Recent Research on Infant and Toddler Early Care and Education: Implications for QRIS and Early Head Start-Child Care Partnerships

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INQUIRE
Quality Initiatives Research and Evaluation Consortium

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Overview of Presentation

- Using recent and emerging research evidence to inform policies and programs for infants and toddlers
  - Early Head Start
  - Early Head Start-child care partnerships
  - Early childhood home visiting
  - Infant and toddler early care and education
  - Quality of caregiver-child interactions for infants and toddlers
- Implications for QRIS and Early Head Start-child care partnerships
Early Head Start
Early Head Start Family and Child Experiences Survey

• Funded by the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF)

• An ongoing study (known as Baby FACES) that provides a descriptive snapshot of Early Head Start services
  – Service intensity and quality
  – The characteristics of the children and families served
  – Key areas of child development and family and child well-being

• Two cohorts of children were enrolled into the study in spring 2009
  – Newborn Cohort comprising those families in which the mother was pregnant or the child was less than 2 months old
  – 1-year-old Cohort comprising children who were approximately age 1 at the time of the first data collection round

• For more information: http://www.acf.hhs.gov/programs/opre/research/project/early-head-start-family-and-child-experiences-study-baby-faces
Process Quality in Early Head Start Classrooms

• CLASS-T to assess process quality in Early Head Start classrooms when sample children were 2 and 3 years old

• Findings based on observations conducted in
  – 220 center-based classrooms serving the 1-year-old Cohort in their age 2 year (spring 2010)
  – 235 classrooms serving the 1-year-old and Newborn Cohorts in their age 3 year (spring 2011 and 2012, respectively)

• Detailed findings are presented in a technical brief: http://www.acf.hhs.gov/sites/default/files/opre/baby_faces_class_t_final_final_r.pdf
Most Children Are in Classrooms in the Mid-Range of Quality

<table>
<thead>
<tr>
<th></th>
<th>Weight Mean (Standard Error) Age 2</th>
<th>Weight Mean (Standard Error) Age 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Size</td>
<td>5.9 (0.14)</td>
<td>6.1 (0.14)</td>
</tr>
<tr>
<td>Child-Adult Ratio</td>
<td>2.7 (0.06)</td>
<td>2.7 (0.09)</td>
</tr>
<tr>
<td><strong>CLASS-T Emotional and Behavioral Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive Climate</td>
<td>5.6 (0.12)</td>
<td>5.5 (0.13)</td>
</tr>
<tr>
<td>Negative Climate</td>
<td>1.3 (0.04)</td>
<td>1.4 (0.07)</td>
</tr>
<tr>
<td>Teacher Sensitivity</td>
<td>4.8 (0.10)</td>
<td>4.8 (0.10)</td>
</tr>
<tr>
<td>Regard for Child Perspectives</td>
<td>4.7 (0.09)</td>
<td>4.7 (0.11)</td>
</tr>
<tr>
<td>Behavior Guidance</td>
<td>4.8 (0.10)</td>
<td>4.7 (0.11)</td>
</tr>
<tr>
<td><strong>CLASS-T Engaged Support for Learning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitation of Learning and Development</td>
<td>3.9 (0.12)</td>
<td>3.7 (0.13)</td>
</tr>
<tr>
<td>Quality of Feedback</td>
<td>3.5 (0.18)</td>
<td>3.1 (0.12)</td>
</tr>
<tr>
<td>Language Modeling</td>
<td>3.4 (0.16)</td>
<td>2.9 (0.15)</td>
</tr>
</tbody>
</table>

**Sample Size**

|                      | 295-302     | 297-304     |

Source: Spring 2010, 2011, and 2012 Baby FACES Classroom Observations. Reported observations are for children in the 1-year-old Cohort at age 2 and for children in the 1-year-old and Newborn Cohorts at age 3. Estimates are at the child level.

CLASS-T = Classroom Assessment Scoring System-Toddler.
Early Head Start-Child Care Partnerships
Early Head Start-Child Care Partnerships

• As part of President Obama’s Early Learning Initiative, ACF set aside $500 million for new Early Head Start-Child Care Partnerships

• Grants will be awarded to new or existing Early Head Start programs that partner with child care providers serving infants and toddlers from low-income families

• The partnerships will support working families by providing a full-day, full-year program

• For more information: http://www.acf.hhs.gov/programs/ecd/early-head-start-child-care-partnerships
Study of Early Head Start-Child Care Partnerships

• Funded by OPRE in ACF

• Key tasks
  – Review of the knowledge base and theory of change model
  – Measurement approaches
  – Evaluation design
  – Evaluation (pending availability of funds)

• For more information:

Definition of Early Head Start-Child Child Care Partnerships

For the Study of Early Head Start-Child Care Partnerships, we define the partnerships as:

- Formal arrangements between an Early Head Start program and a community child care setting (child care center or family child care home)

- The child care provider
  - must meet Head Start Program Performance Standards
  - is subject to the required monitoring visits to ensure compliance with HSPPS
  - provides care to infants and toddlers receiving CCDF subsidies
National, State, and Local Inputs to Partnerships

- State and local agencies and stakeholders
- Policies, regulations, and standards
- Funding streams, including the rules governing the funding
- Quality improvement supports
Barriers to Partnerships

• Regulatory differences across funding streams
• Poor collaboration quality
• Discrepancies in standards
• Insufficient or uncertain funding
• Discrepancies in teacher pay and teacher turnover
• Communication issues
Benefits of Partnerships

• Benefits reported in outcome and implementation studies
  – Improving the quality of ECE services
  – Increasing staff credentials, knowledge, and access to professional development
  – Increasing access to comprehensive services

• Benefits reports in implementation studies only
  – Increasing access to ECE services
  – Meeting families’ child care needs and preferences
  – Improving the quality of ECE for all children in care
  – Sharing expertise and ideas among partners
  – Setting the stage for future collaboration
Gaps in Knowledge and Future Research Needs

• Models of Early Head Start-child care partnerships
  – 9 of 64 studies reviewed focused on partnerships for serving infants and toddlers and their families
  – Research is needed on models implemented in the field, resources required, and organizational and contextual factors that facilitate the partnerships

• Partnerships with home-based child care providers
  – 13 of 64 studies reviewed included information about partnerships with home-based providers serving infants and toddlers
  – Research is needed on strategies for implementing partnership in home-based settings, the strengths and needs of providers, and the quality improvement supports available to them
Gaps in Knowledge and Future Research Needs (Cont.)

• Child care providers’ perceptions of the partnerships
  – Most studies reported findings from the perspective of the lead partner (Head Start, Early Head Start, state preschool program)
  – More research is needed on child care provider perspectives about their motivations to partner, experiences with partnerships, factors that facilitate partnerships, and partnership successes and challenges

• Effectiveness of partnerships in improving outcomes for children, families, Early Head Start programs, and providers
  – Little rigorous research has been done to assess whether ECE partnerships improve quality or child outcomes
  – Descriptive outcomes studies are needed to assess whether partnerships are “on track” to meet short- and long-term outcomes for partners, families, and communities
  – Large-scale rigorous research is needed to test the effectiveness of Early Head Start-child care partnerships
Early Childhood Home Visiting
Home Visiting Evidence Review

• Home Visiting Evidence of Effectiveness (HomVEE) systematic review launched in 2009

• Goals of the review
  – Inform the field about the state of evidence for early childhood home visiting
  – Identify program models that meet the HHS criteria for an evidence-based home visiting program
  – Provide detailed information about the program models that is accessible to both practitioners and researchers
Home Visiting Review Results

As of September 2013, HomVEE:

- Reviewed 35 home visiting program models
- Identified 14 that meet the HHS criteria, including 13 that enroll infants and toddlers
- Review results available at: [http://homvee.acf.hhs.gov](http://homvee.acf.hhs.gov)

13 models meet HHS criteria and enroll infants and toddlers
- Child First
- Early Head Start-Home Visiting
- Early Intervention Program for Adolescent Mothers
- Early Start (New Zealand)
- Family Check-Up
- Healthy Families America
- Healthy Steps
- Maternal Early Childhood Sustained Home Visiting Program
- Nurse Family Partnership
- Oklahoma’s Community-Based Family Resource and Support Program
- Parents as Teachers
- Play and Learning Strategies
- Project 12-Ways/SafeCare
Out-of-Home Early Learning Services for Infants and Toddlers
Infant-Toddler Early Learning Evidence Review

• The Assistant Secretary for Planning and Evaluation (ASPE) launched the Learning about Infant and Toddler Early Education Services (LITES) evidence review in October 2013

• Two main components
  – A systematic review of evidence to identify program models with evidence of effectiveness
  – Identification of program models that are compelling to the field, but do not yet have a strong evidence base
Program Models Eligible for the LITES Review

• Program models that aim to support infant and toddler early learning in out-of-home early care and education settings
  – Early care and education centers
  – Family child care homes

• Program models that provide *direct* early learning services to children in out-of-home settings
  – *May* include models that provide *indirect* professional development services to adult out-of-home caregivers targeted to helping the caregivers support infant and toddler early learning

• Program must serve infants and toddlers ages birth to 36 months

• Programs targeted narrowly to infants and toddlers with diagnosed disabilities or specific medical conditions are excluded
Outcomes of Interest for the LITES Review

• To be included in the review, studies must report on at least one outcome in the following three domains:
  – Cognitive development
  – Social-emotional/behavioral development
  – Language development

• Physical growth and development outcomes, child care quality, and parenting outcomes will be reported only if the study also includes cognitive, social-emotional, or language development outcomes.
Compelling Models

• Examine literature on models of infant and toddler out-of-home early learning services that are compelling to the field but have not been rigorously evaluated
  – Suggest additional research that is needed on the models

• Models may be in use on a broad scale, but not yet evaluated; or they may be new models not widely used, but emerging in the field

• Models are being identified through a call for nominations and outreach to experts
Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCITT)
Quality of Caregiver-Child Interactions

• Funded by OPRE at ACF

• Key tasks
  – A literature review
  – A measurement framework and pilot test
  – A detailed sustainability plan to support widespread dissemination

ACF’s Goals for the Q-CCIIIT Observational Tool

- Providing the field with a new measure to assess the quality of caregiver-child interactions for infants and toddlers in non-parental care

- The new measure should be
  - Reliable and valid
  - Based on research on infant and toddler development
  - Useful for multiple purposes (professional development, accountability, research)
  - Available to broader field
The Q-CCIIT Observational Tool

• Collected over 6 10-minute observation cycles
• Appropriate for center classrooms and family child care homes
• Used with children birth to age 3
• Measures caregiver support for
  – Social-emotional development
  – Cognitive development
  – Language and literacy
• Also captures areas of concern
Summary of Q-CCIIT Field Test

• Reliable measures can be obtained from Q-CCIIT

• Q-CCIIT is sensitive to the differences in quality

• Validity of the Q-CCIIT was supported
  – Confirmatory factor analysis
  – IRT models
  – Convergent validity evidence
  – Discriminant validity evidence

• Across settings and age groups, we consistently observed greater support for social-emotional development than for language and cognitive development
When To Expect More Information

• Forthcoming age 2 and age 3 reports provide additional information about the characteristics and quality of Early Head Start programs in Baby FACES

• Study of EHS-Child Care Partnerships report on the literature review and theory of change expected near the end of this year

• HomVEE is ongoing; periodic updates are posted to the website

• LITES review results expected by early 2015

• Materials related to the measure of quality of caregiver-child interactions are forthcoming
Implications for Policy and Practice

- There is currently an active research agenda on programs for infants and toddlers, with new research emerging regularly.

- For QRIS
  - New measures (including the CLASS-T and the Q-CCIIT observational tool) can be considered for inclusion in QRIS.
  - The LITES systematic review may provide useful information for states interested in encouraging the implementation of evidence-based ECE program models for infants and toddlers.

- For Early Head Start-Child Care Partnerships
  - Minimal existing research is available to inform program planning.
  - Existing research does provide useful guidance on characteristics of models, potential barriers, as well as possible benefits of partnerships.
  - QRIS may serve as an important avenue for supporting quality in partnerships
    - (i.e., serving as a resource to support quality services and considering opportunities for partnerships to lead to higher QRIS ratings)
For More Information

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- Q-CCIIT
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The Latest Research on Infants & Toddlers in Early Care and Education: Educare’s Program Model and Research Findings

Diane M. Horm
Educare Local Evaluation Partner
Tulsa, OK
What is Educare?

- A **Program**: Educare programming includes research-based core features reflecting best practice in educating children ages birth to 5.

- A **Place**: Educare programs are state-of-the-art, developmentally appropriate schools for children birth to 5 that demonstrate a community commitment to investing in early education.

- A **Partnership**: Blends funds from Head Start, state and local education funds, Title I, child care, and private funding and has commitment from many community partners.

- A **Platform** for broader policy and systems change: Educare informs and promotes the importance, implementation, and expansion of high quality early education.
Educare: Program

- A comprehensive early childhood education program model that serves young children, birth to age 5, and their families who live in poverty.
- Developed in Chicago in 2000 by the Ounce of Prevention Fund who, in collaboration with Chicago Public Schools and the Irving Harris Foundation, opened the first Educare.
- Early Head Start / Head Start as foundation; research-to-practice core principles.
Educare Features Yield Positive Outcomes

**Educare Core Features**

- Strong Leadership
- Data Utilization
- Embedded Professional Development
- High Quality Teaching Practices
- Intensive Family Engagement

**Community Linkages**

**Child and Family Outcomes**

- Increased student achievement and kindergarten readiness
- Strong parent-child relationships, school-family partnerships and parent support for learning
- Parent and Family Outcomes

**Educare Core Features**

- Strong Leadership
- Data Utilization
- Embedded Professional Development
- High Quality Teaching Practices
- Intensive Family Engagement

**Community Linkages**

**Child and Family Outcomes**

- Increased student achievement and kindergarten readiness
- Strong parent-child relationships, school-family partnerships and parent support for learning
- Parent and Family Outcomes
Educare’s Core Features: Data Utilization

- Research-Based Approach
- Data-Driven Practices
Educare’s Core Features: Embedded Professional Development

- High Staff Qualifications
- Intensive Staff Development
- Interdisciplinary Approach
- Reflective Practice and Supervision
Educare’s Core Features: High-Quality Teaching Practices

- Provide Full-Day, Full-Year Services
- Maintain High Staff-Child Ratios and Small Class Sizes
- Provide Continuity of Care
- Curriculum with intentional focus on
  - Language and literacy
  - Social-emotional development
  - Problem-solving and numeracy
  - Motor development
  - The arts
Educare’s Core Features:
Intensive Family Engagement

- Offer On-Site Family Support Services
- Start Early
  - Emphasis on prenatal services
  - Emphasis on birth to three services
Educare: Place

- Currently (2014), the Educare Network includes 20 operational sites.
- See www.educareschools.org for a listing of all Educare sites and more information about the Educare model.
EDUCARE LEARNING NETWORK

Chicago
Omaha at Kellom
Omaha at Indian Hill
Milwaukee
Tulsa at Kendall-Whittier
Tulsa at Hawthorne
Tulsa at MacArthur
Denver
Miami-Dade
Oklahoma City
Seattle
Kansas City, KS
Central Maine (Waterville)
Arizona (Phoenix)
Washington, DC
West DuPage, IL
Atlanta
Lincoln, NE
New Orleans
Winnebago, NE
Silicon Valley (San Jose)*

* Opening in 2015

As of February 2014
Educare: Place

- The Educare buildings are intended to rival corporate child care centers in design and quality
  - Rationale: leveling the playing field and making a statement
  - Each Educare is approximately 30,000 sq. ft.
  - One architectural firm, RDG, provides consultation to ensure sharing of lessons learned and improving quality with each new
Tulsa Educare I-Kendall Whittier
Interior views of Tulsa Educare I
Educare: Partnership

- Strong Private/Public Partnerships
  - Anchor donors
- Cooperative Relationship with School District
- HSS – Head Start and Early Head Start
- Other Community Partners
Educare: Platform for Policy Change

- Each Educare is a “showroom” to educate the public about high quality ECE. Seeing is believing!

- Educare Learning Network (ELN)
  - Key partners from all participating Educare communities gather regularly to learn from each other and leaders in the field
  - Cross-site Implementation Study designed to inform continual program improvement and broader research and policy
Educare Implementation Study

ELN Cross-Site Results 2007-12: IT Classroom Quality and Child Results
Evaluation Structure

Across all Educare sites we have:

- Common Measures
- Common Training
- Common Timelines
- FPG/UNC ensures quality control across sites
## Overview of Data Collection

<table>
<thead>
<tr>
<th>Type of data</th>
<th>Frequency</th>
<th>Why Collect?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Questionnaire</td>
<td>Annually</td>
<td>Demographics, beliefs, practices</td>
</tr>
<tr>
<td>Parent Interview</td>
<td>Annually</td>
<td>Demographics, beliefs, activities, involvement, risk factors</td>
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<tr>
<td>Classroom Observations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITERS-R or ECERS-R</td>
<td>Annually</td>
<td>Classroom activities, language, interactions, overall quality</td>
</tr>
<tr>
<td>CLASS PreK or Toddler CLASS</td>
<td></td>
<td></td>
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<tr>
<td>Child Assessments:</td>
<td></td>
<td></td>
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<tr>
<td>Preschool Language Assessment</td>
<td></td>
<td>Child language and cognitive status and change over time; maintenance of Spanish language (for ELLs)</td>
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<tr>
<td>Peabody Picture Vocabulary Test</td>
<td></td>
<td></td>
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<tr>
<td>Bracken School Readiness Assessment</td>
<td></td>
<td></td>
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<tr>
<td>Teacher Ratings:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DECA-IT &amp; DECA</td>
<td>F &amp; S each year</td>
<td>Children’s social-emotional competence</td>
</tr>
</tbody>
</table>
Distribution of ITERS-R Total Scores
Last 3 Years

2010, N=47
2011, N=78
2012, N=82
Educare ITERS-R Scores Compared to Other Studies

- Canada 2006 Nonprofit: 4.6
- Canada 2006 For profit: 4.0
- Colorado 2009: 4.9
- Educare 2012: 5.7
Language Scores from Ages 3 to 5 by Entry Age, Time in Educare, and Home Language, All Sites, 2007-12

Home Language: n=1,679 English, 811 Dual Language

<table>
<thead>
<tr>
<th>Home Language</th>
<th>Age 2</th>
<th>Age 3</th>
<th>Age 4</th>
<th>Age 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>72.0</td>
<td>88.8</td>
<td>93.4</td>
<td>97.0</td>
</tr>
<tr>
<td>Dual Language</td>
<td>86.8</td>
<td>88.4</td>
<td>94.4</td>
<td>93.9</td>
</tr>
</tbody>
</table>

Note: The numbers represent language scores at different ages and entry points for English and Dual Language learners.
Why are these findings important?

• Suggest that by starting early we can prevent the achievement gap from forming.

• Children’s school success is related to the skills and knowledge they possess when entering kindergarten. Many children from low-income families start school with a large achievement gap and experience risk factors that affect their ability to be successful in school.

• Recent research documents that achievement at K entry makes a difference—if you start low, you remain low.
Why is this important?

Exhibit 3
Mean at Each Measurement Point
for Deciles Determined by Fall Kindergarten Score

Reading IRT Score

Grade/Time Mos point

Fall K 0 Mos, Spr K 9 Mos, Spr 1st 21 Mos, Spr 3rd 45 Mos, Spr 5th 69 Mos
Educare’s Early Returns are Promising

• Strong evidence for “earlier is better”
• Quality matters -- Even within Educare’s generally high-quality set of programs and classrooms, we know that quality does make a difference in children’s outcomes
• Purpose statement, measures list, and “Demonstrating Results” document are available at: http://www.educareschools.org/about/educare-demonstrating-results.php
• Conducting a randomized study to better compare effects of Educare with “typical” care
Educare RCT

- Five “mature” Educare sites participating
- Randomly assigned infants 18 months of age or younger to treatment (n=118) or control (n=121) groups
- Have followed these children to age 3; currently preparing to do age 5 child assessments in fall 2014 and 2015
- Range of measures for child outcomes, parent outcomes, family covariates, services used, and child care arrangements (see chart on next slide)
- Goal is to follow long term pending funding
- No results released to date due to potential for bias
### Study of Early Childhood Settings in Multiple Communities (Educare RCT) Data Collection Proposal by Time Point and Respondent

<table>
<thead>
<tr>
<th>Construct</th>
<th>Instrument(s)</th>
<th>WAVE AND RESPONDENTS*</th>
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</thead>
<tbody>
<tr>
<td><strong>CHILD OUTCOMES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child language/cognitive abilities</td>
<td>PLS-4 Auditory subscale pre-assignment to groups</td>
<td>DA</td>
</tr>
<tr>
<td></td>
<td>PLS-4 Auditory and Expressive subscales (Eng/Span); (Auditory only at Age 3)</td>
<td>DA</td>
</tr>
<tr>
<td></td>
<td>Woodcock-Johnson Tests of Achievement/Barattia Applied Problems</td>
<td>DA</td>
</tr>
<tr>
<td>Child social-emotional development</td>
<td>BITSEA (44 items)</td>
<td>PR</td>
</tr>
<tr>
<td></td>
<td>Behavior Observation Inventory (13 items, modified from Bayley; 1 item for parent)</td>
<td>ER, PR</td>
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<tr>
<td>Child executive function</td>
<td>Mike Willoughby’s assessment—4 subtests: Spatial Conflict Arrows, Operation Span, Silly Sounds Game, Something’s the Same</td>
<td>PR, ER, PR</td>
</tr>
<tr>
<td>Child health</td>
<td>Birth weight, prematurity (at entry); overall health rating, conditions since last interview, disabilities</td>
<td>PR</td>
</tr>
<tr>
<td></td>
<td>Child’s height and weight/BMI</td>
<td>DA</td>
</tr>
<tr>
<td><strong>PARENT OUTCOMES</strong></td>
<td>Two Bags videotaped parent-child interaction</td>
<td>PR, PC, ER</td>
</tr>
<tr>
<td>Sensitive/engaged parent-child interactions</td>
<td>Spanking/discipline (4 items from Bounce Parent Interview)</td>
<td>PR</td>
</tr>
<tr>
<td>Home support for learning</td>
<td>Home reading/books/activities (14 items from Bounce parent interview), Baby FACES questions on regular bedtime, # hours sleep (7 items), and TV viewing (HSQ 3 items)</td>
<td>PR</td>
</tr>
<tr>
<td>Parent as advocate in education</td>
<td>Parent involvement/engagement (involvement questions from Baby FACES)</td>
<td>PR</td>
</tr>
<tr>
<td>Parent education, employment (covers, too)</td>
<td>Education &amp; employment update</td>
<td>PR</td>
</tr>
<tr>
<td><strong>FAMILY COVARIATES</strong></td>
<td>Household comp (update initial grid) income (2 items from PRAMS), Update moves</td>
<td>PR, PR</td>
</tr>
<tr>
<td>Demographics, risk factors, beliefs</td>
<td>Languages (3 items from Bounce: child’s 1st, strongest &amp; hears most lang at home); Age 3 added 6 language questions: Lang. speaks to child, other adult lang, in home, lang. other children in household speaks to child, lang. TV watching, lang. read to child, lang. spoken to child by caregivers (babysitters, day care provider, etc.)</td>
<td>PR, PR</td>
</tr>
<tr>
<td></td>
<td>Birthplace (4 items)</td>
<td>PR</td>
</tr>
<tr>
<td></td>
<td>Parent health (1 item, global rating) and mental health (CES-D; 20 items)</td>
<td>PR</td>
</tr>
<tr>
<td></td>
<td>Life events (20 items from Bounce Parent Int., revised somewhat from original)</td>
<td>PR</td>
</tr>
<tr>
<td></td>
<td>Parenting stress (PSI; 21 items) + Parental Cooperation (9 Baby Faces questions)</td>
<td>PR</td>
</tr>
<tr>
<td></td>
<td>Food sufficiency (2 items from Bounce Parent Int.)</td>
<td>PR</td>
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<tr>
<td></td>
<td>Neighborhood safety (6 items from Bounce Parent Int.)</td>
<td>PR</td>
</tr>
<tr>
<td></td>
<td>Parental Modernity (10 items, Schaefer &amp; Edgerton)</td>
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<tr>
<td></td>
<td>Educational aspirations &amp; how help</td>
<td>PR</td>
</tr>
<tr>
<td><strong>PROGRAM AND OTHER SERVICE USE</strong></td>
<td>Pregnancy-related services</td>
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</tr>
<tr>
<td></td>
<td>Referrals, health/mental health and employment/educ services</td>
<td>PR</td>
</tr>
<tr>
<td></td>
<td>Home visiting (10 questions Baby Faces, revised from original)</td>
<td>PR</td>
</tr>
<tr>
<td><strong>CHILD CARE</strong></td>
<td>Update any out-of home care as per phone interview</td>
<td>PR</td>
</tr>
<tr>
<td></td>
<td>Staff-parent relationships: Selected 5 Touchpoints questions &amp; 5 Troesch-Owens</td>
<td>PR</td>
</tr>
<tr>
<td></td>
<td>Attendance Question</td>
<td>PR</td>
</tr>
</tbody>
</table>

*Note: DA=Direct Assessment, PR=Parent Report, PC=Parent-Child Interaction, ER=Examiner Rating*
Educare: Implications for QRIS

• Educare has evidence to support starting early—during the IT years;
  – Support availability of IT programming and efforts to make it high quality

• Educare has evidence to support high quality is attainable and makes a difference in child outcomes;
  – Be sure include IT in QRIS, now may lack visibility

• Educare and QRIS highlight the importance of professional development
  – Ensure robust credentials and continual PD of multiple types
  – Offer PD tailored to various roles; Specialized IT PD
Implications for QRIS

• Educare and QRIS both also emphasize the use of data to inform program improvements
  – New quality measures for IT classrooms emerging
  – Need to support the use of data through PD and models

• Educare can serve as a showroom for high quality programming; can provide a visible model or goal of what is feasible/possible given support

• Others?
Contact information: Diane Horm, dhorm@ou.edu
Discussion

• How is IT care included in your QRIS?
• How have you used research to inform your QRIS?
  – What research has been compelling and helpful?
  – What other information do you need? What gaps exist in the research base?
• How does your QRIS support IT quality?
  – Professional development system?
  – Specific requirements or PD for IT caregivers?
  – What data is used to inform IT quality? How is it used? How are providers prepared to use data?

• Other questions or issues?
If you have any questions about INQUIRE please contact the Project Officer:

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Ivelisse.Martinezbeck@acf.hhs.gov
Thank you!