



Missouri Infant/Toddler Responsive Caregiving Checklist

Formally Known as MO QRS Infant/Toddler Intentional Teaching Checklist. OPEN Initiative at the MU Center for Family Policy & Research (revised 7.09)

For more information: 877-782-0185 (toll free) or www.OPENInitiative.org

Introduction to the Missouri Infant/Toddler Responsive Caregiving Checklist:

The Missouri Infant/Toddler Responsive Caregiving Checklist (formally known as MO QRS Infant/Toddler Intentional Teaching Checklist) is designed to measure caregiving practices for groups of children ages from birth up to age 3 (36 months). Responsive caregiving of very young children and infants is focused on each child as they develop a sense of well being, belonging, exploration, communication, and the contributions they make to their world. The learning of very young children and infants is multifaceted and integrated, rather than divided in separate content areas. Therefore, many of the items on the checklist happen during naturally occurring routines and events, rather than teacher- led or -directed activities for the whole group. These moments of shared, joint attention with one or two children allow caregivers to meet the diverse needs of children as individuals and respond to their cues to expand on learning. Responsive caregiving is rooted deeply in relationships that are formed among children, families, primary caregivers, and peers.

Ongoing Development:

The Missouri Infant/Toddler Responsive Caregiving Checklist is currently undergoing testing for its reliability and validity in a variety of early childhood settings. Any feedback from those who may wish to use the checklist in its current form, or any information gained from its use, should be sent to the OPEN Initiative at the Center for Family Policy & Research at openinitiative@missouri.edu.

Administration of the Checklist:

The Missouri Infant/Toddler Responsive Caregiving Checklist can be used with groups of infants and children under 36 months in both center-based and home-based early childhood programs. A minimum of 3 hours is required for valid assessment. Further clarification and/or examples are included at the end of this document for each item. These examples are not all-inclusive, but are provided to assist in training purposes for assessors and/or caregivers.

The items in the checklist measure what all caregivers and all children who are awake experience, rather than just what the lead caregiver does or what one or two children experience. The intent is not that all children participate in the same activities at the same time, but rather that all children have opportunities to experience a wide variety of high-quality interactions and experiences throughout the day as they show interest. The definition for 'children' and 'caregivers' for the purpose of this checklist are included below:

- Children – when the term 'children' is noted in the checklist, the interaction is required for at least 75% of the children.
- Caregivers - when the term 'caregiver' is noted in the checklist, it is defined as teaching staff responsible for the care of the children. Volunteers, visitors, or 'floater' staff who give the regular staff member a short break (less than one hour in the care setting) are not considered caregivers when assessing the group unless that person has an extreme negative interaction with a child or negatively impacts on the overall environment.

Directions for Scoring:

During the observation, use the Notes box to tally the percentage of children experiencing the item. Check the box labeled YES if the item is met. If the item is not met, check the box labeled NO. Items 16-17 and 19-20 require a short interview with the lead caregiver or review of records. Record descriptive, factual justification statements on the back of the page for each item marked NO. These can include specific examples, how the item was only partially met, or simply that it was not observed at all. To calculate the overall score, divide the number of items scored YES by 2.

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Program Name: _____ **License Number/DVN:** _____ **Date:** _____

Classroom Name: _____ **Age Range Observed (in Months):** _____

Caregivers Observed: _____ **Assessor Name:** _____

		YES	NO	Notes:
1.	Caregivers recognize and respond appropriately to children’s individualized cues.			
2.	Caregivers use daily routines and interactions to form the basis for learning.			
3.	Caregivers use joint attention with children during normally occurring routines and activities to demonstrate being responsive to the child’s interests.			
4.	Caregivers narrate what is happening to children during routines.			
5.	Caregivers verbally help children anticipate familiar routines and events.			
6.	Caregivers encourage positive peer interactions through modeling and arrangement of the environment.			
7.	Caregivers help children identify and express their emotions.			
8.	Caregivers encourage children to notice when their peers are expressing emotion.			
9.	Caregivers model empathy or assist children in showing empathy towards their peers.			
10.	Caregivers support children’s sense of competence by encouraging them to do things for themselves as they are developmentally ready.			
11.	Caregivers encourage children to solve their own problems.			
12.	Caregivers provide children with a variety of opportunities and verbal encouragement to develop their gross-motor skills.			
13.	Caregivers provide children with a variety of opportunities to develop their fine-motor skills.			

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		YES	NO	Notes:
14.	Throughout daily interactions and naturally occurring experiences, caregivers encourage children to explore developmentally appropriate concepts, such as: <ul style="list-style-type: none"> <input type="checkbox"/> Comparing Amounts (“more” or “less” or “same”) <input type="checkbox"/> One-to-One Correspondence <input type="checkbox"/> Volume (pouring and dumping) <input type="checkbox"/> Cause and Effect <input type="checkbox"/> Object Permanence <input type="checkbox"/> Compare and Contrast <input type="checkbox"/> Opposites (Must observe a minimum of 2 different concepts being introduced and at least 75% of the children present should be involved in a concept-related interaction/experience.)			
15.	Caregivers engage in language play with children that introduces listening and responding (e.g., songs, rhymes, games).			
16.	Children are kept with the same group of children and consistent caregivers on a daily basis. (Score NO if children and/or caregivers are routinely moved between groups from day-to-day due to over enrollment or staffing issues. Observation or interview can be used in scoring.)			
17.	A consistent caregiver stays with the same group of children from the time of the child’s enrollment for at least 24 months. (Interview or review of program policies must be used in scoring.)			
18.	Primary caregiving is observed within the daily interactions and routine care of children.			
19.	Caregivers keep individual records based on observation and use them in setting up the environment and planning experiences for children. (Children’s records and lesson plans/individualized goals must be reviewed in scoring.)			
20.	Caregivers complete or make accessible an age-appropriate developmental screening for children enrolled and make referrals to additional services when needed. (Children’s records or documentation must be used in scoring.)			
		# YES	# NO*	Overall Score**: _____

**Please double check that the number of justifications on the back pages equal the number of NO items recorded above.*

***Calculate overall score by dividing number of YES items by 2.*

Examples/Further Clarification for Missouri Infant/Toddler Responsive Caregiving Checklist:

The following are examples of what the assessor might observe children and caregivers doing related to each item. The examples are not all-inclusive, but provide clarification for training purposes. Because we know that responsive caregiving looks different depending on the age and developmental level of the child, there are examples for each age group (infant, toddler, two-year-olds). Consideration should be given for children that were premature or those with special needs, that “developmentally appropriate” is tied to their own developmental level, and not age norms. Further clarification of certain items is also included below when needed.

1. Examples of recognizing and responding to individualized cues include:
 - a. An infant rubs her eyes and the caregiver picks her up, asks her if she is tired, and sits in the rocking chair with her.
 - b. A toddler points to a cup on the counter and the caregiver asks if he is thirsty and gives him a drink.
 - c. A two-year-old is turning away and wiggling when the caregiver is reading a book to her. The caregiver asks if she would rather go play and read the book later.
2. Examples of using daily routines and interactions to form the basis of learning include:
 - a. An infant gives the caregiver a toy and the caregiver says, “Emma, thank you for the blue truck!” while signing thank you.
 - b. While washing hands, the caregiver tells a toddler, “We make the soap bubbles to get your hands clean and wash away germs.”
 - c. At lunch, the caregiver helps a two-year-old count out the number of green beans on his plate, “Uno, Dos, Tres...”
3. Examples of sharing joint attention include:
 - a. The caregiver notices an infant gazing at a ball, and rolls it back and forth in front of her while she plays on her tummy.
 - b. A toddler brings a book off the shelf to the caregiver and sits in her lap to read it together.
 - c. A two-year-old finds a ladybug on the playground and the caregiver squats down to look at it and talk with him about it.
4. Examples of narration during routines include:
 - a. As the caregiver is offering an infant a bottle, he says, “Does it taste good? Is it warm in your tummy? Are you getting full?”
 - b. While getting ready to go outside, the caregiver says to toddlers, “We are putting on our coats so we do not get cold.”
 - c. Preparing for lunch, the caregiver says, “Jose, will you help me with the plates? We need 4 plates, one for you, one for...”
5. Examples of helping children anticipate familiar routines and events include:
 - a. The caregiver tells the child, before picking them up, “I think you need a diaper change. Would you like a clean diaper now?”
 - b. The caregiver says to a toddler, “Maliah, first we will have snack and then we will go outside to play.”
 - c. The caregiver sings a special song to let the older children know that it will be time to clean up in five more minutes.
6. Examples of encouraging positive peer interaction include:
 - a. The caregiver places two non-mobile infants on a mat with toys next to each other for tummy-time and talks with them both.
 - b. The caregiver offers two toddlers some pretend tofu and rice and encourages them to offer a cup or chopsticks to one another.
 - c. The caregiver tells a two-year-old, “I wonder if anyone wants to paint with us, too. Who can we ask to join us at the table?”
7. This item is not intended to encourage caregivers to set up expectations for children to prematurely label their behaviors as “angry,” “sad,” etc., which is better developed during the latter half of this age range. However, caregivers can introduce initial concepts related to children’s self-awareness of emotion. Examples of helping to identify and express emotions include:

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- a. A non-mobile infant is reaching for a toy just out of reach and starts to whine. The caregiver says, “Oh Soo Jin, you really want that! You look frustrated right now.”
 - b. A toddler starts to cry when his dad leaves. The caregiver says, “I know you are sad to see daddy go. Would you like to wave at him out the window?”
 - c. A two-year-old slides down the slide and says, “I did it!” The caregiver says, “You sure did! You must be proud of yourself.”
8. Examples of encouraging children to notice when their peers are expressing emotion include:
- a. The caregiver is holding two children in her lap while they look at a book together. One infant smiles and squeals and the caregiver tells the other infant, “He is excited! He loves this book!”
 - b. A child new to the group clings to his grandmother’s leg when she is dropping him off. The caregiver tells another toddler who is staring at the child, “Do you think Aiden is feeling scared? It is hard to come to a new place with new friends.”
 - c. A two-year-old is playing with a toy lawnmower outside. Another two-year-old pulls it away from her and she yells “NO!” The caregiver squats down next to the two children and says, “Oh, look. Jasmine is mad that you took the lawnmower away from her.”
9. Examples of modeling for children or assisting them in showing empathy towards their peers include:
- a. An infant falls when cruising while holding onto a shelf. The caregiver picks her up and gives her a hug, saying, “Goodness, Mina, are you okay? You had a big fall, didn’t you?” while other children watch.
 - b. A child lays on a pillow in the soft area and the caregiver remarks to a toddler nearby, “Elijah looks tired. Would you like to give him this doll and blanket to rest with?”
 - c. A child is crying after being pushed by another child. The caregiver says, “Jackson doesn’t like to be pushed. What can we do to make him feel better?” to the two-year-old that pushed him.
10. Examples of encouraging children to do things for themselves include:
- a. Placing a rattle within reach of an infant, but not in his hand; allowing an infant to self-feed (even though it is messier) rather than have an adult feed her.
 - b. Paper towels are placed in a convenient location so toddlers can dry their own hands after washing.
 - c. A two-year-old is allowed to put on his own hat in preparation to go outside.
11. Examples of encouraging children to solve their own problems include:
- a. The caregiver notices an infant trying to pick up a toy that she had dropped. The caregiver sits next to her and says, “Can you get it? Reach...” After a few moments, the child gets frustrated and the caregiver says, “I can help” while giving it to her.
 - b. A toddler is attempting to place a square block in the round hole of a shape sorter toy. When he sees that it won’t fit, the caregiver says, “That did not work, did it?” and waits for the child’s response. He looks up at the caregiver after trying again and she says, “Maybe we should try a different one...” and waits for his response.
 - c. A two-year-old is upset because he got paint on his pants. The caregiver says, “What do you think we should do?” The child says, “I don’t know!” The caregiver says, “Well, we do have water in the sink. Or, you have another pair of pants in your cubby. What would you like to do?”
12. Both caregiver language and the room arrangement facilitate gross motor movement. Examples of encouraging children to move their whole bodies by reaching, rolling, crawling, cruising, walking, running, or balancing include:
- a. The room and outdoor space is arranged so that there are safe, open spaces where children can roll, crawl, cruise, or walk.

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- b. There are gross-motor equipment and materials such as mats, activity gyms, climbers, tunnels, scarves, balls, or ride-on toys accessible to children of all ability levels.
 - c. The caregiver verbally encourages children while they practice emerging gross-motor skills.
13. Examples of providing children with a variety of opportunities to develop their fine-motor skills include:
- a. There are a variety of fine-motor materials accessible to children such as rattles, puzzles, stacking toys, bead mazes, blocks, or large stringing beads. A variety is defined as many objects that encourage a range of abilities.
 - b. Art experiences are provided for children older than 12 months.
 - c. Children are encouraged to pick up pieces of food using first their fingers, then as they get older using a spoon.
14. Examples are included below for a number of concepts. Please note that the list of possible concepts that might be introduced to infants and young children during the observation is not comprehensive. If other concepts are observed being discussed between caregivers and children, it can count towards meeting this item. Also, the interactions and/or activities does not need to be planned activities for a group of children, but take place during naturally occurring happenings within the daily routines and activities. The assessor must observe each caregiver demonstrating competence in verbalizing these types of concepts at least once with 75% children when responsive to interaction and/or activities. At least two different concepts must be introduced/discussed during the observation.
- a. Comparing Amounts (“more” or “less” or “same”)
 - i. An infant stops drinking her bottle and the caregiver says, “Do you want more?” while making the sign for ‘more’.
 - ii. Two children are playing with toy cars and the caregiver says, “Miya, you have two cars and Evan, you have two cars! You both have the same number of cars.”
 - iii. The caregiver says, “I have less than you do. Can you pour more into my cup?” when playing with a two-year-old at the water table.
 - b. One-to-One Correspondence
 - i. The caregiver says while putting on an infant’s socks, “Here is one sock for this foot and here is one sock for this foot.”
 - ii. The caregiver says to the toddler, “How many stuffed animals do we have here?” and points to each one as she counts.
 - iii. The caregiver asks a two-year-old to help set the table for lunch. She helps him place one plate in front of each chair.
 - c. Volume (pouring and dumping)
 - i. The caregiver places a container with objects in it next to an infant. When he dumps them out, she says, “You dumped them all on the mat.”
 - ii. Toddlers older than 18 months are provided with opportunities for sand and water play, along with materials to encourage pouring and dumping. Caregivers interact with children while at the sand and water area.
 - iii. A simple cooking activity is offered for two-year-olds so that they can practice pouring and dumping ingredients with a caregiver’s help.
 - d. Cause and Effect
 - i. An infant bangs a rattle on the mat. The caregiver says, “You banged your rattle and it made a loud noise.”
 - ii. A toddler pushed a ball down the slide. The caregiver says, “Marquis, you pushed your ball and it rolled down to the bottom.”
 - iii. A two-year-old gave another child a toy and the child smiled. The caregiver says, “You made Lily happy because you shared with her.”

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- e. Object Permanence
 - i. The caregiver plays peek-a-boo with an infant.
 - ii. The caregiver sings, “Where is Thumbkin?” with a toddler.
 - iii. A caregiver and two-year-old discuss how Mommy is at work and she will come back in the afternoon.
 - f. Compare and Contrast
 - i. Toys with different textures are given to infants to feel or mouth. The caregiver talks about the toy’s attributes such as “smooth, bumpy, and soft”.
 - ii. A couple toddlers and the caregiver explore “feely bags” where familiar objects are in a bag and the children stick their hand in and talk about how it feels. The caregiver asks them what it feels like and if the items feel the same or different.
 - iii. The caregiver talks with a small group of two-year-olds about their pets. She points out that some children have dogs, others have cats, and others do not have animals at home.
 - g. Opposites
 - i. The caregiver points out the black and white shapes in the board book for an infant.
 - ii. The caregiver encourages the toddlers to first run fast and then walk slowly while playing outside.
 - iii. The caregiver talks with a two-year-old about the weather being rainy yesterday, but sunny today.
15. Examples of language play with children that introduce listening and responding include:
- a. The caregiver says, “Ma-Ma-Mommy” to an infant when she babbles “ma-ma-ma-ma”.
 - b. The caregiver sing-songs a rhyme with the children and encourages them to repeat the rhyming words.
 - c. The caregiver sings, “Head, Shoulders, Knees, and Toes” and encourages the children to join in.
16. This item is to be scored NO if children and/or caregivers are routinely moved between groups from day-to-day due to over enrollment, staffing issues, or program policies. Observation or interview can be used in scoring. Because the formation of trust is so vital during this stage of development, it is important that infants and young children’s transitions be limited to a small number of caregivers in a consistent environment. If children are moved between rooms, or new adults are introduced throughout the day, it is difficult for children to know what to expect and to feel secure.
- a. If the assessor observes children or caregivers being moved between groups (and it is not part of a transition plan for one individual child), the item will be scored NO.
 - b. If the assessor does not observe children or caregivers being moved between groups, the assessor should ask the lead staff, “Are there times when a few children are moved to a different group/classroom for some of the day? Are there times when you or other staff typically assigned to this group are moved to another group? Why?”
17. This item is based on continuity of care for children throughout their first years of development. Forming long-term bonds further helps children develop trusting relationships. It also assists in responsive caregiving by allowing caregivers to become familiar with children’s individualized personalities and emerging skills over time.
- a. This item is to be scored NO if caregivers or individual children are moved to new groups more frequently than every 24 months. Occasional changes in staffing due to promotions or turn-over are not considered in scoring this item.

- b. Interview and/or review of program policies must be used in scoring this item. If program policies are not available for the assessor to review, the assessor should ask the lead staff, “How long do you stay with this group of children? How are transitions handled for children from one group to the next?”
 - c. For two-year-old only classrooms, the 24-month rule should be relaxed. To score YES with a two-year-old only classroom, the caregiver(s) should remain with the children until they transition to preschool-age classrooms.
 - d. For more information regarding the importance of consistency in caregiving, please visit http://www.zerotothree.org/site/PageServer?pagename=ter_key_edu_care
18. Primary caregiving is when a specific caregiver is designated as the main caregiver for a small group of children (typically no more than ½ the group size). Although other staff may interact and care for the children when the primary caregiver is occupied with other tasks, examples of the primary caregiver’s responsibilities include:
- a. serving as the main contact for the family, conducting family/teacher conferences, or calling the parents/guardians when needed.
 - b. completing the anecdotal notes/assessment, maintaining records, and setting individualized goals for the child.
 - c. completing as much as the routine caregiving for the child as possible, such as holding when feeding a bottle, changing diapers/helping with potty training, helping to go to sleep, or reading books one-on-one.
 - d. This item must be observed.
 - e. Interview may be used to establish that primary caregiving is purposefully practiced. The assessor may ask to see a list of which children are assigned to which caregiver to support the observation.
 - f. In home-based settings with only one caregiver, the item should be scored YES.
 - g. For more information regarding primary caregiving, please visit http://www.zerotothree.org/site/PageServer?pagename=ter_key_edu_care
19. Children’s records or lesson plans/individualized goals for children must be reviewed in scoring. Evidence must be shown that records are kept and used in future planning. Examples of individual records based on observation include:
- a. anecdotal notes
 - b. a sample of children’s art work
 - c. photographs with a written description
20. Children’s records of developmental screenings or interview and documentation must be used in scoring.
- a. The assessor should ask “Do children and families have access to developmental screenings that are completed by staff at the program?” If yes, the assessor should then ask, “If there is a concern that arises based on the screening, how do you communicate this to the child’s family? What additional services do you refer families to when there is a concern?”
 - b. If no to the question above, the assessor should ask, “Does the program let families know of opportunities for children to receive screenings in the area?”
 - c. The assessor should then ask to see either copies of children’s developmental assessments or documentation showing how families are made aware of developmental screenings being offered in the community (e.g., flyer, written policies, letter home to families).
 - d. This item should be scored NO if the developmental screening is developmentally inappropriate or is not a research-based screening. For example, if a kindergarten readiness checklist is used for a 24-month-old child, the item would be scored NO. Curriculum-based

measures do not count unless they provide norms or cut-offs that allow professionals to identify potential needs for further evaluation.

- e. If the child has been in the program for less than 6 weeks, a developmental screening would not be required to meet this item.
- f. Examples of additional services include, but are not limited to, Parents as Teachers, First Steps, or the family's physician.