Are specific knowledge or credentials required?
- Linkages to Early Head Start standards?

Rating

- What tools are best to measure interactions?
- Impact on what?

Improvement

- What program and practitioner supports are targeted for QRIS participants to improve?
- Financial incentives?

System

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- How to maintain gains?
- Connections to other parts of early childhood system?

18 states specifically address infants/toddlers in QRIS standards



Examples of I/T standards

- Require specific professional development
 - NC: I/T credential for 75% of teachers
 - MT: I/T specific health and safety training
- Define program standards



- IN: Separate program standards for I/T providers
- Several states: Gradually improve child ratios/group size at each level
- Ensure I/T appropriate curriculum
 - DE: Curriculum appropriate to age of child, that meets certain standards, including with I/T early learning guidelines
 - NM: Curriculum development spiral infants determine own schedule



More examples of I/T standards

• Focus on relationships

- LA: Plan for continuity of care for all children 0-36 months
- MD: Primary caregiver must be assigned
- Recognize importance of culture and language
 - PA: All staff must attend professional development training on cultural competence and inclusive practice
- Link to screenings and follow up
 - OH: Developmental screening within 60 days and referrals by 90 days from enrollment
- Prioritize family engagement and support
 - PA: Daily written communication with parents of infants and toddlers
 - VT: Annual assessment of family-strengthening practices based on recognized protective factors



Supports for improvement: TA+\$

- Infant/toddler specialists available for TA
 - NC: Enhancement project provides support to understand ITERS process and make improvement plans
 - IN: Programs may request a mentor trained by the CCR&R, who bring in the I/T specialists when needed
- Targeted professional development
 - DE: Provides professional development support grants
- Compensation help
 - PA: Provides education and retention grants for degreed staff
- Financial incentives to attract subsidy providers
 - MD: Even higher percentages above subsidy rate for care of children under age two



Missouri's quest to measure intentional teaching for I/T

- Background: MQRS developed but not statewide
- Infant/toddler checklist:
 - Companion tool to ITERS-R and FDCRS
 - Based on assessments by trained observers
 - 20 items assessing how program nurtures the social/emotional, cognitive, and physical development of infants/toddlers
 - After piloting, the checklist was revised to emphasize responsive caregiving
 - Worth 10 percent of program rating score

Source: Interview with Denise Mauzy, Center for Family Policy and Research at the University of Missouri-Columbia, and https://www.openinitiative.org/content/pdfs/MoNotes/IT_Checklist_Notes.pdf



System issues:

Access to top-rated care for vulnerable babies

- Supply of quality care is particularly low in low-income communities
- Evaluation of Kentucky QRIS found that "...quality of care was lower in programs serving large numbers of children on subsidy and minority children despite participation in components of the initiative."
- North Carolina data shows that among 5-star centers:
 - 44 percent of enroll babies and toddlers
 - 98 percent enroll preschool-age children
- Implications for system:
 - Additional supports needed to ensure even distribution of supply, beyond reimbursement rates
 - Critical to track QRIS and access for low-income babies



Lessons and Challenges

- Attention to babies in design, content, supports, measurement, evaluation
- Standards to address early relationships, family support, and cultural competency must be strengthened
- Need more research and options to measure quality and continuity of care, and teacher-child and teacher-family interactions reliably
- Larger I/T workforce issues mean additional attention to quality of supports, professional development offerings, and compensation critical
- More thinking needed on how to connect QRIS to unlicensed care and ensure low-income children benefit



CLASP Charting Progress for Babies in Child Care Project

- Policy framework to support key principles of what babies in child care need
- Recommendations backed by:
 - Research-based rationales, including full citations
 - Policy ideas that can be embedded in QRIS
 - Links to online resources
 - State examples
- State infant/toddler policy fact sheets that recommend and provide examples for ARRA funds
- Tools and direct assistance for state policymakers and advocates



Other resources

- National Infant & Toddler Child Care Initiative @ ZERO TO THREE http://nitcci.nccic.acf.hhs.gov/resources/Qris.htm
 - Infant/Toddler QRIS Quality Indicators from 18 states
 - QRIS Indicators related to special needs and family culture
 - QRIS Webinars with state presenters
- National Child Care Information Center

http://nccic.acf.hhs.gov/

- QRIS resource page
- Child Trends www.childtrends.org
 - Analysis of challenges facing state QRIS
 - Description of current issues in measuring quality



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CHARTING PROGRESS FOR BABIES IN CHILD CARE

