QRIS 3.0 Tools and Resources

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Caring for Our Youngest: State Strategies for Improving the Quality of Child Care for Children Under Age Three through Quality Improvement Systems

Build INITIATIVE
Strong Foundations For Our Youngest Children

QRIS National Learning Network

Table of Contents

The QRIS 3.0 Tools and Resources Series

Quality Rating and Improvement Systems (QRISs) are evolving rapidly. Quality improvement leaders are evaluating their systems to identify opportunities for improvement, trying new strategies and, in some cases, creating new models. To contribute to the evolution of QRIS, The BUILD Initiative is creating resources to address the continuing challenges of financing, QRIS design and implementation, and the need to gain adequate public investment to support QRIS sufficiently to meet its full potential. This publication is part of the series, QRIS 3.0 Tools and Resources. Child care leaders first designed QRISs in the 1990s, and systems now exist in nearly every state and many US territories. QRIS emerged as a strategy largely in response to the enormous gulf between the minimum level of quality required by states to open and operate a child care program and the recognized level of quality that optimally supports child development and learning. States implement QRISs for varying purposes (outlined in BUILD's 2015 study, *Quality Rating and Improvement Systems: Stakeholder Theories of Change and Models of Practice Study Report, Expert Panel Reflections and Recommendations*. QRISs may provide the framework for child care, Head Start, and state pre-K programs, or to only some of these programs. A QRIS may be voluntary or mandatory. Those that are mandatory can be embedded in child care licensing or connected to publicly funded programs such as child care assistance or state pre-K. A QRIS can be the framework for quality improvement and quality assurance for early care and learning services for children birth to five, or it can unify a state's early care and learning, K-12, and higher education systems to form a comprehensive P-20 education system for children from birth through college. Similarly, a QRIS can be part of a broader strategy for a comprehensive and equitable early childhood system in which all the state's children have access to care and learning accompanied by health/mental health supports, social support, and family engagement, as needed. A QRIS is an early learning strategy that shares responsibility for equitable child outcomes with other early learning strategies as well as with other systems such as health and education, and with communities and families. Through the series, *QRIS 3.0 Tools and Resources*, BUILD explores several timely, critical issues related to QRIS. We are grateful to the Alliance for Early Success for its support of this series and its ongoing commitment to support so many early childhood organizations.

About the BUILD Initiative

The BUILD Initiative is a national effort that advances state work on behalf of young children (prenatal-five), their families, and communities. BUILD staff partners with early childhood state leaders focused on early learning, health, mental health and nutrition, child welfare, and family support and engagement to create the policies, infrastructure, and cross-sector connections necessary for quality and equity. BUILD provides consultation, planning, and tailored implementation assistance, learning opportunities, resources, and cross-state peer exchanges. These efforts help state leaders improve and expand access to quality and promote equitable outcomes for our youngest children.

BUILD:

- Provides tailored and timely technical assistance to leaders in partner states.
- Facilitates learning communities that share the latest research and promising practices.
- Serves as a knowledge broker by shining a light on promising early childhood systems efforts and highlighting new ideas and successful innovations.
- Supports new and emerging leaders and works to ensure diversity and equity in all aspects of early childhood systems building.
- Informs and influences state and national conversations and policy decisions by highlighting emerging issues, innovative approaches, best practices, and results from the field.

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Introduction

Quality Rating and Improvement Systems (QRISs) have been in place for approximately two decades in the Unites States. Several states have already engaged in updating and revising standards to refine and home in on those standards that matter most for young children. What have we learned and how do we move forward in our continuous improvement efforts ensuring that our youngest children, under the age of three, are a primary focus within this context? What are the most important mechanisms for improvement for very young children? How are states addressing this challenging issue? This brief will explore those questions, provide examples from the states, and suggest new forward-looking strategies to continue the momentum to ensure we are putting our efforts and resources where we know they will make the most impact.

This brief will not go into detailing those approaches that improve quality and are found in QRIS in general for young children (there are many other resources, including those in this series that do this) but will focus specifically on approaches that focus on young children under age three. The term "infants and toddlers" will be used to describe this population of children even though it does not explicitly call out two-year-old children who technically are not considered to be toddlers. Also, while many infants and toddlers are in family child care (FCC) settings, this brief will focus primarily on center-based strategies as there is another brief in the series focused explicitly on FCC settings.

It is important to understand the child care landscape for our babies and very young children and why it looks the way it does. First, as a society, we are still greatly conflicted about whose responsibility it is to care for our youngest children.[1] The Pew Research Center reports that most Americans believe that is it less than ideal for children to have two working parents, essentially that before formal school entry, children should be taken care of at home by a parent or guardian.[2] The reality is that in two-thirds of families with young children, all available parents are in fact in the workforce.[3]

Second, while decades of neuroscience research have clearly and overwhelmingly demonstrated that the early years are formative and set the foundation for all learning and development that follow, the costs associated with providing high-quality care, especially for children under three, are substantial. In many states the cost of infant/toddler care is more than the cost of four-year college tuition.[4] While the reasons (primary cost drivers) for the cost of care are clear, necessary, and undisputable (see next section), most Americans balk at the idea that the "caregiving work" required in the first three years of life would be comparable to the cost of a college education. **Neuroscience research underscores that caregiving and education are one and the same in the early years. Education requires sensitive and highly skilled caregiving, especially for the youngest children.**[5] In the context of this brief, care giving and education will be used interchangeably because of the reality that they are inextricably linked.

The cognitive dissonance created by American beliefs about who should care for young children, how much it costs to care for young children, and the difference between care and education makes for a difficult and tenuous backdrop to substantially move public policy and financing for quality care for infants and toddlers. The impact of this ambivalence on our public policy is clear. The current state of availability, affordability, and quality of Infant/toddler child care is considered a national crisis. Some states, however, are making strides in increasing quality of care through their Quality Rating and Improvement Systems with an intentional focus on infants and toddlers.

[1] Miller, C.C. (2019, August 15). Why the U.S. Has Long Resisted Universal Child Care. The New York Times. Retrieved from: https://www.nytimes.com.
[2] Graf, N. (2016). Most Americans say children are better off with a parent at home. Fact Tank. Pew Research Center. Retrieved from: https://www.pewresearch.org.
[3] Kids Count Data Center. (2016) The share of children under age 6 whose resident parents are in the civilian labor force. Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2005 and 2012 through 2016. Retrieved from: https://datacenter.kidscount.org.
[4] Schulte, B. & Durana, A. (2016). The New America Care Report. New America. Retrieved from: https://newamerica.org.
[5] Main, C., & Yarbrough, K.W. (2018). "Transforming the Early Childhood Workforce: An Action Plan for Illinois." Chicago, IL: UIC College of Education. Retrieved from: https://www2.illinois.gov/sites/OECD/Pages/default.aspx.

Why Infants and Toddlers Need an Intentional Focus in Quality Improvement Systems

While early childhood education has been receiving increased public policy and media attention, as well as increased funding at the state and federal levels, that attention and funding has been much more focused on preschool-aged children (three and four year olds). In the field, among policymakers and implementers, and with the general public when the terms early childhood or early care and education are used, the default "frame" is preschool-age children. This has been exacerbated by a policy focus on early childhood and K-12 alignment, encouraging the general public and policy makers to expand their typical view of what age ranges are encompassed in our educational system. While it is easier to think about preschoolers in the context of K-12 education, it is more challenging to think about babies as learners the same way, and for good reason. Quality care and education looks very different for children under age three than it does in a K-12 or even a preschool setting. Policymakers and the general public frequently misunderstand both the needs of very young children, in the context of learning and development, and how public policy and programs can best support the very young. The next section will discuss and describe what quality requires and looks like for infants and toddlers.

Child care licensing standards relating to children in the first three years of life tend to support a relatively modest level of quality. For example, caring for and educating very young children is extremely labor intensive, requiring more staff per number of children cared for than at any other age. This intensity drives up the cost of care for young children. State child care licensing ratios and group sizes, in an attempt to balance child care center operating costs and ultimately costs to families with concern for safety, generally do not meet national expert recommendations.[6] Given the level of quality supported in state licensing, improvements through quality improvement systems are very much needed and can be very effective.

[6] Schmit, S. & Matthews, H. (2013) Better for Babies: A Study of Infant and Toddler Child Care Policies. Center for Law and Social Policy (CLASP). Retrieved from: https://clasp.org.

What Matters: The Most Impactful Standards for Very Young Children

Not all quality standards are equal; that is to say, some standards have a much greater impact on quality than others. Because of the unique nature of development and the foundational skills learned in the first three years of life, the most fundamental and important support for development and learning is the quality of relationships between very young children and their primary caregivers. This includes all their relationships with parents, guardians, and other primary care providers in and outside of their home environment. Infants' and toddlers' entire experience of the world is understood through their relationships with these adults on whom they depend for everything. In the first three years of life children are learning foundational skills from which all future learning will build. They learn most basic concepts of themselves as different from others, they learn about mechanisms for communication and how to use them, they begin to learn to identify their own needs and feelings and they learn how to get them met. While these are concepts that adults mostly take for granted, extremely attentive, skilled, and sensitive caregiving is required to support their development, especially for preverbal children. Because of how important these fundamental tasks are and how complex and nuanced the work of supporting that development is, caregivers must be deeply knowledgeable about child development, understand their own role in supporting that development (and be skilled in doing so), and operate in an environment that supports these relationships and interactions to flourish.

An additional layer of complexity in caring for very young children is the work that is required with the parents or guardians of those infants and toddlers. Again, because of the developmental stages and tasks of the first three years of life (preverbal, or with limited verbal capacity, limited ability to regulate emotions and basic functions, limited mobility, etc.), it is extremely important that parents and caregivers exchange information regularly about the child and the child's routines, needs, and preferences. In addition to fostering a relationship in which this two-way communication can flourish, caregivers can also help support parents' knowledge of child development and how to support their own child. Caregivers must invest time in understanding family routines and cultures so that they are able to provide responsive caregiving. (See text box on the importance of culturally appropriate practice and diversity).

The care described above is frequently referred to as relationship-based care. While that term can seem a bit opaque, it generally encompasses a range of requirements for caregivers, including that they be continual learners/investigators when it comes to the children they are caring for and actively engaged in building and maintaining an evolving relationship(s) with those children in their charge as well as the families of those children. These needs and requirements can be difficult to translate to "standards" of quality that are easily articulated, observed, or measured in the context of a QRIS. Additionally, it can be very hard for parents to understand what to look for when trying to identify quality care for children under three. The quality of relationships and interactions between young children and their caregivers takes time to observe and understand even when the observer is a skilled early childhood professional let alone someone without specialized knowledge and skills to understand the complexity of those interactions.

Quality Rating and Improvement System (QRIS) standards vary widely across states given the substantial range of standards or indicators. Following are some of those elements that can be and have been part of state quality improvement systems:

- Quality standards for programs and practitioners
  - Group size and ratios.
  - Staff qualifications.
  - Training (both pre-service and in-service).
  - Developmental screening.
  - Child assessment (related to curriculum).
  - Health and nutrition above and beyond licensing regulations.
  - Physical environment.
  - Curriculum.
  - Use of or alignment with state learning standards.
- Supports and infrastructure to meet quality standards
  - Organizational culture and climate.
  - Reflective supervision and or coaching.
  - Educational leadership with specific expertise working with infants and toddlers.
  - Infant mental health consultation.
- Monitoring and accountability[7]
  - On site monitoring visits.
  - Environmental assessments (ITERS).
  - Observational assessments (IT CLASS).
- Engagement and outreach
  - Linguistically and culturally appropriate communication strategies for population served.
  - Parent-teacher conferences.
  - Daily communication.
  - Parent training opportunities.
  - Parent leadership opportunities.

Given the number of different approaches and options for standards and indicators, how are states tracking the improvement of infant/toddler care for children under age three? In an environment of limited resources, how do we best ensure that quality standards and requirements support improvement of quality of care? Below, several key elements of quality are mapped to specific standards or indicators that support quality specifically for children under age three.

[7] While the CLASS and ITERS were not originally developed and validated as monitoring and accountability tools, by virtue of the use in QRIS (with specific scores corresponding to specific levels of quality) that is how they function in this context.

Research says...	Translation to Practice
Parents/guardians (those who spend the most time with the children) will always have the greatest impact on their development.	**Meaningful parent engagement** • Professional development for caregivers in family engagement or family support personnel specially trained to support families. • Partnering with parents and families to understand individual children. • Positively engaging families from a strengths-based perspective in learning about child development and how to support it.
Most important variable in quality of care is the quality of interaction between children and their caregivers.	**An environment that allows for sensitive and responsive caregiving** • Small group sizes. • Low ratios of children to caregivers to allow caregivers to sensitively respond. **Caregivers who are knowledgeable about development of children under three and able to support that development** • Well-qualified caregivers with appropriate degrees and knowledge that is specific to infant, toddler, and two-year-old development. • Caregivers with experience working with this population who are able to be sensitively attuned to those in their care. • Caregivers that are supported by knowledgeable supervisors and have access to specialized consultants as needed.
Well-compensated caregivers provide better care[8] and this leads to longer retention in the field.	**Caregivers that are not burdened by the stress of living in poverty are better able to attend to those in their care** • Caregivers compensated based on level of education, training, and experience. • Access to benefits, paid time off, etc.

As QRIS is a "systems approach" seeking reform and improvement across a system of services, research tells us the most effective drivers for the reform we seek are those that are focused on capacity building at the front end.[9] The above practices are highlighted because of the focus on capacity building. Assessments of environment, teacher practice and, in some cases, children, provide useful and meaningful information but are not the most effective tools for changing practice and whole systems reform.

"To be clear, it is not the presence of standards and assessment that is the problem, but rather the attitude (philosophy or theory of action) that underpins them, and their dominance (as when they become so heavily laden that they crush the system by their sheer weight)." – Michael Fullan

[8] Whitebook, M. (2003). Early Education Quality: Higher- teacher qualifications for better learning environments – A review of the literature. Berkley, CA: Institute of Industrial Relations at University of California, Center for the Study of Child Care Employment.

[9] Fullan, M. and Quinn, J. (2015). Coherence: The right drivers in action for schools, districts, and systems. Thousand Oaks, CA: Corwin Press and the Ontario Principals' Council..

While having learning standards and curriculum are key to quality programming as well, it is specifically in the use and implementation of these tools that they become meaningful. It is essential that caregivers and teachers have a depth of knowledge about the intense, rapid, and dynamic nature of child development and, as importantly, their role in supporting the healthy development of very young children during these critical years. This knowledge enables appropriate and successful implementation of supports such as learning standards/guidelines and curricula.

Culturally Appropriate Practice

It's important for all children but there is a special need to focus on diversity and culturally appropriate practice with infants and toddlers. Culture plays a significant role in how children develop, as it influences families' practices, beliefs, and goals for the development of their children. Therefore, it is important for early childhood professionals to know, recognize, and respond sensitively to the cultural and linguistic variations that families and children exhibit. Staff must build strong partnerships with families to understand their cultural norms and expectations. Cultural context can help teachers understand young children better and provide insight into their specific behaviors or developmental trajectories. In this respect, truly engaging with parents as partners is one of the key tasks of infant/toddler care providers. This can take many forms in the context of QRIS policies:

- Ensuring adequate staffing patterns and allowing time so that teachers and parents can engage with and talk to one another during transitions in and out of care. This is in addition to regular written communication and parent-teacher conferences.
- Ensuring that there are staff that speak the home language of families served in the program.
- Ensuring that staff have the skills and capacity to develop relationships with the parents of children in their care. (This is sometimes an overlooked and unexpected requirement of professionals working with babies.)
- Providing culturally appropriate activities and experiences that are responsive to children from diverse backgrounds.

INCLUSION: A PRIORITY IN ILLINOIS

Illinois has taken a very intentional approach to addressing the needs of special needs children within ExceleRate Illinois, its quality improvement system. With a substantial opportunity to profoundly impact the trajectory of a child's development in the first three years of life, this connection is especially important for very young children. ExceleRate has a subsection of requirements across all levels of the QRIS (1F. Teaching and Learning, Inclusion of Children with Special Needs).[1] At the highest level of quality, the Gold Circle, programs are required to have a Memorandum of Understanding (MOU) in place with their local IDEA Part C provider (Child and Family Connections agency). Programs must also have written policies and procedures describing how they support children with Individual Family Service Plans (IFSPs). At the Bronze and Silver Circles, a certain percentage of staff are required to have training on working with children with special needs. Within the Gold circle, at least one staff member in every classroom must have participated in the appropriate training.

Working with preverbal children and those in the earliest stages of acquiring communication requires a level of skill and knowledge outside of the core knowledge needed on child development. Teachers and caregivers must be able to discuss highly sensitive and culturally specific aspects of development. They must be trained to be excellent listeners, observers, and questioners, with an attitude of cultural humility, to make sure they are providing the sensitive and culturally appropriate care that all children need.

Discussion and Implications: Promising Approaches for Moving Forward

The movement to expand access to and quality of early childhood services over the last few decades has had an outsized focus on three-and-four-year-old ("preschool-aged") children. There are several reasons for this. The public is more familiar and used to the idea of "nursery" or preschool as a common practice and experience for three and four year olds. It is also both substantially less expensive and less difficult to care for preschoolers than infants and toddlers because of the challenges of working with preverbal children who are learning the most basic skills for functioning in our society. The complicated and nuanced nature of this care requires much smaller group sizes and increased caregiver-to-child ratios, substantially increasing the cost of the services since staffing is the main driver of cost. As the public and the field turn more focused attention to younger children, we must ensure that we are not simply pushing down strategies for preschooler care and education into care and education in the earliest years.

Until we see massive increases in investments for services, states will be forced to make difficult decisions about where to invest scarce dollars. Below is a set of questions to contemplate as states are considering sound investments. Being laser-focused on infants and toddlers and intentional about where we put funding to best support quality and what research tells us works with this unique population will help guide state leaders.

Dimension	Questions to Consider for Intentional Focus on Infants and Toddlers
1. Governance.	• Does the governance entity have appropriate depth of knowledge on how best to support infant/toddler quality care? • Are infant/toddler providers and experts engaged in providing input on and feedback about the quality improvement system?
2. Funding.	• Is adequate funding dedicated to support the needs of infant/toddler providers in the quality improvement system? • How is the "adequate funding" benchmark for infants and toddlers defined (i.e., at least two-thirds of all funding allocated for quality improvement system supports children under three as they are two-thirds of the ECE population **OR** based on a realistic cost model for serving 0-3) ? • How is it tracked? Who is accountable for ensuring adequacy?
3. Quality standards for programs and practitioners.	• Are the standards in the quality improvement system those that are most important for infant/toddler quality care? • Are there too many standards? Are there too few standards? • Are there standards that make sense for older children but not for children under three? • Are infant/toddler standards embedded at all levels of the quality improvement system and not just at higher levels? • To what extent do standards align with Early Head Start program standards? • How are professional competencies and knowledge specifically related to working with infants and toddlers addressed in the quality improvement system? Do requirements incorporate any state IT credentials or certifications? If not, how does the quality improvement system ensure staff have specialized knowledge and skills to support infant/toddler development? • Do curriculum requirements incorporate state infant/toddler early learning standards?

Dimension	Questions to Consider for Intentional Focus on Infants and Toddlers
4. Supports and infrastructure to meet quality standards.	• What supports are in place for providers BEFORE they are in the quality improvement system so that they can meet standards? What supports are in place only for those providers already in the system? • How is input and feedback regularly gathered from providers on what they want and need to support implementation of quality standards for babies and very young children? • Do supports include training specific to infants and toddlers, i.e., Infant/Toddler Credential or college coursework specific to infants and toddlers?
5. Monitoring and accountability.	• What percentage of time are programs spending complying with monitoring? • Are there multiple or redundant monitoring mechanisms across funding streams that are burdensome for programs? • Is the quality improvement system monitoring well integrated at the systems level to avoid redundancy? • Are monitors specially trained in best practices of infant/toddler caregiving and settings?
6. Financing quality standards.	• Is funding available before a provider is "in" the quality improvement system to help the provider attain quality standards? • Is there tiered funding associated with different levels in the QRIS? How is that amount of funding determined? Does that structure incentivize or disincentivize providers to provide care for infants and toddlers?
7. Engagement and outreach.	• How is outreach and education to providers conducted that specifically targets those that care for infants and toddlers? • How are parents educated and engaged in what quality care looks like for infants and toddlers in the context of the quality improvement system? • How is the general public being educated about development in the first three years of life to build ongoing support investments in the quality improvement system for children under three?

Compensation

While compensation is a substantial issue in early care and education overall, the issue is particularly acute for those caring for and educating children under age three. Those caring for infants and toddlers face a wage penalty as compared with those working with preschool-age children.[10] Frequently, a position working with the youngest children is seen as entry level in the ECE field. Educational qualifications are usually lower for those working infants and toddlers than those working with preschoolers. As a result of lower qualification requirements, coupled with the higher expenses of adequately staffing infant/toddler classrooms, those working with infants and toddlers make even less than those working with preschool-age children. This presents a substantial challenge for the field. As qualifications and compensation for preschool teachers increase, it is imperative that IT providers be required to have qualifications that reflect the unique knowledge and skills required to work with our youngest children and their families and, more importantly, that these providers are well compensated for the specific and nuanced work needed to support healthy development of babies. If these positions are seen as entry level, increasing turnover will exacerbate quality issues in IT classrooms. The research clearly shows that having consistent and stable caregivers is key to quality in IT classrooms.[11]

[10] Austin, L.J.E. (2018). Supporting the Infant Toddler Workforce: A Multipronged Approach is Urgently Needed. BUILD Initiative Blog. Retrieved from: https://www.buildinitiative.org.

[11] McMullen, M.B. (2018). The Many Benefits of Continuity of Care for Infants, Toddlers, Families, and Caregiving Staff. Young Child. National Association for the Education of Young Children (NAEYC). Retrieved from: https://www.naeyc.org.

Higher Education

As the field works toward increasing the numbers of well-qualified IT professionals, we must also ensure the maintenance of a diverse workforce, one of the key strengths of the field. Just as quality improvement system policies must be closely aligned with existing workforce policies and systems, policymakers must work closely with two- and four-year institutions of higher education (IHEs). The challenge is two-fold: those currently in the field need access to higher education opportunities, which most are interested in accessing, and there must be adequate coursework available in IHEs that is specifically focused on children under age three. There is currently a gap in the availability of infant-toddler-specific coursework in IHEs.[12] When policies are created that require infant-toddler-specific knowledge and skills, IHEs have been responsive to those policies. Those in the field can and have been successful at attaining additional qualifications when comprehensive and targeted approaches are available.

[12] Austin, L.J.E., Whitebook, M. & Amanta, F. (2015). Challenges and Opportunities for Including Coursework on Infants and Toddlers in Higher Education Degree Programs. Center for the Study of Child Care Employment, Institute for Research on Labor and Employment, University of California, Berkeley. Retrieved from: https://earlyeducatorcentral.acf.hhs.gov/

State Examples

NORTH CAROLINA, A MULTI-PRONGED APPROACH

North Carolina has developed and is in the process of implementing several initiatives to improve the quality of infant/toddler care in the state in conjunction with its quality improvement system.

AWARD$ is a statewide wage supplement program for caregivers with at least an associate degree, up to a doctorate degree, working in classrooms with infants, toddlers, and two year olds at least 35 hours a week. To be eligible, individuals must have worked in a center at level three, four, or five of the QRIS for at least six months. The wage supplement is for individuals who make less than $18 per hour and awards range from $2,000 to $4,000 annually. Individuals apply and, if determined eligible, receive payments in six-month increments.

NC Infant/Toddler Quality Enhancement Project is intended to improve the quality and availability of infant/toddler care throughout the state. A statewide project manager, working in a private agency, provides leadership and oversight to 21 Infant/Toddler Specialists who are housed in lead regional child care resource and referral agencies throughout the state. Programs are eligible for technical assistance and training if they serve infants and toddlers receiving child care subsidies; those programs must have a three or above in the QRIS. All IT Specialists are certified in WestEd's Program for Infant/Toddler Caregivers (PITC). Programs that request assistance from an IT Specialist receive a program assessment to determine the specific needs of the program. IT specialists work with both teacher/caregivers AND administrators to ensure that practice change and improvement is systemic and supported at all levels. Specialists use practice-based coaching (PBC) strategies with site-based staff and connect and provide trainings as determined necessary through the initial assessment.

NC Babies First (NCB1) is a quality enhancement project developed by Child Care Services Association, Inc. modeled after a Race to the Top-Early Learning Challenge pilot project. NCB1 supports increased quality in infant/toddler classrooms by providing funding and ongoing intensive technical assistance, and monitoring progress toward increased quality and best practice. The federal Preschool Development Grant (PDG) Planning Grant provided the funds and time to purposefully start-up NCB1. Funding from the full PDG will provide ongoing support to maintain high-quality care that includes:

- Reduced staff-to-child ratios.
- Increased teacher education requirements.
- Scheduled teacher planning time.
- Family engagement and involvement including home visits.
- Minimum requirements for teacher compensation to increase salaries.
- Ongoing use of appropriate curriculum and developmental assessment.
- Enrollment developmental screening and referral if indicated.

These quality improvements promise to create stability for young children by establishing a workforce of teachers who are not only educated and committed to care but able to afford to stay with our youngest students. Programs must be at a level five in the QRIS to participate. Approximately 32 classrooms will be recruited with approximately 300 children impacted. Once full funding is achieved, children will experience more continuity in teachers and teachers will experience ongoing technical support from the team of Infant/Toddler Program Specialists. The project serves as a model for supporting high-quality infant/toddler care and is anticipated to become a standard statewide over the next few years. Additional funding is required to continue the high-quality care established.

State Examples

WASHINGTON D.C., SUPPORTING THE TRUE COST OF QUALITY

The Birth-to-Three for All DC Act of 2018 requires the Office of the State Superintendent of Education (OSSE) to determine subsidy program reimbursement rates for infant/toddler child development centers and homes based on a cost-modeling analysis that takes into account the true cost of providing care based at different levels of the D.C. quality improvement system, Capital Quality. The District used an interactive cost-modeling approach detailed in its report, *Modeling the Cost of Child Care in the District of Columbia 2018*.[13] The cost model takes into account:

- Quality rating under the Quality Rating and Improvement System (QRIS).
- Type of facility and licensed capacity.
- Number and age of children and number of classrooms.
- Proportion of subsidy participation and subsidy reimbursement rate.
- Proportion of children served or eligible for Early Head Start.
- Proportion of children served who have special needs.
- Application of the compensation scale, including benefits, at different stages of the phasing-in process.
- Adequacy of specialized professional services for children with special needs.
- Participation in a shared service alliance, including the Quality Improvement Network (QIN).
- Location in, or adjacent to, an area of concentrated poverty.

By October 1, 2019, and annually thereafter, OSSE must reimburse providers at the cost of care as determined by the most recent cost-modeling analysis. The ultimate goal is for a typical provider to have sufficient funding to operate a quality program. This approach meets the federal requirements of the CCDBG Act by routinely modeling the costs associated with the delivery of child care by using an alternative rate-setting methodology, as opposed to a market-rate-based approach to rate setting. It recognizes that provision of child care, especially for infants and toddlers, represents a classic market failure that results in care being provided on the backs of already vulnerable providers. This methodology serves to evaluate the gap between costs and payment rates as part of a strategic, long-term approach to rate setting that supports equal access to care. The cost-modeling approach supports the following long-term, systemic goals:

- Deepen stakeholders' and policymakers' understanding of the variances between price and the cost of delivering care, information which supports the setting of rates.
- Identify the fiscal impact of DC's licensing regulations and QRIS standards and requirements.
- Identify key cost drivers that cut across all QRIS designations.
- Carefully explore differential costs and revenues between programs that serve primarily (or exclusively) infants and toddlers and those that serve primarily (or exclusively) three-and-four-year-old children.
- Use this information to test a range of alternative rate-setting and policy recommendations with a clear understanding of the fiscal impact of these decisions.

Additionally, OSSE developed a competitive lead teacher and teacher assistant compensation scale for child-development homes and centers. The salary scale is required to be equal to the average salary of a D.C. charter elementary school teacher with the equivalent role, credentials, and experience and include similar options for health coverage, retirement, and vacation, holiday, and sick leave. The compensation scale will be phased into the cost model so that reimbursement rates cover full compensation parity for lead and assistant teachers by fiscal year 2021. There are approximately 1,750 early childcare workers in the District.

[13] Office of the State Superintendent of Education, District of Columbia. (2018). Modeling the Cost of Care in the District of Columbia. Retrieved from: https://osse.dc.gov/.

State Examples

GEORGIA QUALITY-RATED SUBSIDY GRANTS: IMPROVING QUALITY, AND INCREASING AND STABILIZING FUNDING

Georgia developed the Quality Rated Subsidy Grants (QRSG) as a new child care subsidy delivery model to increase the quality and supply of, and access to, child care slots for young children birth-Pre-k entry. It was piloted in 2015 through 2017 with funds from the federal Race to the Top-Early Learning Challenge grant; it is currently funded through the CCDBG.

Participating programs are required to be in "Quality Rated" (the GA Quality Rating and Improvement System) at the second or third level (out of a total of 3 levels). Programs in targeted counties apply for grants which require improvements in quality, including: lower teacher/child ratios, participation in training and technical assistance opportunities, and determination of family eligibility onsite. Programs that score well on the application receive a year-long grant, as opposed to fee for service vouchers, to fund a specific number of high-quality slots at a rate 35% above the base for subsidy slots. This allows providers to have predictable and stable subsidy funding and creates an opportunity for closer relationships between child care providers and families.

ILLINOIS INFANT/TODDLER AWARD OF EXCELLENCE: RAISING THE BAR FOR QUALITY[14]

While currently the Awards of Excellence are on hiatus, when they are actively being awarded, any program that has achieved the Gold Circle, the highest level in ExceleRate Illinois, can apply. To apply, programs must demonstrate how they are serving the full spectrum of children from six weeks to three years of age, which includes a minimum of two classrooms for this age range. Programs may be able to apply for the award if they only serve children age 15 months and older, with special permission. Approval for the award is based on this three-step process:

(a) Self-Study, to include completion of a self-assessment that documents attainment of the standards, including completion of the Infant/Toddler Environmental Rating Scale with attainment of identified scores. Self-Study must include a program portfolio with program-selected supporting documentation demonstrating standards being met.

(b) Peer Review of portfolios from those programs that believe they have met the stated standards, including achieving the minimum scores on the self-assessment tools.

(c) Upon recommendation by the committee, an on-site verification by a state-approved assessor to determine whether the program had met all standards, including achieving the minimum scores on the tools utilized in the Self Study, may be required.

[14] https://www.excelerateillinoisproviders.com/overview2/awards-of-excellence/infant-and-toddler-services.

Conclusion

One of the most important things the field can do for babies is build political will for the funding needed to support ongoing efforts to provide quality care for families during the first three years of life. We now live in a nation in which 67 percent[15] of households have all available parents in the labor force. In order to support these families, their employers, and communities, a dramatic increase in the availability of quality care for our babies is needed.

Science and applied research are also very clear on how to do this critical work and we have providers that are willing and able to do it with the right supports. The Federal Department of Health and Human Services (DHHS), Office of Head Start (OHS) received nearly 500 highly competitive applications for the 2018 Early Head Start Child Care Partnership grant and could only fund 18 percent of those applications. Clearly there are programs across the country ready to step up to provide high-quality care for children under three. We must gather and build the political will to financially support these programs.

Additionally, parents of babies and toddlers need targeted information about what quality looks like for this age group. Common misconceptions include mistaking preschool-like settings and/or lots of expensive equipment for quality. It is very hard to judge if a relationship is a quality relationship, particularly for those without any training. State and local resource-and-referral networks can play an important role in helping parents truly understand the unique developmental nature and needs of the infant/toddler period as requiring things distinct from preschool classrooms and settings. This initial point of connection to formal care for young children presents the opportunity to foster meaningful parent engagement right from the start.

There is much opportunity for change and innovation with regard to how to best support babies in quality improvement systems as made clear by the many states that are actively engaged in developing and implementing strategies to support our very youngest.

[15] Kids Count Data Center. (2016).

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ADDITIONAL REFERENCES AND TOOLS

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- Supporting Babies Through QRIS: Inclusion of Infant and Toddler Quality Standards (2015)
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- Caring for Our Children: National Health and Safety Standards; Guidelines for Early Care and Education Programs. The National Resource Center (NRC) for Health and Safety in Child Care and Early Education.
- Early Childhood Higher Education: Taking Stock Across the States: Lack of Focus on Infant Toddler Coursework.
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Build
INITIATIVE
Strong Foundations For
Our Youngest Children
QRIS
National Learning Network