

Supporting Babies Through QRIS



Inclusion of Infant and Toddler Quality Standards

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The ZERO TO THREE Policy Center is a nonpartisan, research-based, nonprofit organization committed to promoting the healthy development of our nation's infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at:

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Preface

This document presents a national review of states' and jurisdictions' Quality Rating and Improvement Systems (QRIS) [that have been implemented statewide](#), focusing on how these systems can include standards that explicitly address the needs of infants and toddlers. This publication is a “living document” because states' and jurisdictions' QRIS differ in terms of level of completion, and many are undergoing continuous revisions as a result of pre- or post-implementation evaluation efforts.

The former National Infant & Toddler Child Care Initiative (NITCCI), funded by the Office of Child Care and operated by ZERO TO THREE, was created to help Child Care and Development Fund administrators improve the quality and supply of infant-toddler child care. In 2011, NITCCI conducted a review of existing statewide QRIS, which revealed that indicators addressing the quality of care for infants and toddlers were largely absent. Now, the ZERO TO THREE Policy Center offers a more recent scan of the evolving QRIS landscape and documents the progress made thus far to include standards and supports to meet the needs of children from birth to age 3.

To continue to improve the quality of early care and education programs across the United States, federal, state, and local governments have increased their emphasis on standards, accountability measures, provider support, financial incentives, and parent/consumer education efforts. As a result, QRIS are gaining attention exponentially and have become a “framework to support quality in a systemic way.” In April 2011, only 24 states and jurisdictions had developed and implemented a QRIS. By October 2013, 45 states and jurisdictions had taken steps to implement a QRIS (37 states and jurisdictions have launched statewide standards for a QRIS; two states and jurisdictions have launched regional standards for a QRIS; and six states and jurisdictions are in the process of developing a QRIS or have completed a pilot). In the remaining states and jurisdictions, 10 are undergoing a QRIS planning process (including conversations among key stakeholders and development of strategic plans), and one state requires legislative action in order to move forward.

This document is part of the ZERO TO THREE Policy Center’s [Supporting Babies Through QRIS](#) series, developed to help ensure that QRIS are supporting the needs of infants and toddlers. Complementary documents in this series include:

- [Implementation Status and Tools in US States and Other Jurisdictions](#)- A national scan of the operational status of U.S. states’ and jurisdictions’ QRIS, as well as links to their QRIS standards and tools
- [A Self-Assessment Tool for States](#) –Tool for states and jurisdictions to identify the strengths, opportunities, and gaps in a coordinated system of quality improvement for programs serving infants and toddlers

The intended audience for these documents includes professionals involved in the development, administration, and implementation of QRIS who would like to learn more about QRIS standards and supports in other states and how they can be created or modified to purposefully support infants and toddlers.

Please note that, given the changing nature of QRIS tools and the fact that standards are not the only means used to evaluate all supports in place for infants and toddlers, the sample tools and corresponding links showcased in this document are only meant to present a picture of how states and other jurisdictions have structured their QRIS standards and the components that they have included.

Introduction

Research suggests that high-quality care and learning programs that begin early in life have the potential to improve developmental outcomes as well as close gaps in educational achievement. The health and development of young children is directly influenced by the quality of care and experiences they have with their families and caregivers. In the United States, 6 million infants and toddlers are in out-of-home care settings, with approximately half of children under 3 years spending 25 hours a week in care with someone other than their parents or families. The most recent national study found that, for 75% of these infants and toddlers, the quality of care they receive in these settings is low or mediocre. In an attempt to ensure that programs are delivering high-quality services for young children, many states and jurisdictions are developing QRIS to measure or assess the quality of early care and learning programs and provide supports for quality improvement (such as professional development, incentives, and funding). For infants and toddlers, research is showing that relationships, continuity, and curriculum are principal indicators of quality, not just structural features such as physical environments and teacher qualifications. In other words, QRIS need to balance measuring the learning process with measuring structural features. Furthermore, the QRIS tools and measures need to be developmentally, linguistically, and culturally competent as well as capture how language and culture can affect interactions between children, families, and providers.

Purpose and Goals

QRIS ratings may be used (1) to increase parent and consumer education about which programs meet defined levels of quality and (2) to increase providers' upward mobility across levels of quality by aligning program funding with quality ratings. If implemented in a purposeful way, QRIS can also help accomplish the goals laid out in the federal [Race to the Top—Early Learning Challenge](#) grant:

- 1. Increase the number and percentage of low-income and disadvantaged children in each age group of infants, toddlers, and preschoolers who are enrolled in high-quality early learning programs.*
- 2. Design and implement an integrated system of high-quality early learning programs and services.*

Scores and Rating

Currently, most QRIS assign a score or rating to each program based on a number of quality standards, indicators, and/or criteria, which vary across states and jurisdictions. Some states and jurisdictions tier their QRIS standards to progressively measure different levels of quality, some use a point system, and some use a combination of both points and quality levels (typically a system of tiers or blocks). Some states and jurisdictions set their baseline standards, or “floor of quality,” using their licensing criteria. Providers and programs that are licensed or meet the state’s or jurisdiction’s licensing criteria will sometimes be ranked at the first or initial level of quality. Other states and jurisdictions don’t rate programs that only meet the licensing standards but instead consider licensing to be the first step in qualifying to participate in the QRIS. The standards then become more rigorous as programs seek to improve quality and achieve a higher rating in the QRIS. For example, health and safety standards are usually addressed in licensing regulations. However, given challenges in changing statutes, some states are using QRIS as a means of increasing the quality of health and safety policies and practices.

Participation and Incentives

Some states and jurisdictions treat QRIS as a separate initiative from licensing and do not require or mandate participation. The voluntary nature of some QRIS has resulted in overall lower participation rates. In these cases, the effects of QRIS are limited, because the overall quality of early care and education programs in a state or jurisdiction might not be raised if enough programs are not participating. Ultimately, the goal of a QRIS is that all programs meet the highest standards in the field. Being able to achieve these higher standards generally places a program in the highest tier of a state QRIS. In order to support an upward progression along the quality continuum as well as continuous quality improvement, it is important for states and jurisdictions to consider making investments in developing supports and incentives for providers.

For professionals working with infants and toddlers, some states and jurisdictions have created dedicated funding streams that help support programs to maintain lower adult-to-child ratios and other quality standards. Other QRIS include tiered subsidy systems that provide incentives for providers, including those caring for infants and toddlers. Because many QRIS include regular assessments and renewal procedures, a program’s level of quality will depend on its ability to institutionalize policies and practices that reflect best practices.

Standards and Program Assessment Tools

In QRIS, quality standards provide the basis for program ratings. These standards usually include measures that directly impact infants and toddlers, such as (1) teaching and learning, (2) family engagement, (3) professional development and staff qualifications, and (4) health and safety. These broad categories are subdivided into more specific subcategories, such as daily interactions and relationships, physical learning environments, developmental screening and assessments, curriculum, children with special needs, environmental safety and

physical health, nutrition, and physical activity. When considering the needs of infants and toddlers, states and jurisdictions need to place specific attention on standards that address the unique needs of this age group.

Because QRIS are an essential component in the development and implementation of comprehensive, coordinated early childhood systems, they must be organized in ways that intentionally support the unique needs of infants and toddlers, our nation's youngest and most vulnerable children. Development of QRIS standards offers an opportunity to systemize the provision of comprehensive services, including early care and education, health and developmental screening, family engagement, and linkages to needed services for infants, toddlers, and their families. QRIS can also provide overall enhancements, such as professional development for the infant-toddler workforce, infant-toddler specialists to offer technical assistance to providers, and financial supports for improving quality. States and jurisdictions are also increasingly aligning QRIS with their Infant-Toddler Early Learning Guidelines (I-T ELGs), which identify what young children should know and be able to do.

QRIS standards often use program assessment tools to establish each child care program's rating. States may also specify which program assessment tools that programs may use to aid their continuous quality improvement. These tools can be wholly or partially specific to the children's age range. If states use program assessment tools to establish child care programs' ratings, items contained in the tools are not necessarily duplicated in the standards themselves. Some of the program assessment tools being used within QRIS include, but are not limited to:

- Environmental rating scales:
 - [Infant/Toddler Environment Rating Scale, Revised Edition \(ITERS-R\)](#) – focuses on infant-toddler learning environments for center-based settings
 - [Family Child Care Environment Rating Scale, Revised Edition \(FCCERS-R\)](#) – focuses on learning environments for family home-based settings
- [The Classroom Assessment Scoring System™ \(CLASS™\) for Toddlers](#) – focuses on interactions: emotional and behavioral support as well as engaged support for learning
- [The Program Assessment Rating Scale \(PARS\)](#), part of the Program for Infant/Toddler Care (PITC) developed by WestEd – focuses on responsive, caring relationships with infants and toddlers
- [Program Administration Scale \(PAS\)](#) – looks at overall program administration but evaluates areas that specifically impact infants and toddlers, such as child assessment, program planning and evaluation, family partnerships, and staff qualifications

Additional tools for infants and toddlers are in development, including:

- [The Classroom Assessment Scoring System™\(CLASS™\) for Infants](#) – focuses on describing the quality of interactions between caregivers and infants and the extent to which caregivers enable infants to learn about their environment (expected release in 2014)
- [Head Start's Quality of Caregiver-Child Interactions for Infants and Toddlers \(Q-CCIIT\)](#) –focuses on the quality of caregiver-child interactions within varied non-parental care settings and should be appropriate for use with diverse populations, such as children with disabilities and children whose home language is not English

Supports for Infants and Toddlers

QRIS designed to help promote the unique developmental needs of infants and toddlers should include standards and supports specific to their care and learning, including:

- Infant-toddler-specific professional development for caregivers
- Approved curricula or learning approaches specific to infants and toddlers
- Better adult-to-child ratios and smaller group sizes for infants and toddlers
- Physical space requirements to promote infant and toddler physical development and provide sensory and learning experiences
- Regular communication with parents regarding routines such as feeding and sleeping
- Assignment of a primary caregiving system, as well as policies and procedures that promote continuity of care
- Partnerships with the state's Part C Early Intervention system and other services for infants, toddlers, and their families

Considerations for Infants and Toddlers

- Standards should explicitly address aspects of quality related to promoting the healthy development of infants and toddlers.
- Standards of quality should reflect the critical needs of infants and toddlers throughout all levels of the system.
- Standards should be inclusive of all legally operating child care settings, including home-based care.
- Standards should be based on and tied to evidence-based research and best practices in infant and toddler care.

Document Description

The following table presents a list of categories of standards frequently addressed in QRIS: (1) teaching and learning, (2) family engagement, (3) professional development and staff qualifications, and (4) health and safety. These broad categories are subdivided into various subcategories: daily interactions and relationships, physical learning environments, developmental screening and assessments, curriculum, children with special needs, environmental safety and physical health, nutrition, and physical activity. For each subcategory, the table includes corresponding considerations for infants and toddlers, as well as selected state examples (from states that have implemented statewide standards) and sample standards that address infants and toddlers.

Please note that the examples of standards provided in this table are meant to show ways in which states address typical categories within a QRIS; they are not necessarily representative of best practices for infants and toddlers. Given the changing nature of QRIS tools and the fact that standards are not the only means used to evaluate all supports in place for infants and toddlers, these examples are intended only to provide some initial ideas of how standards can directly address the needs of infants and toddlers. The list is not exhaustive. General standards meant to support the development of children of all ages, including infants and toddlers, are not included in this table. Our intent here is to showcase standards that specifically address infants and toddlers. These examples might also facilitate discussion among states about how better to address the needs of very young children as they refine their QRIS. Also, as noted before, some states and jurisdictions use their licensing regulations to set the floor of quality and include baseline standards that are specific to infants and toddlers. Often, if a standard is covered in the state licensing regulations, it is not repeated in the QRIS standards. Some states and jurisdictions also might include or reference other systemic supports, such as the inclusion of I-T ELGs or career lattices that include a specialized track for professionals working with infants and toddlers.

This document focuses on quality standards, but QRIS should be seen as a framework to support numerous activities to improve the quality of early care and learning programs. For more details, see [Supporting Babies Through QRIS: A Self-Assessment for States](#), which takes a more comprehensive look at the components of QRIS as they relate to infants and toddlers. The self-assessment tool specifically helps states and jurisdictions: (1) assess their current status and (2) plan strategically to further enhance their QRIS standards and supports so that they intentionally promote the learning and development of infants and toddlers.

Inclusion of Infant and Toddler Quality Standards

Typical Categories	Typical Subcategories	Special Considerations for Infants and Toddlers	Examples of Standards Addressing Infants and Toddlers <i>(The text in parentheses indicates what level the standard affects in QRIS.)</i> <i>NOTE: Examples area drawn only from the pool of states that have launched statewide standards and that have implemented their QRIS systems. The list is not meant to be exhaustive.</i>
Teaching & Learning	Daily Interactions & Relationships NOTE: Some states and jurisdictions use the PITC PARS or the CLASS™ self- or independent assessment scores to evaluate this category in their QRIS and/or use specific scores as cut-offs to progress from one level of quality to the next. Therefore, considerations for this section might not appear in QRIS standards because they might be measured using these assessment tools.	Daily interaction and relationship standards should include those that help programs implement best practices specific to the needs of infants and toddlers, such as: <ul style="list-style-type: none"> • Policy specifies that infants and toddlers should experience responsive caregiving – sensitive, caring, and dependable interactions with consistent adult caregivers • Policy promotes continuity of care or ensuring limited transitions within the child’s first 2 years (e.g., PITC’s Exploring Primary Caregiving and Continuity of Care training) • Policy requires the assignment of a primary caregiver (e.g., PITC’s Exploring Primary Caregiving and Continuity of Care training) • Policy limits or prohibits TV/screen time (as per American Academy of Pediatrics recommendation for children under 2 years old) • Policy on guidance and discipline while working with infants and toddlers (e.g., policy on how providers will handle issues such as tantrums, biting, or naptime in an individualized and developmentally appropriate manner; PITC’s Guidance & Discipline with Infants and Toddlers in Group Care training) • Policy promoting the examination of the influence of individual differences in temperament and strategies for being responsive to infants and toddlers with different temperaments in group care (e.g., PITC’s Temperament: A Practical Approach to Meeting Individual Needs training) 	IN: “Specific Infant/Toddler indicators must include: 1. Infants are frequently held and comforted when crying; 2. Infants are given one-to-one attention during feeding and diapering; 3. Caregivers engage in many one-to-one face-to-face interactions with infants/toddlers, including singing and playful interactions; 4. Caregivers acknowledge infant/toddler babblings with a verbal response, vocal imitation or physical gesture; 5. Caregivers engage in conversation with toddlers; 6. Caregivers give toddlers simple words to use to express feelings. Verbal toddlers are then encouraged to use words in conflict situations.” <i>(Requirement in order to progress into “Licensed Child Care Home Level 2” & “Licensed Child Care Center Level 2”; Level 1 is considered equivalent to meeting licensing standards)</i> MT: “A written staffing plan is in place assuring continuity of care (including a plan for substitute staff situations), appropriate adult-to-child ratios, appropriate group size, and that children are benefiting from having primary caregivers. Every individual child has a primary caregiver assigned to him or her for a significant portion of the time the child is in attendance.” <i>(Requirement in order to progress into Star 2 level under “Staff/Caregiver-to-Child Ratio & Group Size” – Family/Group Matrix & Center Matrix)</i> NY: “Program promotes the quality and continuity of teacher-child relationships through teacher training, teacher scheduling, or other policies such as ensuring no more than one transition within the child’s first two years.” <i>(Awards 6 of 15 possible points under “Transitions” – Center/School-based early care and development programs)</i> MD: “No screen time for children under 2 years of age, and limited use of television or computers when not directly related to learning experiences.” <i>(Requirement for Level 2 under “Developmentally Appropriate Learning and Practice” – Child Care Center standards; Level 1 is considered equivalent to meeting licensing standards)</i> NY: “Program has a policy that details the use of TV/video for children, including that TV/video is never used during nap and meal time or for children birth to age 2.” <i>(Awards 2 of a possible 8 points in “physical well-being and health” – Center/School and Family-based early care and development programs)</i>

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Teaching and Learning	Physical Learning Environment NOTE: <i>Some states and jurisdictions use the ITERS-R or the FCCERS-R self- or independent assessment scores to evaluate this category in their QRIS and/or use specific scores as cut-offs to progress from one level of quality to the next. Therefore, considerations might not appear in QRIS standards because they might be measured using these environmental rating scales.⁸</i>	Physical learning environment standards should include those that are specific to infants and toddlers, such as: <ul style="list-style-type: none"> • Designing enriched, high-quality infant-toddler learning environments (e.g., those defined by National Association for the Education of Young Children (NAEYC accreditation criteria or Head Start Performance Standards for Early Head Start)) • Use of environmental rating scales that include specific indicators or are especially designed to measure the quality of environments for infants and toddlers (e.g., ITERS-R and FCCERS-R) • Special “interest areas” targeted for infants and/or toddlers and with materials that are developmentally appropriate and will stimulate early development (e.g., cloth books suitable for oral exploration as well as to promote early literacy and fine motor skills) • Spaces arranged in a manner that allows infants and toddlers to explore their environment independently yet with scaffolding of adult if needed (e.g., low, open shelves where children can choose books or materials on their own, without needing direct assistance) • Age-appropriate furniture that matches child’s size and needs (e.g., high chairs for babies and appropriately sized chairs and tables for toddlers to engage with other children and caregivers in group settings) • Soft surfaces for infants and toddlers (e.g., rug so they can explore without risk of potential injury and soft toys and materials for younger children to “cuddle”) • Outdoor playtime is provided to infants and toddlers (e.g., Go NAP SACC [Nutrition and Physical Activity Self-Assessment for Child Care] Outdoor Play & Learning self-assessment) 	<p>IN: “Specific Infant and Toddler indicators include: 1. Materials are organized consistently on low, open shelves for independent use by children; 2. Materials are sturdy and in good condition; 3. Enough materials to avoid problems with children making the same toy choice and waiting; 4. A variety of open-ended, washable toys, which might include rattles, teethers/rings, balls, pop beads, nesting toys, containers, cuddle toys, push/pull toys are available; 5. Furniture adapted for toddlers is available; 6. Low, stable furniture is available for children to pull themselves up; 7. Soft, washable elements, such as cuddle toys, soft furniture or cushions.” <i>(Required in order to progress into “Licensed Child Care Home Level 2 & Licensed Child Care Center Level 2”; Level 1 is considered equivalent to meeting licensing standards)</i></p> <p>MN: “Blocks that are developmentally appropriate for infants and toddlers such as soft blocks, cardboard blocks, large colored cubes, hard and soft plastic blocks. Dramatic play materials are available and within easy reach of infants and toddlers. Play materials are representative of various cultural and ethnic groups of the children receiving care, and of the community.” <i>(Environment Self-Assessment Checklist – Blocks and Dramatic Play – Family Child Care)</i></p> <p>NY: “Program provides infants daily opportunities to move freely under adult supervision to explore indoor and outdoor environments, including tummy time when awake.” <i>(Awards 1 out of 8 possible points under “physical well-being and health” – Center/school-based early learning and development programs)</i></p> <p>TX: “Infants Only 1. For each group of infants 0 through 17 months, the provider makes sufficient equipment accessible to accommodate sleeping, diapering, and feeding.” <i>(Awards 1 point out of 10 under “Physical Environment” – All measures must be met in order for assessment to continue)</i></p>

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Teaching & Learning	Developmental Screening & Assessments	<p>Developmental screening and assessment standards should include those that are specific to infants and toddlers and promote the healthy social-emotional development of children and early intervention through:</p> <ul style="list-style-type: none"> • Staff receives professional development on observing and guiding child growth and development, starting from birth • Implementation of a developmental screening and tracking tool as a mechanism to assess every individual child’s progress and flag concerns (e.g., administration of Ages & Stages Questionnaires®; The Devereux Early Childhood Assessment for Infants and Toddlers; and/or Bayley Scales of Infant and Toddler Development®) • Use of assessment tool that includes specific indicators or is especially designed to measure interactions with infants and toddlers (e.g., Arnett-Caregiver Interaction Scale) • Integrated developmental screening and response for young children that includes social and emotional development across settings (e.g., Ages & Stages Questionnaires®: Social-Emotional) • Policies require review and update of health records in connection with comprehensive and preventive health care services (e.g., Early and Periodic Screening, Diagnostic and Treatment (EPSDT)) • Screening and response for perinatal parental depression by working with Early Head Start, OB/GYNs, community and mental health agencies, pediatricians, home visitors, and others • Individual child portfolios to document individual children’s progress over time 	<p>MT: “Teaching Pyramid Infant Toddler Observation Scale (TPITOS) will be used as a tool for the external coach in working with the program on implementation.” <i>(Necessary to reach Star 3 under Professional Development – Family/Group Matrix & Center Matrix)</i></p> <p>DE: “For classrooms with children predominately 0–36 months, correspondence is individualized and provided daily.” <i>(Awards 2 out of 20 possible points under section on Family and Community Partnerships – Early Care & Education Center Standards)</i></p> <p>MD: “Program conducts developmental screenings on all children (Birth through age 5) within 45 days of enrollment and at scheduled intervals as determined by MSDE [Maryland State Department of Education]. (Required after July 2014)” <i>(Needed to fulfill Criterion/Level 1 under Developmentally Appropriate Learning and Practice – Child Care Center Standards)</i></p> <p>NY: “Provider uses a developmental tool that is valid and reliable.... Evidence of use of one of the following: Ages and Stages Questionnaires; Creative Curriculum; Bayley Scale of Infant and Toddler Development...” <i>(Awards 1 out of 20 possible points under “Child Observation and Assessment” – Center/school-based early learning and development programs)</i></p> <p>MI: “Provisions for reviewing and updating health records according to the most recent Early, Periodic Screening, Diagnosis and Treatment (EPSDT) schedule for infants, and reviewing and updating records for toddlers and older children annually.” <i>(Awards 2 to 4 points out of 8 points under “Health Environment” – same standards for Child Care/Preschool Centers, Family/Group Child Care Homes with Assistant(s), and Family/Group Child Care Homes without Assistant(s))</i></p>

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Teaching & Learning	Developmental Screening & Assessments <i>(Continued)</i>		<p>MN: “Program conduct[s] assessment with all infants and toddlers using one of the tools listed at least twice per year in at least the following areas of the Minnesota Early Childhood Indicators of Progress (Birth to 3): Social and Emotional Development, Language Development and Communication, Cognitive Development, and Physical and Motor Development? Have all lead teachers in infant and toddler classrooms had at least eight hours of training on authentic child assessment...?” <i>(Awards 1 point out of 4 under Assessment of child progress – Child Care Center)</i></p> <p>ME: “Evidence is collected 4 times per year on children’s development in the following areas: social/emotional, cognitive, physical (gross and fine motor) development, and communication. For programs serving infants and toddlers, the observations are linked to Supporting Maine’s Infant and Toddlers- Guidelines for Learning and Development and for programs serving children 3–5 years, the observations are linked to Maine’s Early Childhood Learning Guidelines which are used as a guide for planning.” <i>(Necessary to reach and maintain Step 4 Program within Learning Environment/Developmentally Appropriate Practice – Center Based Child Care Programs and Family Child Care Programs)</i></p> <p>WI: “Program uses individual child portfolios to document individual children’s progress over time. Portfolios are records of the child’s process of learning and must document the following five practices (which will be verified by Consultant/Rating Observers). To earn this point, portfolios must be used for every child ages birth to five and must be robust for every child who is in regular attendance. A portfolio for children who are not school-age should include at least one piece of evidence or observation from each of the five following categories to be considered complete: What the child has learned and how the child has gone about learning; How the child thinks, questions, analyzes, synthesizes, produces, creates; How the child interacts – intellectually, emotionally and socially – with others; Goals for child outcomes are included in child portfolios; and Artifacts/samples of the child’s work.” <i>(Awards 1 point under “Child Outcomes” and required for 3, 4, and 5 Star levels)</i></p>

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Teaching & Learning	Curriculum NOTE: <i>Some states and jurisdictions are linking curriculum development and implementation to their infant and toddler early learning standards or developmental guidelines (I-T ELGs). Most states and jurisdictions report that they have developed or are in the process of developing their I-T ELGs.²</i>	Curriculum standards should include those that help programs implement best practices specific to the needs of infants and toddlers, such as: <ul style="list-style-type: none"> • Daily plans and curriculum reflect and/or are aligned with the IT-ELGs¹⁰ • Research-based curricula or learning approaches implemented are specific to infants and toddlers (e.g., Creative Curriculum for Infants, Toddlers & Twos, PITC, Montessori Birth to Three) • Curriculum is individualized to the routines and rhythms of infants and toddlers receiving care (e.g., Infant/Toddler Curriculum and Individualization) • Implementation of curriculum and lesson plans for infants and toddlers focuses on building social-emotional and foundational relational skills with caregivers and among children (e.g., Evidence-Based Social-Emotional Curricula and Intervention Packages for Children 0-5 Years and Their Families) • Curriculum is designed to promote the full range of child development, including: social and emotional development, language development and communication, cognitive development, and physical and motor development • Curriculum for infants and toddlers helps develop social and emotional skills in children and reflects how they are intertwined with cognitive and executive functioning (e.g., curriculum content areas defined by NAEYC accreditation criteria) • Curriculum addresses dual language acquisition for infants and toddlers who are English language learners (e.g., Early Head Start Tip Sheet No. 42, “Supporting Infant & Toddler Language Development”) 	DE: “Program implements: Daily activities and lesson planning for infants, toddlers, and preschoolers enrolled that are based on the Delaware Early Learning Foundations.... A written comprehensive curriculum that is aligned with the Delaware Early Learning Foundations for infants, toddlers, and preschoolers enrolled.” <i>(Awards 3 out of 30 possible points under section on Learning Environment and Curriculum” – Early Care & Education Center Standards)</i> GA: “Curriculum is aligned with the Georgia Early Learning and Development Standards.” <i>(Awards 3 out of 3 possible points under “Curriculum under Intentional Teaching Practices” – Child Care Centers, Family, and Group Homes with One or More Additional Staff Member)</i> MN: “Uses a curriculum that is aligned with the Minnesota Early Childhood Indicators of Progress (ECIP), and all lead child care providers have completed at least eight hours of training on implementing curriculum.” <i>(Required for all age groups to achieve 3 stars or higher – Family Child Care)</i> NM: “Infants and Toddlers: Using the New Mexico Early Learning Guidelines, director/owner will focus on the Five Domains and their components: 1. Continue to complete 5 NM Portfolio Collection Forms by adding the following domain: Approaches Toward Learning. 2. Embed the remaining Essential Indicators on NM Portfolio Collection Forms. 3. Use documentation gathered through use of NM Portfolio Collection Forms and IFSP [Individualized Family Service Plan] goals (if applicable), and family goals to guide curriculum planning that respects children’s developmental, social, and cultural needs. 4. Complete all three pages of the NM Weekly Lesson Plan Form with a minimum of 5 goals from the Early Learning Guidelines and share with families. Hold family conferences at least three times a year to share information gathered for all Domains. Use the NM Infant and Toddler Family Teacher Summary Report. 5. Once a week engage in reflection by completing a journal entry about the successes and challenges observed in children’s responses to planned activities, materials and environment set-up and incorporate into the 3rd page of the NM Weekly Lesson Plan Form to document planned changes in practices and/or the physical environment.” <i>(Five Star requirement under “The Authentic Child Assessment Process-Early Learning Guidelines & Curriculum Planning” – Family Child Care or equivalent to obtain national accreditation by National Association of Family Child Care)</i>

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Teaching & Learning	Curriculum <i>(Continued)</i>		<p>OH: “Program has an identified curriculum and planning is aligned with the Early Learning Content Standards, and/or Infant Toddler Guidelines, and/or Ohio’s K–12 Standards, and informs on-going child assessment.” <i>(Requirement for STEP TWO and THREE under “Children’s Experiences Matter: Early Learning” – Licensed Type A Homes)</i></p> <p>NY: “Program uses a written curriculum or curriculum framework that is evidence-based, meaning research has been conducted regarding the relationship between the curriculum and children’s learning.” Documentation requires “evidence of the use of one of the following curricula: Before ABCs: Promoting School Readiness in Infants and Toddlers; Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice (Second Edition); Zero to Three Cradling Literacy; Creative Curriculum for Infants Toddlers and Twos; The Montessori Approach; Other.” <i>(Awards 3 out of 20 possible points for section on “Curriculum Planning & Implementation” – Family Based Standards)</i></p> <p>IN: “Specific Infant and Toddler Indicators must include: 1. Infants and toddlers are not expected to function as a large group 2. Infants and toddlers are offered a variety of sensory experiences each day 3. Toddlers are offered opportunities for writing experiences each day.” <i>(Required to progress into Licensed Child Care Home Level 2 & Licensed Child Care Center Level 2; Level 1 is considered equivalent to meeting licensing standards)</i></p>

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Teaching and Learning	Children With Special Needs	<p>Program standards and practices should support and address the needs of children with special needs:</p> <ul style="list-style-type: none"> • Staff training related to infants and toddlers with special needs and ways to identify risk and protective factors as well as ways to promote positive parenting, including disseminating parent information about support for positive social and emotional development in young children (e.g., Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children) • Partnerships with specialized infant-toddler mental health consultants and/or formal child assessments by an infant-toddler mental health professional • Support services for the inclusion of infants and toddlers with special needs and increase the adoption and sustained use of evidence-based early literacy learning practices (e.g., Center for Early Literacy Learning (CELL)) • Ongoing self-assessment to ensure cultural competence in providing services and supports in early intervention and early childhood settings (e.g., Self-Assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings) • Partnerships with state or local Part C Early Intervention services • Accommodations in physical environment and materials to meet the special needs of individual infants and toddlers 	<p>NM: “INFANTS AND TODDLERS: Using the New Mexico Early Learning Guidelines, director/owner will focus on the Five Domains and their components: Use documentation gathered through use of NM Portfolio Collection Forms and IFSP goals (if applicable), and family goals to guide curriculum planning that respects children’s developmental, social, and cultural needs. Does your program provide families of infants and toddlers with child assessment results? If a child has an Individualized Education Plan (IEP) or Individual Family Services Plan (IFSP), do you share assessment results with public school Early Childhood Special Education (ECSE) staff, with the family’s permission? For a child with a special need who is receiving specialty services (such as physical or occupational therapy), do you share the child’s assessment results with these service providers, with the family’s permission?”</p> <p><i>(Required in order to progress into 3-Star level under “Assessment and Curriculum – Child Care Center; Awards .5 points out of 4 possible points under “Assessment of child progress” – Parent Aware Quality Checklist – Child Care Center)</i></p>

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Family Engagement	Family Engagement	<p>Family engagement standards should include those that are specific to infants and toddlers, such as:</p> <ul style="list-style-type: none"> • Implementation of developmental screening and tracking as a mechanism to communicate about progress and concerns with families • Policy requiring providers to engage with families and/or primary caregivers to understand the changing needs of infants and toddlers (e.g., implementation of Early Head Start's Parents as TeachersTM or daily reports and regular parent-caregiver meetings) • Parents involved in defining appropriate routines for infants, including development of policies that incorporate family values and allow family members to participate in daily caregiving routines (e.g., encourage mother to come into program to breastfeed child) • Enrollment process exchanges information about program policies and family values, caregiving routines, etc. • Policies that require caregiving routines that reflect the culture, family lifestyle, and language of infants and toddlers (e.g., requires hiring diverse staff member(s) who reflect the language and cultures of the children and families being served) • Parenting education and information around breastfeeding, developmentally appropriate parenting practices for infants and toddlers, nutrition and obesity prevention, etc. • Program promotes parent cafes or family conversations to discuss infant and toddler development, child-rearing practices, and ways to connect with other services in the community that benefit infants, toddlers, and their families 	<p>ME: “Parents of infants and toddlers are provided with written daily communication about their child’s day. (NAEYC 7.B.05)” <i>(Necessary to reach and maintain Step 3 Program within Parent/Family Involvement – Center Based Child Care Programs and Family Child Care Programs)</i></p> <p>NM: “Infants and Toddlers: Using the New Mexico Early Learning Guidelines, teachers will focus on the Five Domains and their components: Once a week engage in reflection by completing a journal entry about the successes and challenges observed in children’s responses to planned activities, materials and environment set-up and incorporate into the 3rd page of the NM Weekly Lesson Plan Form to document planned changes in practices and/or the physical environment.” <i>(Five Star requirement for “Assessment and Curriculum” section – Child Care Centers)</i></p> <p>NY: “Program communicates with parents of infants in writing on a daily basis about the care giving routines such as feeding, sleeping, and diapering/toileting.” <i>(Awards 3 points out of 32 under “Communication” section – Center/School and Family-based early care and development programs)</i></p> <p>PA: “Individual child information is shared in written form with families on daily basis for infants and toddlers.” <i>(Requirement to progress into Star 2 Level under “Community Resources/ Family Involvement” – Child Care Centers)</i></p> <p>MN: “Demonstrates ability to communicate program information in parent’s primary language (for example, through on-site staff, qualified volunteers, an interpreter service or translated materials) and all lead teachers have completed at least 6 hours of training in working with families from different cultures and socio-economic levels.” <i>(Awards 1 point out of 6 possible points under Teaching and relationships – Full Rating for Center-based Programs)</i></p>

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Professional Development and Staff Qualifications	Professional Development and Staff Qualifications	<p>Professional development and staff qualifications should include those specifically designed for the needs of infants and toddlers, such as:</p> <ul style="list-style-type: none"> • Standards specify provider competencies needed in order to care for infants and toddlers and help them learn (e.g., core knowledge and competencies for infant-toddler caregivers tied to the QRIS) • Standards specify specific pre-service and ongoing staff qualifications and professional development needed to obtain the specialized knowledge and skills needed to work with infants and toddlers: <ul style="list-style-type: none"> ○ Infant-toddler-specific coursework or training (e.g., child growth and development starting at birth; CPR and first aid for infants, Sudden Infant Death Syndrome; Preventing Child Abuse and Neglect: Parent/Provider Partnerships in Child Care) ○ Infant-toddler-specific professional degree (e.g., Master of Arts in Child Development with Infant-Toddler specialization; Child Development Associate (CDA) Credential – Infant/Toddler (often used as minimal requirement)) ○ Infant-toddler credential • Requirement that professional caregivers at all levels participate in pre-service and ongoing professional development that uses IT-ELGs as its foundation • Requirement that professional caregivers at all levels participate in pre-service and ongoing professional development on ways to promote and support dual language acquisition for children who are English-language learners or dual-language learners 	<p>IA: “Completion of Program for Infant Toddler Care modules 1-4” (3 additional points awarded); “An associate’s, bachelor’s or master’s degree in education specific to age group for whom care is provided.” (10, 20 and 25 additional points awarded respectively).” <i>(Awards 3 points out of 34 possible points under “Professional Development Maximum” – Child Development Homes)</i></p> <p>MA: “Program administrator has received formal professional development in the MA Guidelines for Preschool Learning Experiences, the Infant / Toddler Learning Guidelines, child development, the Strengthening Families protective factors, and is knowledgeable about the core competencies in order to be able to develop their staff’s professional development plans.” <i>(Level 2 of Workforce Qualifications and Professional Development- Designated Program Administrator Qualifications and Professional Development – Center -and School-Based QRIS Standards)</i></p> <p>MT: “Director and caregivers (DIR, ACG) caring for infants and/or toddlers must be enrolled in Certified Infant Toddler Caregiver –CITC- 60 hours (which is defined as currently taking the course or beginning the course in the quarter following the STAR 3) or have completed the 60-hour course or its equivalent.” <i>(Required in order to progress into STAR 3 under Professional Development – Family/Group Matrix & Center Matrix)</i></p> <p>NC: “75 percent of infant/toddler teachers have obtained an Infant/Toddler Certificate.” <i>(Awards 1 Quality Point under “Education Standards” – Child Care Centers)</i></p> <p>NY: “NYS Infant Toddler Credential.” <i>(Awards 28 points out of 52 possible points under category “Teaching Staff Qualifications” – Standards for Center/School-Based Early Learning and Development Programs)</i></p> <p>IN: “Lead Caregiver/Director receives orientation and trains staff on the Foundations to the Indiana Academic Standards for Young Children Age Birth to Five.” <i>(Required in order to progress into “Licensed Child Care Home Level 2 & Licensed Child Care Center Level 2”; Level 1 is considered equivalent to meeting licensing standards)</i></p> <p>LA: “All teachers and directors complete training in Louisiana’s Early Learning</p>

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Professional Development and Staff Qualifications	Professional Development and Staff Qualifications <i>(Continued)</i>		Guidelines and Standards which encompasses information from Louisiana’s Early Learning Guidelines and program Standards: Birth through Three (DSS, October 2006) and the Louisiana Standards for Programs Serving Four-Year-Old Children (DOE, June 2003).” <i>(To earn the maximum program points; Center-Based Child Care)</i>

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Health and Safety	Environmental Safety & Physical Health NOTE: <i>Some states and jurisdictions include and address these considerations though their health and safety licensing standards; therefore, these considerations might not appear in their QRIS standards.</i>	Environmental safety and physical health standards should include those that are specific to infants and toddlers, such as: <ul style="list-style-type: none"> • Diapering procedures (e.g., use of disposable gloves, individual diaper change logs, hand washing; see Healthy Kids, Healthy Care: Diapering from the National Resource Center for Health and Safety in Child Care) • Selection of foods, toys, and materials for infants and toddlers based on age guidelines and free of toxic ingredients and/or choking hazards (e.g., toys for children under age 3 cannot have small parts) • Safe and protected play areas for non-mobile infants to explore without interference from mobile children (e.g., open space with low barriers for exploring) • Safe sleep practices (e.g., babies sleep safest on their backs – Safe to Sleep® Public Education Campaign) • Toy sanitation (e.g., special sanitation formula and procedures for toys used by infants and toddlers who are more likely to place them in their mouths) • Age-appropriate hand-washing techniques for infants and toddlers (e.g., adult carries child to wash hands together after each diaper change) • Age-appropriate oral care for infants and toddlers (e.g., using washcloths to clean baby’s gums before teeth emerge; see American Academy of Pediatric Dentistry’s Guideline on Infant Oral Health Care) • Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) 	<p>UT: “Copy of the diapering procedure chart stating that caregiver will keep a hand on the child when turning away from diapering table”; “A hands-free trash receptacle is used when diapering”; “Diapering is done close to a bathroom sink”; ”Disposable gloves are worn when needed to protect children and caregivers from illness while diapering”; ”Diapering is done on a smooth surface that can be sanitized and is kept out of children’s reach.”</p> <p><i>(Indicator under “Health and Safety”)</i></p> <p>IN: “Play areas [for infants and toddlers] are protected and have open spaces for exploring.”</p> <p><i>(Required in order to progress into “Licensed Child Care Home Level 2 & Licensed Child Care Center Level 2”; Level 1 is considered equivalent to meeting licensing standards)</i></p> <p>MI: “A regular oral care routine, including tooth brushing and/or gum wiping (for infants) at least once per day.”</p> <p><i>(Awards 1 out of 4 points under Health Environment – all modalities)</i></p> <p>TX: “Frequent observation of children in cribs and playpens”; “The provider is alert to napping infants and visually checks on them at a minimum of every 15 minutes”; “Back to sleep requirements”; “High chair safety”; “Checks on napping infants every 15-20 minutes.”</p> <p><i>(Awards 1 point out of 10 under “health and safety”.– All measures must be met in order for assessment to continue)</i></p> <p>MT: “Safe Sleep: If licensed for infants, program has written safe sleep policies.”</p> <p><i>(Necessary to reach Star 1 under High Quality Supportive Environments – Family/Group Matrix & Center Matrix)</i></p>

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Health and Safety	<p>Nutrition</p> <p>NOTE: <i>Some states and jurisdictions include and address these considerations in their health and safety licensing standards; therefore, these considerations might not appear in their QRIS standards.</i></p> <p><i>Licensing for some modalities might require participation in the Child Care and Adult Food Program –CACFP, which automatically includes comprehensive nutrition policies and practices for infants and toddlers.</i></p>	<p>Nutrition standards should include those that are specific to infants and toddlers, such as:</p> <ul style="list-style-type: none"> • Policies and practices that support and promote breastfeeding and developmentally appropriate infant feeding (e.g., Use the Go NAP SACC Breastfeeding & Infant Feeding self-assessment) • Policy that requires coordination with parents on milk preferences (e.g., breast milk vs. formula, feeding frequency) • Developmentally appropriate meal and feeding guidelines, including those specific to infants and toddlers (e.g., Feeding Infants: A Guide for Use in the Child Nutrition Programs) 	<p>MT: “Support for Nursing Mothers: Breastfeeding is encouraged and the environment/program policies are designated to support this.” <i>(Necessary to reach Star 2 under High Quality Supportive Environments – Family/Group Matrix & Center Matrix)</i></p> <p>NY: “Program supports breastfeeding.” Documentation includes: “CACFP Breastfeeding Friendly Certificate or Complemented CACFP Self-Assessment.” <i>(Awards 2 points out of 32 to section on “Family Involvement and Support” – Standards for Center/School-Based Early Learning and Development Programs)</i></p> <p>TX: “Staff serves only formula and infant food that comes to the facility in factory-sealed containers, except for human milk”; “Infants less than 6 months are not offered solid food or fruit juices”; “Infants are held and talked to while bottle fed.” <i>(Awards 1 point out of 10 under “Nutrition/Meal Time” – All measures must be met in order for assessment to continue)</i></p> <p>UT: “A copy of the parent packet/handbook that includes a written policy that supports breastfeeding by: providing a private place for mothers to breastfeed or pump; a safe place to store breast milk (Documentation: Photo of area used by mothers for breast feeding; The portion of the packet/handbook that addresses these practices is highlighted or clearly marked).” <i>(Documentation needed to fulfill indicator that “program supports breastfeeding” – Quality Indicator)</i></p>

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Health and Safety	Physical Activity <i>NOTE:</i> <i>Some states and jurisdictions include and address these considerations in their health and safety licensing standards; therefore, these considerations might not appear in their QRIS standards.</i>	Physical activity standards should include those that are specific to infants and toddlers, such as: <ul style="list-style-type: none"> • Implementation of curriculum and daily lesson plans that include ongoing developmentally appropriate physical activity and stimulation (e.g., tummy time for infants, safe spaces for infants vs. mobile children to engage in physical activity; or use of Go NAP SACC Infant & Child Physical Activity self-assessment) • Policy restricting the amount of time a young child can be placed in stationary, restrictive, and confined equipment (e.g., high chairs, bouncy chairs, pack-n-play, or port-a-cribs; or use of Go NAP SACC Screen Time self-assessment) 	NY: “Program provides infants daily opportunities to move freely under adult supervision to explore indoor and outdoor environments, including tummy time when awake.” <i>(Awards 1 out of 8 points possible to section on “Physical Well-Being and Health” – Standards for Center/School-Based Early Learning and Development Programs)</i> NY: “Program provides opportunities for toddlers/or preschoolers to have at least 15 minutes of developmentally appropriate, structured and unstructured, moderate to vigorous physical activity (both inside and outside) for every hour they are in care. For example, in a 3 hour program, children should have at least 45 minutes of physical activity in total, not necessarily continuously.” <i>(Awards 1 out of 8 points possible to section on “Physical Well-Being and Health” – Standards for Center/School-Based Early Learning and Development Programs)</i>

References & Notes

¹ “Statewide implementation” of QRIS is defined as having launched QRIS at statewide level and/or having state-driven QRIS standards. States and jurisdictions with statewide implementation include: Arizona (AZ), Arkansas (AR), Colorado (CO), District of Columbia (DC), Delaware (DE), Georgia (GA), Idaho (ID), Illinois (IL), Indiana (IN), Iowa (IO), Kansas (KS), Kentucky (KY), Louisiana (LA), Massachusetts (MA), Maine (ME), Maryland (MD), Michigan (MI), Minnesota (MN), Mississippi (MS), Montana (MT), New Hampshire (NH), New Mexico (NM), New York (NY), North Carolina (NC), North Dakota (ND), Ohio (OH), Oklahoma (OK), Oregon (OR), Pennsylvania (PA), Rhode Island (RI), South Carolina (SC), Tennessee (TN), Texas (TX), Utah (UT), Vermont (VT), Virginia (VA), Washington (WA), and Wisconsin (WI).

² Linda K. Smith, “Continuous Quality Improvement: QRIS Is a Tool.” *BUILDing Strong Foundations* [blog], September 25, 2013. Retrieved October 1, 2013, from www.buildinitiative.org.

³ For example, the [HighScope Perry Preschool Study](#), [Project Head Start](#), the [University of North Carolina Abecedarian Project](#), the [Infant Health and Development Program](#), and the [Elmira Prenatal/Early Infancy Project](#).

⁴ National Research Council and Institute of Medicine, *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Jack Shonkoff and Deborah A. Phillips, eds. Washington, DC: National Academy Press, 2000.

⁵ Kristin Denton Flanagan and Jerry West, *Children Born in 2001: First Results from the Base Year of the Early Childhood Longitudinal Study, Birth Cohort (ECLS-B)*. U.S. Department of Education, National Center for Education Statistics, 2004. Retrieved June 4, 2013 from <http://nces.ed.gov/pubs2005/2005036.pdf>.

⁶ Margaret Burchinal, *Differentiating Among Measures of Quality: Key Characteristics and Their Coverage in Existing Measures*, OPRE Research-to-Policy, Research-to-Practice Brief OPRE 2011-10b, Washington, DC: Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services, 2010. Retrieved June 4, 2013, from http://www.acf.hhs.gov/sites/default/files/opre/differ_measures.pdf.

⁷ See end note 1.

⁸ Among the states and jurisdictions that have launched statewide or districtwide QRIS standards, 13 states include environmental rating scale scores as way to assess the physical learning environment. They include: AZ, AR, CO, DC, DE, FL, GA, ID, IL, IA, KS, KY, LA, MA, MD, MS, MT, NV, NH, NC, NJ, NM, NY, OK, PA, RI, TN, VA, VT, WA, and WI.

⁹ States and other jurisdictions with Infant-Toddler Early Learning Guidelines include (*click each to link to the ELG document*): [ALABAMA](#), [ALASKA](#), [ARIZONA](#), [ARKANSAS](#), [CALIFORNIA \(Spanish\)](#), [COLORADO](#), [CONNECTICUT](#), [DELAWARE](#), [DISTRICT OF COLUMBIA \(other languages\)](#), [FLORIDA \(Spanish\)](#), [GEORGIA](#), [HAWAII](#), [IDAHO](#), [ILLINOIS \(Spanish\)](#), [INDIANA](#), [IOWA](#), [KANSAS](#), [KENTUCKY](#), [LOUISIANA](#), [MAINE](#), [MARYLAND](#), [MASSACHUSETTS \(Spanish\)](#), [MICHIGAN](#), [MINNESOTA](#), [MISSISSIPPI](#), [MISSOURI](#), [MONTANA](#), [NEBRASKA \(Spanish\)](#), [NEVADA](#), [NEW HAMPSHIRE \(New Draft, expected publication in 2014\)](#), [NEW JERSEY](#), [NEW MEXICO](#), [NEW YORK](#), [NORTH CAROLINA](#), [NORTH DAKOTA](#), [OHIO](#), [OKLAHOMA](#), [OREGON](#), [PENNSYLVANIA \(Spanish\)](#), [RHODE ISLAND](#), [SOUTH CAROLINA](#), [TENNESSEE](#), [TEXAS \(Spanish\)](#), [UTAH](#), [VIRGINIA](#), [WASHINGTON \(Spanish\)](#), [WEST VIRGINIA](#), [WISCONSIN \(Spanish\)](#), [WYOMING](#), COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS (available upon request), [GUAM](#), and [PUERTO RICO](#).

¹⁰ Ibid.