



QCIT: Frequently Asked Questions

GENERAL INFORMATION

What is the QCIT? The Quality of Care for Infants and Toddlers (QCIT; formerly known as the Quality of Caregiver-Child Interactions for Infants and Toddlers Q-CCIIT)¹ is a reliable and valid observational tool to measure the quality of interactions between infants and toddlers (from birth to 36 months) and their caregivers in early childhood settings. The QCIT was developed for use in center-based classrooms and family child care homes (FCCs). Caregiver's responsiveness to infants and toddlers is at the heart of the QCIT. The QCIT measures how caregivers support the social-emotional, language and literacy, and cognitive development of infants and toddlers. It also captures any areas of concern about how caregivers are supporting the children's emotional and physical health and safety. The QCIT's reliability and validity were supported by the results of a psychometric field test conducted in 400 classrooms and FCCs across the United States in 2012.

How can the QCIT be used? Current and previous uses of the QCIT have largely been for: (1) research and evaluation (such as descriptive, impact, and validation studies) and (2) professional development (as a tool to improve caregivers' practices and, ultimately, a program's quality). It could also be used for accountability (such as monitoring, state-level Quality Rating and Improvement System [QRIS] ratings, or evaluations of the quality of a classroom to inform consumers).

Who could use the QCIT? Early childhood administrators, coaches and mentors, practitioners, training and technical assistance providers, researchers, evaluators, and higher education instructors are just a few of the professionals who can use the QCIT to deepen their understanding of the quality of interactions between caregivers and young children.

Where can I find out more about the QCIT?

- Please visit our website at https://www.mathematica.org/toolkits/qcit, where you will find a webinar recording that describes the QCIT.
- The QCIT psychometric report also has information about the measure, and you can follow a link to it on the QCIT website or go to https://www.mathematica.org/our-publications-and-findings/publications/measuring-the-quality-of-caregiverchild-interactions-for-infants-and-toddlers-q-cciit
- A 2021 report shows evidence that QCIT is sensitive to detecting differences in caregiver practice after professional development. You can follow a link to it on the QCIT

¹ The Quality of Caregiver-Child Interactions for Infants and Toddlers (Q-CCIIT/QCIT) was developed for the Administration for Children and Families, U.S. Department of Health and Human Services (ACF, U.S. D.H.H.S) by Mathematica Policy Research, Inc. and funded by ACF, U.S. D.H.H.S. through Contract No. HHSP23320095642WC/HHSP23337016T and Contract No. HHSP233201500035I/HHSP23337030T. Mathematica has permission from ACF, U.S. D.H.H.S. to reproduce and distribute the Q-CCIIT./QCIT

website or go to https://www.acf.hhs.gov/opre/report/we-grow-together-professional-development-system-final-report-2019-field-test.

Can I see the User's Guide, instrument, or rating form? Is the QCIT only available for purchase if you attend training? Currently, these materials are only provided to people who participate in the certification training for QCIT observers. In the future, Mathematica plans to sell the User's Guide, instrument, and rating form through our website. Written permission from Mathematica is required to reproduce, modify, or distribute these materials. You can learn more about the QCIT by reading the QCIT psychometric report. You can get there by following a link on the QCIT web page.

You can also visit our web page for updates on QCIT products: https://www.mathematica.org/toolkits/qcit

BECOMING QCIT OBSERVERS OR TRAINERS

What qualifications are needed to become a QCIT observer? QCIT observers are required to pass certification annually and have the relevant language skills for the setting(s) they will conduct observations in.

We do not have any other requirements for participating in training. For example, there is no specific educational requirement. However, we do recommend the following:

- Familiarity with early childhood settings, either through coursework in early childhood education or a related field, including knowledge of infant/toddler care and development and/or experience providing early care and education for infants and toddlers in early childhood education settings (such as center-based infant/toddler care or family child care)
- Commitment to observing fairly by applying the QCIT codes (objectivity) and administering and coding the measure as learned in training (fidelity)
- Careful attention to detail (for example, observing body language)
- Commitment to documenting evidence for ratings
- Physically able to sit in low chairs or on floors and/or stand for long periods of time during the observations

How do I become a QCIT observer? The standard QCIT observer certification training is 4 consecutive days (virtually or in-person) with some online activities before and after the 4-days of training. Trainees take a video-based certification exam after training. We offer the trainings at specific times and locations for <u>individuals</u> to enroll. If you have a need to train a <u>group</u> of people, we can also take your information and discuss customized pricing for a training.

What happens after I pass certification at observer training? After you pass certification, you are certified in the QCIT for one year. After one year, you can renew your certification by taking an online video-based exam. We ask that you renew your certification annually to ensure you are using the instrument reliably. There will be a recertification fee. Certified observers should prepare for recertification by reviewing their training materials. We will send an email reminder when your renewal time is approaching.

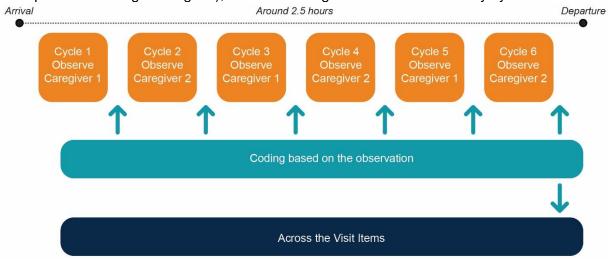
How do I become a QCIT trainer? We will periodically offer QCIT Training of Trainer (TOT) sessions (typically 3 consecutive days of training with an exam included on the third day). Certified QCIT observers who demonstrate at least 80 percent reliability on their current

observer certification or recertification exam and who attest that they completed at least five QCIT observations will be eligible to register for a TOT. After one year, certified trainers can renew certification by taking an online video-based exam. There will be a recertification fee.

HOW TO CONDUCT A QCIT OBSERVATION

How long is a QCIT observation in a single classroom or family child care (FCC)

home? The QCIT takes about 2.5 hours to complete in a classroom or FCC. If the goal of the observation is to produce classroom-level scores that assess the average experience of children in the classroom, each caregiver in the classroom is observed for at least one cycle on a rotating basis. For example, the observer in the figure below rotates between observing two caregivers. If the goal is to provide individual-level scores (for example, for professional development for a single caregiver), the same caregiver is observed in every cycle.



Within each cycle, observers observe and take detailed notes for 10 minutes. Between each cycle, observers review their notes and code within-cycle items rated in the social-emotional, cognitive, and language and literacy scales before starting the next cycle. After observing and coding for six cycles, observers review their notes to rate items that reflect what happened during the entire observation time; we call these "across-the-visit items."

We recommend observing in the morning and starting once most of the children have arrived. The timing and length of the observation provides opportunities to observe interactions between caregivers and children under a variety of circumstances (for example, circle time, indoor or outdoor playtime, book sharing, and classroom routines such as feeding and diapering). The QCIT psychometric field test visits all took place in the morning.

What kinds of scores come from the QCIT? Several scores can be produced from the QCIT. Observers can calculate scores for individual items and scores for the four scales (for example, a score for Supporting Social and Emotional Development). Typically, scores are at the classroom level and represent the "average experience of the children in the classroom." However, if you are using QCIT for a caregiver's professional development, you can focus on just that caregiver and produce individual-level scores. There are instructions in the QCIT User's Guide that explain how to calculate QCIT scores (either by hand or by programming into a statistical package). Although we hope to provide an electronic scoring program in the future, it is not currently available.

QCIT AND OTHER MEASURES

How is QCIT different from other measures used in infant and toddler classrooms? The QCIT has some overlap with other measures and could complement many measures for infant and toddler classrooms and family child care homes. The QCIT also has unique aspects.

- QCIT is a single instrument that can be used in both infant and toddler classrooms or in FCCs and the same items, dimensions, and scores are available for all settings. Therefore, observers only learn one instrument but can apply it to different ages, settings, and contexts.
- The QCIT measures topics that are less common in other measures, including support
 for children's cognitive skills such as giving choices, explicit teaching, and supporting
 peer interaction and play; social-emotional topics such as responsive routines and
 scaffolding social problem solving; and a series of items focused on book-sharing in
 addition to other language items.

Can QCIT be used at the same time as other tools? The QCIT complements many other tools, and it has been used with some brief environmental checklists. It has not been used by a single observer at the same time as other lengthy measures of classroom quality. It is possible to have more than one observer in a room, however, with each one working on a different measure (which was successfully done in our psychometric field test and other studies).

Does the QCIT measure the classroom environment? The QCIT focuses on interactions between caregivers and children in settings with infants and toddlers. The QCIT's areas of concern scale captures some aspects of the classroom environment's health and safety. In addition to some items about physical health and safety, the QCIT includes items missing in other tools, such as whether the classroom environment is overwhelming for children, and whether some children are unengaged for long periods of time.

The QCIT could be paired with other measures of the classroom environment. For example, the QCIT has been used with some brief environmental checklists.

QCIT IS FLEXIBLE FOR USE WITH DIVERSE POPULATIONS

Can I use the QCIT if the classroom uses languages other than English? Is the QCIT available in languages other than English? Currently, the QCIT materials and training are only available in English. However, you can use the QCIT in multilingual settings if you, as the observer, are fluent in English and the language(s) of the classroom or FCC. During the psychometric field test, the QCIT was tested in Spanish-speaking classrooms. Bilingual observers were trained in English and practiced observing in English and Spanish. Observers were able to use the QCIT instrument to code reliably in classrooms where Spanish was spoken.

A language other than English was spoken in 38 percent of the classrooms in the psychometric field test. An average of 31 percent of the children in the classrooms were dual language learners. The QCIT scales functioned similarly whether the classroom had a high concentration or a low concentration of dual language learners. You can read more about the QCIT psychometric field test findings https://www.mathematica.org/our-publications-and-

<u>findings/publications/measuring-the-quality-of-caregiverchild-interactions-for-infants-and-toddlers-q-cciit.</u>

Can I use the QCIT with diverse populations? The important qualities that the QCIT measures—particularly responsiveness, warmth, and sensitivity to cues—are found across cultures, but how they are expressed may vary. The QCIT User's Guide includes a description of cultural differences that you could observe for most items, along with what to expect for children of different ages or developmental levels.

Has the QCIT been used in classrooms that serve American Indian/Alaskan Native (Al/AN) children? We do not know whether the QCIT has been used in classrooms serving Al/AN children. We look forward to the QCIT being used more widely so more evidence can be collected on how the measure functions with diverse populations.

For what age ranges is the QCIT appropriate? The QCIT was developed and tested for use in caregiving settings with children from birth to age 36 months and in FCCs that serve at least one child in that age range.

Is a QCIT instrument available for children older than 36 months of age? The QCIT was developed and tested for use in caregiving settings with children from birth to age 36 months. Currently, there is not a preschool version of the QCIT.

Can I conduct the QCIT in mixed-age classrooms (specifically, in classrooms with children older than 36 months)? Yes, as long as one child who is 36 months or younger is in the classroom (and is awake) during each cycle, you can conduct the QCIT. In these situations, we have focused our observations on the experiences of the children 36 months old and younger when rating—so the QCIT scores represented the experiences of the infants and toddlers in a context where older children were also present.

If you are observing a classroom with a few children who are older than 36 months, you could use the QCIT measure for the whole class. But as of now, the measure is untested with classrooms of children who are all older than 36 months, so your scores would not be comparable with the QCIT psychometric field test results.

USING QCIT FOR PROFESSIONAL DEVELOPMENT

How can QCIT be used for a caregiver's professional development? The QCIT can be used for professional development at the classroom-level or at the individual-level by focusing on the same caregiver in every cycle.

A coach can give a caregiver feedback on the overall scale scores and on each specific QCIT item. For example, in looking at item scores across cycles, a coach might see patterns in a caregiver's scores. Perhaps the caregiver scores high on use of varied vocabulary in most cycles, but during a cycle with mealtime, the caregiver's vocabulary score is lower. The coach can show the caregiver that their vocabulary skills are generally high but encourage the caregiver to also work on using vocabulary during mealtime. In that context, there would be many opportunities for introducing new vocabulary, such as descriptive words about taste and textures, and grouping food by categories. A coach could also use a caregiver's scores to guide a caregiver to other evidence-based resources when providing feedback—such as the Head

Start Early Learning Outcomes Framework (ELOF) Effective Practice Guides or ZERO TO THREE's Critical Competencies.

Can I get Continuing Education Units (CEUs) for participating in a QCIT training? Although we hope to provide this credential in the future, it is not currently available.

Can an observer use just part of the QCIT? We require observers to be trained and certified on the entire QCIT instrument so they fully understand the tool and understand how all items relate to the children's multifaceted experience. However, a certified observer may choose to use the QCIT to understand particular dimensions of quality. For example, an observer could choose to focus on certain areas (such as, only on language items) for specific periods of time.

Is the QCIT aligned with existing professional development resources and models? Because the QCIT measures evidence-based practices, it aligns with many evidence-based resources already in use in the early childhood community for professional development. For example, the QCIT overlaps with the Head Start Early Learning Outcomes Framework (ELOF) and with the ELOF Effective Practice Guides.

	QCIT scales			
ELOF domains and sub-domains	Support for social- emotional development items	Support for cognitive development items	Support for language and literacy development items	Areas of concern topics
Approaches to learning Emotional, behavioral, cognitive self-regulation, initiative, curiosity, creativity	Responding to emotional cues, social cues, and distress, classroom limits and management, responsive routines	Giving choices, supervising and joining in play, extending pretend play	Engaging children in books, positive attitude toward books	Concerns about emotional safety, chaotic environment, inhibition of cognitive development
Social and emotional development Relationships with adult and with other children, emotional functioning, sense of identity and belonging	Responding to social cues, Building a positive relationship, supporting peer interaction, sense of belonging, social problem solving	Supervise and join play	Conversational turn-taking	Concern about emotional safety
Language and communication Attending and understanding, communicating and speaking, vocabulary, emergent literacy		Concept development	Varied vocabulary, use of questions, conversational turn-taking, extending children's language use, features of talk (use of talk) and sentences, decontextualized talk, engaging children in books, positive attitude toward books	
Cognition Exploration and discovery, memory, reasoning and problem-solving, mathematical thinking, imitation, symbolic representation, play		Support object exploration, concept development, scaffold problem solving, giving choices, extending pretend play, explicit teaching		
Perceptual, motor and physical development		Support object exploration, scaffold problem solving		Concern about physical health and safety