



QRIS and Quality Improvement Initiatives as a Mechanism of Consumer Education

The quality rating and improvement system (QRIS) structure was designed by states to evaluate and strengthen the level of quality of early child care programs and communicate these findings in an understandable way (Office of Child Care, n.d.). The QRIS structure uses a system of rating programs that includes a ranking of stars, levels, or steps from 1 to 4 or 5. This type of rating system provides an independent evaluation of key quality indicators and information that can be very helpful to parents when they initially look for programs for their child. Quality ratings can also give parents critical information that may not be discernable during a visit, including specific details related to the care of infants and toddlers.

A state or territory's consumer education system can provide parents with a guide for which standards within the QRIS support higher quality for infants and toddlers. Examples of those standards include the following:

- ◆ Ratios and groups sizes that will support individualized and primary caregiving;
- ◆ Program policies that support primary caregiving;
- ◆ Safe sleep practices, breast feeding support and individualized sleeping and feeding schedules for infants;
- ◆ Education and qualifications of caregivers that are specific to infant and toddler development;
- ◆ Age grouping of children and caregiver assignments that supports continuity of care (that is, a continuous caregiver for the first 36 months for all entering infants and toddlers);
- ◆ Caregiving routines that reflect children's cultures and home languages;
- ◆ Responsive curriculum or care program specifically designed for infants and toddlers;
- ◆ Physical environments that provide spatial arrangements, sensory learning experiences, age-appropriate materials and furniture, interest areas, and soft surfaces to support infant and toddler learning;
- ◆ Training on early learning and development guidelines for infants and toddlers, including implementation requirements;
- ◆ Developmental screening and assessments and individualized care;
- ◆ Program policies on positive behavioral guidance for infants and toddlers;
- ◆ Provision of high-quality care for infants and toddlers with special needs;
- ◆ Provision or identification of resources for families specific to infant and toddlers needs;
- ◆ Training, program policies, and practices that promote health and safety for infants and toddlers (for example, age-appropriate materials, diapering procedures, safe sleep practices, regular toy and equipment sanitation, appropriate hand-washing techniques, appropriate nutrition and physical activity, and others); and
- ◆ Family engagement that supports two-way communication, including parent meetings; daily communication regarding children's routines; opportunities for interaction, volunteering, and input on curriculum and policy making; written communication; and educational opportunities (Mayoral, 2013; Office of Child Care, 2014).

Families may not always find these standards easy to understand when they are considering QRIS ratings of specific programs. It is helpful if the information is provided through websites and written materials and is also explained by people who come in contact with families when they seek child care or child care assistance (for example, staff at child care resource and referral (CCR&R) agencies, subsidy assistance agencies, home visiting programs, and child care programs). Therefore, it is recommended that stakeholders think broadly about the different audiences for the consumer education QRIS materials. The key partners to the state or territory's child care agency may need consumer education tools designed specifically to help them support parents' understanding of the information in the QRIS standards.

If the state or territory does not have a QRIS, there are may be other strategies to help programs improve their quality. Consider what those strategies are, how they improve quality, and how they are communicated to families, child care providers, and partner. This would include giving child care providers materials and mechanisms that help them communicate with families how they are using these strategies to improve their quality of care. Examples of those strategies include the following:

- ◆ National Accreditation
- ◆ Career lattices, workforce registries, or other mechanisms to communicate the qualifications of caregiving staff;
- ◆ State credentials in infant and toddler care;
- ◆ Scholarships to support continuing education;
- ◆ Training on early learning and development guidelines for infants and toddlers;
- ◆ Training specific to health and safety (for example, safe sleep, medication administration, prevention and response to emergencies due to food and allergic reactions, prevention of shaken baby syndrome and abusive head trauma, emergency preparedness and response planning for emergencies, handling and storage of hazardous materials, safe transportation of children, first aid, and cardiopulmonary resuscitation (CPR));
- ◆ Education and training in care of children with special needs;
- ◆ Education and training specific to developmental screening, assessments, and individualized care;
- ◆ Education and training in culturally responsive care;
- ◆ Training on how to use specific programs that support families (for example, Strengthening Families, the Mind in the Making Project, the 30 Million Words Initiative, nutrition and physical activity programs, and others); and
- ◆ Program use of special resource staff to support caregiving (for example, social-emotional specialists, health consultation specialists, and home visiting specialists).

Useful Resources

The following resources can help states territories, and tribes identify quality standards that support higher quality infant and toddler care:

- ◆ The 2014 QRIS Online Compendium is a catalog and comparison of QRIS that allows stakeholders to create a report on the features specific to infants and toddlers in existing QRIS; <http://qriscompendium.org/>.
- ◆ *Comparison of State Licensing and QRIS Standards for Infants and Toddlers in Child Care Centers: Learning Environment, Developmental Domains, and Assessment (2014) by the National Center on Child Care Quality Improvement*; https://childcareta.acf.hhs.gov/sites/default/files/public/learningenv_assess_standards.pdf.



- ◆ *Comparison of State Licensing and QRIS Standards for Infants and Toddlers in Child Care Centers: Family Engagement* (2014) by the [National Center on Child Care Quality Improvement](#); https://childcareta.acf.hhs.gov/sites/default/files/public/family_engagment_standards.pdf.
- ◆ *Comparison of State Licensing and QRIS Standards for Infants and Toddlers in Child Care Centers: Health Services, Nutrition, and Disabilities* (2014) by the National Center on Child Care Quality Improvement; https://childcareta.acf.hhs.gov/sites/default/files/public/health_disabilities_standards.pdf.
- ◆ *Family Engagement in QRIS Brief and Accompanying State and National Tables* (2016) by Child Care Aware of America; <http://usa.childcareaware.org/advocacy-public-policy/family-engagement/family-engagement-in-gris/>
- ◆ *Head Start Emergency Preparedness Manual: 2015 Edition* by the Office of Head Start; <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/head-start-emergency-prep-manual-2015.pdf>

References

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