Measuring the Quality of Care for Infants and Toddlers (QCIT): User's Guide

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I. INTRODUCTION TO THE QUALITY OF CARE FOR INFANTS AND TODDLERS (QCIT) OBSERVATION TOOL

The Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services, contracted with Mathematica and its partners in 2010 to develop the Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT) observation tool, a research-based measure valid for use with infant and toddler classrooms as well as center-based and family child care (FCC) settings. We have simplified its name to the Quality of Care for Infants and Toddlers (QCIT) observation tool. The interactions between caregivers and young children are at the core of this tool.

The goal in assessing the quality of caregiver-child interactions is to understand the dimensions of caregiver interactions that lead to more positive outcomes for infants and toddlers. In this introductory chapter, we provide an overview of the QCIT and describe its development. In selecting the key constructs that guided the measure's development, we drew on research and, where the research was limited, recommended best practices. In developing the QCIT, we kept in mind the multiple purposes it may address: professional development, monitoring, and research. In Chapter II, we describe the procedures for conducting a QCIT observation. In Chapter III, we provide a detailed description of each item in the QCIT. In Chapter IV, we discuss the QCIT rating form. We provide the QCIT instrument in Appendix A and the rating form in Appendix B.

A. Overview of the QCIT observational tool

The QCIT observation tool is designed to assess the quality of child care settings—specifically, the quality of caregiver-child interactions for infants and toddlers who are in nonparental care. This tool is appropriate for use across child care settings, including center-based care and FCCs, as well as single- and mixed-age classrooms. The QCIT offers early childhood professionals and researchers a means to obtain a better understanding of how caregivers and young children interact in child care settings. It also offers the opportunity to identify strengths and challenges in caregiving in a variety of settings and the potential to test different approaches for improving caregiving for children.

The QCIT measures caregiver support for social-emotional development, cognitive development,[1] and language and literacy development. It also measures areas of concern. Specifically, the QCIT requires observations of 10-minute time samples, which capture interactions occurring between a given caregiver and a child or group of children at a given time, as well as global ratings based on the entire observation period. The QCIT allows observers to code some dimensions within each 10-minute sample (a cycle) while coding other dimensions across the entire observation period. During each cycle, observers use the QCIT rating form to take notes on the evidence observed for both the cycle ratings and the dimensions rated across the visit. A caregiver is rated based on the average experience provided to the children in each cycle. When multiple caregivers are present in a setting, the observer may focus on a different caregiver in each cycle if the goal is an estimate of all the caregivers in that classroom or FCC.

[1] Support for perceptual motor development is embedded in support for cognitive development.

Six 10-minute cycles of QCIT observations are recommended. Observers observe for 10 minutes and then take 5 to 10 minutes to rate the cycle items before starting the next 10-minute observation cycle. The entire process requires an observation lasting a minimum of two hours. Observers code caregivers only when at least one child within the age range of birth to 36 months is present and awake.

The QCIT provides four scale scores in (1) support for social-emotional development, (2) support for language and literacy development, (3) support for cognitive development, and (4) areas of concern. Within the first three scales, observers rate some items in each 10-minute observation cycle, while other items are rated across the visit (see Table I.1). To produce the scores, for items rated in each cycle, first calculate the average rating across cycles. These averages are then used as the score for those items, combined with the scores for the across-the-visit items from that scale. Then calculate the mean of all of the valid items in each scale. Details for scoring the QCIT can be found in Appendix L.

Table I.1. QCIT scales and dimensions measured

Scale	Dimensions
Support for social-emotional development	Responding contingently to social cues
	Responding to emotional cues
	Builds a positive relationship
	Supporting peer interaction/play
	Support for social problem solving among peers[a]
	Responsive routines[a]
	Classroom limits and management[a]
	Sense of belonging[a]
	Responding contingently to distress[a]
Support for cognitive development	Supporting object exploration
	Scaffolding problem solving
	Giving choices[a]
	Extending pretend play[a]
	Explicit teaching[a]
	Supervises or joins in play and activities[a]
Support for language and literacy development	Caregiver use of varied vocabulary
	Use of questions
	Conversational turn-taking
	Extending children's language use
	Features of talk[a]
	Talk about things not present[a]
	Engaging children in books (book sharing)
	Variety of words (book sharing)
	Variety of types of sentences (book sharing)
	Maximum number of children involved in book sharing
	Positive attitude toward books[a]

Scale	Dimensions
Areas of concern[a]	**Physical Safety**
	Caregiver is physically harsh with children
	Supervision of safety is poor
	Unsafe environment
	General health provisions not available/sanitary practices not followed
	Emotional Safety
	Caregiver is verbally harsh toward children
	Caregiver expression of emotion does not match the communication
	Repeatedly singles out child
	Caregiver ignores children
	Children are unoccupied for periods of time
	Inhibition of Cognitive Development
	Caregiver restricts child movement
	Caregiver overwhelms children with requests or stimulation
	Children appear stressed by the demands of the environment
	Caregiver watches adult television
	Children watch children's media
	Chaotic Environment
	Overall level of chaos

[a]Rated across the visit.

The QCIT was designed with three primary goals for future use: (1) professional development, (2) monitoring, and (3) research. When used for professional development, QCIT scores typically would be compared to a criterion for performance, assessing caregiver performance on each item within the measure and identifying strengths and weaknesses both within and across domains. The pattern of performance may inform the selection of professional development targets or goals that are feasible for an individual caregiver. Caregivers (or their supervisors or mentors) might examine cycle ratings and consider how consistent they are in providing support for each domain as well as which activities make it challenging for them to provide support. For monitoring purposes, we suggest assessing the average experience of children across caregivers in a classroom rather than focusing on a single caregiver (that is, assessing across caregivers, children, days, and observers). If the QCIT is used as a research tool, the research question will determine whether the QCIT should be interpreted across caregivers, activities, children, and/or observers, as well as whether to compare QCIT results across samples or interpret results relative to a performance criterion. There are several different uses of the QCIT for research purposes. For example, the QCIT could be used to explore the relationship between quality of caregiving and different curricula or approaches to providing caregiving. The QCIT allows for a detailed analysis of differences in caregiving approaches. Researchers might also use the QCIT to examine the quality of different professional development initiatives as well as how Quality Rating and Improvement Systems (QRIS) influence classroom quality. Finally, researchers could extend the psychometric work already conducted with the QCIT.

APPENDIX A:

QCIT INSTRUMENT

D4. Support for Social Problem Solving Among Peers: Caregivers help children learn to negotiate conflict with peers and help to reduce potential conflict situations. Caregivers may structure play to include adequate space and multiple toys and limited numbers of children in order to reduce the potential for conflict. Caregivers encourage and scaffold sharing among peers. Children may come to caregivers for assistance (for example, a child may tell a caregiver that another child is not sharing, or is taking a toy away from them). When conflict occurs, caregivers intervene but at the high end, caregivers support child-directed solutions rather than solving social problems for the children. **Code N/A if no social problems.**

1. No support for social problem solving is provided. Immediately removes child or object without any further assistance or follow up.	2.	3. May separate children or remove an object that is causing conflict WHILE providing limited verbal support for problem solving. Does not provide support for sharing other than telling children "to share." For infants, may distract or redirect a child as a way to resolve problem.	4.	5. Makes an attempt to help children solve a conflict through prompting or offering strategies. Models and scaffolds sharing or negotiating about objects or space.	6.	7. Supports and frequently encourages children to solve social problem(s) themselves. Anticipates potential social conflicts AND either rearranges environment OR provides other support before conflict escalates.

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