

A Quality Rating and Improvement System for Connecticut



QRIS Workgroup Final Report June 2014

165 Capitol Avenue, Hartford CT 06106

www.ctearlychildhood.org



June 10, 2014

Ms. Leah Grenier, Chairperson
CT Early Childhood Education Cabinet

Dear Leah:

The Early Childhood Cabinet's Quality Rating and Improvement System Workgroup concluded its work on March 18, 2014. We are pleased to submit the final recommendations and supporting documents. We hope that our efforts will help move Connecticut closer to a system that insists on quality early experiences for **all** children and families in **all** settings.

We previously provided the report, *A Quality Rating and Improvement System for Connecticut QRIS, Workgroup Recommendations, June 2013*. As the Office of Early Childhood formulates a plan for a QRIS in CT, we urge continued reference to this report, in particular its Guiding Principles and essential structure.

As you know, the final phase of our work included the development of Standards and Criteria for the QRIS. We have included our recommendations for each of the five standard areas: Health and Safety, Learning Environment, Workforce Qualifications and Professional Development, Family Engagement and Support, and Leadership and Management.

As reported to the Cabinet on April 24, 2014, an amendment was made to the Workforce Qualifications and Professional Development Standard, specifically to the requirements for teacher qualifications in center based programs. The revised recommendations are as follows:

- Level 2 indicator specifies that each program's Head Teacher who does not have a CDA or degree in early childhood education would be required to have credits in the following areas: Introduction to Early Care & Education, Child Growth & Development, Family Engagement & Support, and Working with Children from Diverse Backgrounds and Children with Special Needs
- Level 3 indicator specifies that each group of children in the center- or school-based setting have at least one teacher who meets the requirements of Level 2

We have included supporting documents for the Standards and Criteria. We trust that you will find these useful. These include:

- Infrastructure and Toolkit Resources for Connecticut's QRIS Standards & Criteria, along with the identification of three priority tasks related to the infrastructure of the system;
- Comparison of indicators for education & credentials - teaching staff, workforce qualifications and professional development standard
- Good/ better/ best document showing vertical alignment of indicators in all 5 standard areas
- Research rationales for each of the criteria that provide detail to the five QRIS Standards.

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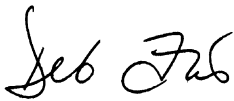
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Our deepest appreciation is extended to our facilitators. Barbara Wall, Office of Child Care, State Systems Specialist for Region 1 masterfully facilitated the development of the framework for the QRIS. Sam Stephens, Center for Assessment & Policy Development, facilitated the development of the Criteria and Indicators. In each case, the expertise, research and preparation provided to us contributed in immeasurable ways to our success. Barbara and Sam are both professionals of the highest caliber and we were fortunate to have access to their national perspective as we completed this important work.

We look forward to hearing more about the implementation of a QRIS in Connecticut. Our workgroup remains committed to the principles, recommendations and supporting documents contained in this final report. We welcome the opportunity to provide further clarification, assistance or support.

Sincerely,



Deb Flis
QRIS Workgroup Co-Chair



Eileen Ward
QRIS Workgroup Co-Chair

cc: Myra Jones-Taylor, Commissioner
Office of Early Childhood

Table of Contents

Standards, Criteria & Indicators

Health & Safety.....	4-9
Learning Environment.....	10-18
Workforce Qualifications & Professional Development.....	19-23
Family Engagement & Support.....	24-28
Leadership & Management.....	29-35

Appendix

Infrastructure & Toolkit Resources.....	36-44
Workforce Criteria Comparisons.....	45-46
Good, Better, Best Indicators.....	47-52
Research Rationale.....	53-82
Priority Areas.....	83
QRIS Report with Executive Summary.....	84-112
A QRIS for Connecticut.....	113-148

SUBGROUP RECOMMENDATIONS FOR INDICATORS

Notes: * = system infrastructure; # = template and/or example in toolkit

Standard: Health & Safety

Criterion: Safety of the Physical Environment

Rationale/Link with Child Outcomes: Prevention of injury in a safe environment ensures that all children will be healthy and able to benefit from learning experiences. Maintaining a safe environment includes appropriate supervision of children and capacity to identify and respond to possible risk conditions and emergency situations. Particular attention to injury prevention may be needed for children with disabilities or special health care needs as well as for other children who may be especially susceptible to injury, including infants and toddlers.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
Centers and schools.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>All staff complete approved training* on CT DPH statutes and regulations and are able to identify potential hazards (indoor and outdoor) and proactively report hazards to be rectified.</p> <p>All staff know and follow safety regulations and emergency plans, including those specific for children with disabilities.</p>	<p>The program uses a nationally recognized health and safety checklist# developed for use in early childhood programs (indoor and outdoor).</p> <p>The program's improvement plan# incorporates goals and actions based on results of checklist review and in conjunction with the program's approved health consultant, to improve health and safety policies and practices.</p> <p>The program has a written plan# for a range of emergency situations.</p>	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.
Family child care homes.		<p>The provider completes approved training* on CT DPH statutes and regulations and uses the DPH Inspection Form to self-monitor for on-going compliance with regulations.</p> <p>Provider and any assistants know and follow safety regulations and emergency plans, including those specific for children with</p>	<p>The provider uses a nationally recognized health and safety checklist# developed for use in family day care homes.</p> <p>The provider's improvement plan# incorporates goals and actions based on results of checklist review to improve health and safety practices.</p> <p>The provider has a written plan# for a range of emergency situations.</p>	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
		<p>disabilities.</p> <p>Provider conducts monthly evacuation drills and keeps a log# of the dates and times when evacuation was practiced.</p>		

SUBGROUP RECOMMENDATIONS FOR INDICATORS

Notes: * = system infrastructure; # = template and/or example in toolkit

Standard: Health & Safety

Criterion: Health Practices

Rationale/Link with Child Outcomes: Using procedures that prevent transmission of disease and promote physical and social-emotional health ensures that children will be healthy and able to attend and benefit from learning experiences. Particular attention to disease prevention and health promotion may be required for children with disabilities or special health care needs as well as for other children who may be especially vulnerable, including infants and toddlers.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
Centers and schools.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>Risk assessment screening for communicable diseases# is conducted for all staff annually.</p> <p>All staff complete approved training* in Standard Precautions.</p> <p>To ensure that all children are able to fully participate, including those with disabilities and special health care needs, there is one staff member certified* to administer medications available on the premises at all times.</p> <p>The program's approved health consultant* provides written recommendations for improvement, based on observation and records review, with special attention to the care of infants and toddlers and children with disabilities and special health</p>	The program documents compliance with and implements corrections according to the recommendations of the consultant (or consultants). The program's approved health care consultant monitors compliance with recommendations.	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
		<p>care needs.</p> <p>Each classroom has a first aid kit with contents specified by DPH.*</p>		
Family child care homes.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>Risk assessment screening for communicable diseases# is conducted for provider and all assistants annually.</p> <p>Provider (and all assistants) complete approved training* in Standard Precautions.</p> <p>Provider has first aid kit located in child care area, with contents specified by DPH.*</p>	Provider participates in a regional TA network* that offers access to information and advice from consultants, including health care consultants.	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

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Standard: Health & Safety

Criterion: Nutrition and Physical Activity

Rationale/Link with Child Outcomes: Nutritious food and opportunities for physical exercise in the early childhood setting, and provision of information on nutrition and physical activity to families, promote child health and development so that children will be able to benefit from learning experiences. Understanding the food preferences of individual children and families from different backgrounds enables programs and providers to provide nutritious meals during care while reinforcing healthy practices in families. Particular attention to provisions for physical exercise may be required for children with disabilities or special health care needs as well as for infants and toddlers.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/National Standards
Centers and schools.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>Program provides staff and families with written information# on established guidelines on nutritious meals and/or snacks and on physical activity.</p> <p>When provided by the program, program staff follow instructions for offering appropriate meals for children with special dietary needs.</p> <p>Program provides a comfortable place for breastfeeding and coordinates feedings with the infant's mother.</p> <p>Full-day (8 or more hours) programs offer toddlers and preschoolers at least 60 minutes of indoor and outdoor physical activity daily; part-day programs offer toddlers and preschoolers at least an equivalent pro-rated number of minutes of indoor and outdoor physical activity daily.</p>	<p>All program staff complete approved training* on health, nutrition, and physical activity for the prevention against obesity and other health issues i.e. diabetes etc.</p> <p>Families are offered opportunities to participate in training on health, nutrition, and physical activity.</p> <p>When food is provided by the program, program requests information from families on cultural and individual preferences and ensures that food served to children reflects the cultural diversity of enrolled families.</p>	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/National Standards
Family child care homes.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>Families and any assistants are provided with written information# on established guidelines on nutritious meals and/or snacks and on physical activity.</p> <p>When food is provided by the provider, provider follows instructions for appropriate meals for children with special dietary needs.</p> <p>Provides a comfortable place for breastfeeding and coordinates feedings with the infant's mother.</p> <p>Toddlers and preschoolers who are in the care setting 8 or more hours are offered at least 60 minutes of indoor and outdoor physical activity daily; toddlers and preschoolers in the care setting for fewer hours are offered at least an equivalent pro-rated number of minutes of indoor and outdoor physical activity daily.</p>	<p>Completes approved trainings* on health and nutrition (which encompasses nutritious meals and physical activities for prevention against obesity and other health issues i.e. diabetes etc.).</p> <p>When food is provided by the provider, provider requests information from families on cultural and individual preferences and ensures that food served to children reflects the cultural diversity of enrolled families.</p>	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

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Standard: Learning Environment

Criterion: Environmental Supports for Development & Learning

Indicator Description: Arrangement of Learning Space

Rationale/Link with Child Outcomes: Spaces with materials designed to promote learning and development goals, including those for children with disabilities, provide children with opportunities for self-directed exploration. Children from diverse backgrounds are encouraged to use learning spaces when these areas provide materials and support experiences that are familiar to them. Assessment of the learning environment using a standardized observational measure of environmental quality gives programs and providers a comprehensive and rigorous approach to identifying specific areas and strategies for improvement.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/National Standards
Centers and schools.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Program conducts a self-assessment using an approved observational tool# to assess its learning environment and uses the results to set goals and actions in the program's improvement plan.#	Program is assessed by an external observer* using an approved observational tool# to assess its learning environment and uses the results to set goals and actions in the program's improvement plan.#	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.
Family child Care homes.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Provider conducts a self-assessment using an observational tool# to assess the learning environment and uses the results to set goals and actions in the provider's improvement plan.#	Provider is assessed by an external observer* using an observational tool# to assess the learning environment and uses the results to set goals and actions in the provider's improvement plan.#	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

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Standard: Learning Environment

Criterion: Caregiver- teacher/child interactions and relationships

Rationale/Link with Child Outcomes: Research indicates that children’s social-emotional development is promoted by nurturing relationships with caring adults, that social-emotional development is correlated with learning, and that intentional practices are needed to support development across all domains and to facilitate learning. Programs and providers that develop individual relationships with children by being responsive, attentive, consistent, comforting, supportive, and culturally sensitive, and use intentional strategies to communicate effectively and build relationships with each child, based on knowledge of individual child interests and needs, support social-emotional and language development as well as reinforce engagement in learning experiences. Assessment of adult-child interactions and relationships using a standardized observational measure of environmental quality gives programs and providers a comprehensive and rigorous approach to identifying specific areas and strategies for improvement.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/National Standards
Centers and schools.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Program conducts a self-assessment using an approved observational tool# to assess teacher-child interactions and uses the results to set goals and actions in the program’s improvement plan.# Policies for staff assignments and children’s schedules maximize the consistency and continuity of teacher-child relationships and peer group composition.	Program is assessed by an external observer* using an approved observational tool# to assess teacher-child interactions and relationships and uses the results to set goals and actions in the program’s improvement plan.#	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.
Family child care homes.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring	Provider conducts a self-assessment using an approved	Provider is assessed by an external observer* using an	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/National Standards
	of Level 1 programs is performed by DPH.	observational tool# to assess teacher-child interactions and relationships and uses the results to set goals and actions in the provider's improvement plan.#	approved observational tool# to assess teacher-child interactions and relationships and uses the results to set goals and actions in the provider's improvement plan.#	programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

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Standard: Learning Environment

Criterion: Learning goals and experiences

Indicator Description: Planning Intentional Learning for Children

Rationale/Link with Child Outcomes: Research indicates that learning outcomes are facilitated when experiences are planned and intentionally aligned with learning goals. The following elements are critical in planning intentional learning: high expectations for all children, a learning-oriented environment, engaging activities, and thoughtful questioning and feedback. Learning experiences should be intentionally planned to address the knowledge and skills defined in state early learning and development standards and should be responsive to the needs of specific groups of children and individuals, including infants and toddlers, children with special needs or disabilities, children from culturally or linguistically diverse backgrounds, children of color, children from immigrant families, children in foster care, and children from low-income families. The implementation of specific tools and resources should be done in an intentional, responsive, and reflective manner.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/National Standards
Centers and schools.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Classroom staff complete approved training* on the Early Learning and Development Standards# and selected curriculum, materials and tools.# The Early Learning and Development Standards# are used in planning classroom experiences. Planned experiences reflect the diversity of the children and families served.#	Classroom staff complete approved training* on differentiating learning experiences to meet individual child learning goals. Program implements learning experiences (curriculum) aligned with the Early Learning and Development Standards. Plans describe the learning experiences and goals, specify adults' role in supporting learning, reflect the needs and interests of individual children, and indicate how families will be involved.	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/National Standards
Family child care homes.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>Provider completes approved training* on the Early Learning and Development Standards# and selected curriculum, materials and tools.#</p> <p>The Early Learning and Development Standards are used in planning learning experiences.</p> <p>Planned experiences reflect the diversity of the children and families served.#</p>	<p>Provider implements a written plan of experiences (curriculum)# aligned with the Early Learning and Development Standards.</p> <p>Provider completes approved training* on differentiating experiences to meet individual child learning goals.</p>	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

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Standard: Learning Environment

Criterion: Child observation & assessment

Indicator Description: 1-Conducting Observation and Assessment

Rationale/Link with Child Outcomes: Information on children’s progress assists programs and providers as they structure their environments and experiences to support individual development and learning. Working with families and other organizations serving enrolled children ensures that programs and providers better understand children’s needs and can reinforce and supplement experiences in other settings to maximize development and learning. Observation and assessment methods should allow programs and providers to understand individual developmental progress and needs for all children, including infants and toddlers, children with special needs or disabilities, children from culturally or linguistically diverse backgrounds, children of color, children from immigrant families, children in foster care, and children from low-income families.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
Centers and schools.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>Program conducts and documents observations# related to the Early Learning and Development Standards of all children on a regular basis.</p> <p>Observations are conducted during typical classroom experiences.</p> <p>Program collects family observations/ reports# on individual children’s interests, preferences, and developmental progress.</p> <p>If any concerns about a child’s development are identified, the program refers families to the Help Me Grow system or conducts a basic developmental screening using an approved tool.#</p>	<p>Program conducts and documents periodic assessment of all children’s progress in development and learning, using an approved formative assessment tool.#</p> <p>With parental permission, program gathers information on child’s development from other programs serving the child.</p>	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
Family child care homes.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>Provider conducts and documents observations# related to the Early Learning and Development Standards of all children on a regular basis.</p> <p>Observations are conducted during typical experiences.</p> <p>Provider collects family observations/ reports# on individual children's interests, preferences, and developmental progress.</p> <p>If any concerns about a child's development are identified, the provider refers families to the Help Me Grow system.</p>	<p>Provider documents periodic assessment of all children's progress in development and learning, using an approved formative assessment tool.#</p> <p>With parental permission, provider gathers information on child's development from other providers serving the child.</p>	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

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Standard: Learning Environment

Criterion: Child observation & assessment

Indicator Description: 2-Using Observation and Assessment Information

Rationale/Link with Child Outcomes: Information on children’s progress in the care setting assists programs and providers as they structure their environments and experiences to support and foster individual development and learning. Observation and assessment methods should allow programs and providers to understand individual children’s developmental progress and needs for all children, including infants and toddlers, children with special needs or disabilities, children from culturally or linguistically diverse backgrounds, children of color, children from immigrant families, children in foster care, and children from low-income families. Working with families and other organizations serving enrolled children ensures that programs and providers better understand children’s needs and can reinforce and supplement experiences in other settings to maximize development and learning.

Setting/ Program	Licensing Requirements	Good Practice	Better Practice	Best Practice/National Standards
Centers and schools.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Information from observations is used in classroom-wide planning for learning experiences.# NOTE: Indicators in the Family Engagement and Support Standard refer to program sharing of individual child observation and assessment information with families.	Information from observation and assessment, along with other information from related service providers when appropriate, is used to individualize curriculum, teaching strategies, and classroom support.#	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.
Family child care homes.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Information from observations is used in planning for learning experiences.# NOTE: Indicators in the Family Engagement and Support Standard refer to provider sharing of individual child observation and assessment	Information from observations and assessments is used to plan learning experiences for individual children.#	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

Setting/ Program	Licensing Requirements	Good Practice	Better Practice	Best Practice/National Standards
		information with families.		

SUBGROUP RECOMMENDATIONS FOR INDICATORS

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Standard: Family Engagement & Support

Criterion: Reciprocal Communication

Rationale: As their first teachers and most effective advocates, families are the strongest influence on their children’s development and learning. Programs and providers that establish partnerships with families through knowledge of and responsiveness to their diverse strengths and needs are the most effective in supporting children’s development and learning. Effective programs and providers engage in mutual, two-way respectful communication with families that reflects their cultural and linguistic preferences and recognizes the roles of families and of programs and providers in supporting individual children’s development and learning.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
Centers and schools.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>Program provides opportunities for families to share information about their children’s specific interests, needs, and development and about their own interests, talents, preferences, and goals for their children.#</p> <p>Program regularly shares information with families about their children’s experiences, development, and learning in the program.#</p>	<p>Program staff meet with families as requested to share information on their children’s experiences, development, and learning in the program, particularly when the child has special needs or the parent or staff has special concern related to any domain of development.</p> <p>Provides opportunities at mutually convenient times at least twice a year for families and staff to share information on their children’s experiences, development, and learning in the program.</p> <p>Program shares written information with families on child’s developmental progress# at least twice a year.</p> <p>Program uses a variety of resources* to provide written materials in languages and communication styles/preferences meaningful to the families enrolled.</p>	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
			Provides opportunities at mutually convenient times at least twice a year for families and staff to share information on their children's experiences, development, and learning in the program.	
Family child care homes.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>Provider provides opportunities for families to share information about their children's specific interests, needs, and development and about their own interests, talents, preferences, and goals for their children.#</p> <p>Provider regularly shares information with families about their children's experiences, development, and learning in the care setting.#</p>	<p>Provider meets with families as requested to share information on their children's experiences, development, and learning in the program, particularly when the child has special needs or the parent or staff have special concern related to any domain of development.</p> <p>Provides opportunities at mutually convenient times at least twice a year for families to share information on their children's experiences, development, and learning in the program.</p> <p>Provider shares written information with families on child's developmental progress# at least once a year.</p>	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

Notes: * = system infrastructure; # = template and/or example in toolkit

Standard: Family Engagement & Support

Criterion: Connecting families with community resources and services

Rationale: Early learning and development programs and providers are a critical resource for families that can have a strong and lasting impact on children’s development and learning. Programs and providers have relationships with families that provide opportunities to share information with and link families to community resources. To do this effectively, programs and providers must be knowledgeable of and have connections to community resources and services that are responsive to the needs and circumstances of all children and families, especially high-need children and families.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
Centers and schools.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Staff have knowledge of community resources, agencies, and services and of state and federal benefits, and shares this information with families.	The program participates in a community or state organization, group, or network* that facilitates access of families to services and programs as needed.	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.
Family child care homes.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Provider has knowledge of community resources, agencies, and services and of state and federal benefits, and shares this information with families.	The program participates in a community or state organization, group, or network* that facilitates access of families to services and programs as needed.	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

Notes: * = system infrastructure; # = template and/or example in toolkit

Standard: Family Engagement & Support

Criterion: Family involvement and leadership

Rationale: Families' active involvement is critical in supporting their children's development and learning and in enhancing and extending the impact of early care and education programs and providers. Programs and providers that are effective in strengthening family involvement create a welcoming and inviting environment that offers opportunities for all families to become involved in a variety of ways that are responsive to and respectful of the diversity of family backgrounds, interests, skills, talents, preferences, and availability.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/National Standards
Centers and schools.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>Programs offer opportunities for parents to participate in their child's classroom and program activities.</p> <p>Programs share information with families on how to reinforce at home specific skills identified in the Early Learning and Development Standards.#</p>	<p>Programs use a nationally recognized tool to self-assess their policies and practices regarding family involvement and engagement, particularly for families from diverse backgrounds, and uses the results to set goals and actions in the program's improvement plan.#</p> <p>Programs offer family involvement activities, events, or experiences# at least twice a year, tailored to the specific needs and interests of the families served.</p>	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.
Family child care homes.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>Provider offers opportunities for parents to participate in the activities in the care setting.</p> <p>Provider shares information with families on how to reinforce at home specific skills identified in the Early Learning and Development Standards.</p>	Provider offers a family involvement activity, event, or experience# at least once a year.	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

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Standard: Workforce Qualifications & Professional Development

Criterion: Education & Credentials – Teaching Staff

Indicator Description: Education and Credential Requirements for Teaching Staff

Rationale: Research indicates that children in early care and education settings with adults who have demonstrated knowledge and skills through formal education and credentials in child development and early education have better learning experiences and outcomes. The greater the level of knowledge and skills, the more positive the children’s experiences and outcomes. These knowledge and skills include understanding child development and strategies to promote development and learning for all children, including infants and toddlers, children with special needs or disabilities, children from culturally or linguistically diverse backgrounds, children of color, children from immigrant families, children in foster care, and children from low-income families.

See chart on following page for indicators.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/National Standards
Centers and schools	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>The program's Head Teacher who does not have a CDA or degree in early childhood education has credits in the following areas:*</p> <ul style="list-style-type: none"> • Introduction to Early Care & Education, • Child Growth & Development, • Family Engagement & Support, and • Working with Children from Diverse Backgrounds and Children with Special Needs. <p>All teaching staff in the program are entered in the CT Workforce Registry.</p>	Each group of children in the center- or school-based setting has at least one teacher who meets the requirements of Level 2*.	<p>Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.</p> <p>Programs with state or federal funding are required to meet the educational qualifications specified in the relevant regulations and/or policies.</p>
Family child care homes	Level 1 requires compliance with Dept of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>The provider has a High School Diploma or GED.</p> <p>Qualifications include 10 hours of approved administrative training,* including training on emergency preparedness.</p> <p>The provider is entered in the CT Workforce Registry.</p>	<p>The provider has a minimum of CDA or twelve credits in ECE from a program that articulates credits to a degree program. Credits to include:</p> <ul style="list-style-type: none"> • Introduction to Early Care & Education • Child Growth & Development <p>Qualifications include 10 hours of approved administrative training,* including training on business practices.</p>	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

Notes: * = system infrastructure; # = template and/or example in toolkit

Standard: Workforce Qualifications & Professional Development

Criterion: Professional development

Indicator Description: Continuing Education and Training

Rationale: Research indicates that children in early care and education settings with adults who have demonstrated knowledge and skills in child development and early education have better learning experiences and outcomes. Ongoing professional development opportunities for program staff and providers ensure that their knowledge and skills are reinforced and up-to-date, particularly those related to supporting the development and learning of high-risk children. Using approved trainers and aligning training content with identified improvement goals maximizes the benefits of professional development.

Setting/ Program	Licensing Requirements	Good Practice	Better Practice	Best Practice/National Standards
Centers and schools	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	For each member of the staff: <ul style="list-style-type: none"> Minimum of 10 hours per year of competency-based training aligned with CKCs* Minimum of 35% or more of all annual hours by state approved trainers* Annual training topics to include supporting young children including infants and toddlers and children and families who are culturally, linguistically and ability diverse. Membership in a national or state early childhood professional organization 	For each member of the staff: <ul style="list-style-type: none"> Minimum of 15 hours per year of competency-based training aligned with CKCs* Minimum of 50% or more of all annual hours by state approved trainers* Aligned to program professional development plan and performance review process# 	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.
Family child care homes	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of	<ul style="list-style-type: none"> Minimum of 10 hours per year of competency-based training aligned with CKCs* 	<ul style="list-style-type: none"> Minimum of 15 hours per year of competency-based training aligned with CKCs* 	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by

Setting/ Program	Licensing Requirements	Good Practice	Better Practice	Best Practice/National Standards
	Level 1 programs is performed by DPH.	<ul style="list-style-type: none"> • Minimum of 35% or more of all annual hours by state approved trainers* • Annual training topics to include supporting young children and families who are culturally, linguistically and ability diverse. • Membership in national or state early childhood professional organization. 	<ul style="list-style-type: none"> • Minimum of 50% or more of all annual hours by state approved trainers* • Aligned to individual professional development plan# 	national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

Notes: * = system infrastructure; # = template and/or example in toolkit

Standard: Workforce Qualifications & Professional Development **Criterion:** Education & Credentials – Program Administrators

Indicator Description: Education and Credential Requirements for Program Administrators

Rationale: Consistency of high quality care has been demonstrated to be related to children’s development and learning. Program administrators and family child care providers are responsible for ensuring that children in their care have consistently high quality experiences. This requires knowledge and skills related to child development and to management of a business organization and identity as an early care and education professional.

Setting/ Program	Licensing Requirements	Good Practice	Better Practice	Best Practice/National Standards
Centers and schools.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	<p>The Program Administrator shall have:</p> <ul style="list-style-type: none"> • six credits in Administrative and Leadership^ and • six credits in early childhood education and • completed training on emergency preparedness.* <p>(^credits must meet Connecticut Director Credential competencies.)</p> <p>The Program Administrator is familiar with IDEA requirements and procedures.</p>	<p>The Program Administrator shall hold:</p> <ul style="list-style-type: none"> • an Associate’s degree or higher and • a current CT Director’s Credential at the Initial Level or higher. 	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.
Family child care homes.	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	See “Education and Credentials – Teaching Staff” for additional qualifications related to administration.	See “Education and Credentials – Teaching Staff” for additional qualifications related to administration.	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

Notes: * = system infrastructure; # = template and/or example in toolkit

Standard: Leadership & Management

Criterion: Financial & legal management

Indicator Description: Sound financial management

Rationale: Consistency of high quality care has been demonstrated to be related to children’s development and learning. Program administrators and family child care providers are responsible for ensuring that children experience consistently high quality early education experiences. This includes managing finances so that the setting is financially stable and has the resources to provide high quality care.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
Centers and schools	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Program has a budget with itemized income and expenditures.#	Program reconciles its budget by comparing income and expenditures quarterly. Program conducts legal and financial risk assessment# annually.	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.
Family child care homes	Level 1 requires compliance with Dept of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Provider has a budget with itemized income and expenditures.#	Provider reconciles its budget by comparing income and expenditures quarterly. Provider conducts legal and financial risk assessment# annually.	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

Notes: * = system infrastructure; # = template and/or example in toolkit

Standard: Leadership & Management

Criterion: Recordkeeping

Indicator Description: Recordkeeping system

Rationale: Consistency of high quality care has been demonstrated to be related to children’s development and learning. Program administrators and family child care providers are responsible for ensuring that children experience consistently high quality early education experiences. Accurate, up-to-date, and complete records support compliance with licensing requirements and therefore continued operation, as well as access to information on children and families needed for curriculum planning, child observation and assessment, and response to family interests and needs.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/National Standards
Centers and schools	Level 1 requires compliance with Dept of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Program implements a system# for ensuring confidentiality, maintenance, and updating of all required records.	Program implements an annual review# of all required records.	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.
Family child care homes	Level 1 requires compliance with Dept of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Provider implements a system# for ensuring confidentiality, maintenance, and updating of all required records.	Provider implements an annual review# of all required records.	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

Notes: * = system infrastructure; # = template and/or example in toolkit

Standard: Leadership & Management

Criterion: Staffing & staff management

Indicator Description: Staff Performance Reviews

Rationale: Research indicates that children in early care and education settings with adults who have demonstrated knowledge and skills in child development and early education have better learning experiences and outcomes. Consistency of high quality care also has been demonstrated to be related to children’s development and learning. Providing all adults working with children with information about their responsibilities and expectations, and with feedback on their performance regarding those responsibilities and expectations, is one strategy for ensuring high quality, consistent experiences. These responsibilities and expectations include those related to responding appropriately to the specific needs and circumstances of all enrolled children, including infants and toddlers, children with special needs or disabilities, children from culturally or linguistically diverse backgrounds, children of color, children from immigrant families, children in foster care, and children from low-income families.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/National Standards
Centers and schools	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Program conducts annual performance reviews# for all staff based on job descriptions# and information provided during orientation and in updates on program expectations for staff. Performance reviews are used to develop professional development plans.# Program ensures that all staff are enrolled in the CT Early Childhood Professional Registry.	Annual performance reviews of job-related performance goals are conducted for all staff and include staff self-assessment.#	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/National Standards
Family child care homes	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Provider has written job description# for assistant(s), if any. Provider ensures that provider and all assistants are in the CT Early Childhood Professional Registry.	Provider conducts an annual self-assessment# and uses the results to set goals and actions in the provider's improvement plan.# Provider conducts an annual performance review of assistants, if relevant, based on the job description. Performance reviews are used to develop professional development plans#	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

SUBGROUP RECOMMENDATIONS FOR INDICATORS

Notes: * = system infrastructure; # = template and/or example in toolkit

Standard: Leadership & Management

Criterion: Staffing & staff management

Indicator Description: Access to resource staff and consultants to meet the needs of children and families

Rationale: Children in early care and education settings may have conditions or experiences that affect their development and learning, but are beyond the knowledge and skills of staff and providers to address. In order to provide the most effective learning environment, programs and providers need access to specialized knowledge and skills from other professionals, particularly in appropriately responding to the needs and circumstances of high-risk children. Also, early care and education programs and providers have information and insights regarding the children in their care that can inform and guide the work of other professionals with those children, increasing opportunities to support and promote their development and learning.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
Centers and schools	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Program provides opportunities for staff to participate in and/or provide input to child-related meetings with resource staff or consultants, as requested by the child's family.	Program ensures that there are annual observations and consultations with one or more approved consultants* related to the program's improvement plan.	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.
Family child care homes	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.		Provider participates in a regional TA network* that offers access to information and advice from consultants. Provider participates in and/or provides input to child-related meetings with resource staff or consultants, as requested by the	Programs at this level hold NAFCC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
			child's family.	

SUBGROUP RECOMMENDATIONS FOR INDICATORS

Notes: * = system infrastructure; # = template and/or example in toolkit

Standard: Leadership & Management

Criterion: Self-assessment and improvement

Indicator Description: System for self-assessment and improvement

Rationale: Consistency of high quality care has been demonstrated to be related to children's development and learning. Early care and education programs and providers that routinely assess key elements of quality using standardized instruments, use multiple sources of input and information, and develop and implement action plans for quality improvement are likely to provide higher quality and more consistent experiences for the children they serve. In order to support the development and learning of all children, self-assessments should include attention to how well the program or provider is responding to the needs and circumstances of all children, including infants and toddlers, children with special needs or disabilities, children from culturally or linguistically diverse backgrounds, children of color, children from immigrant families, children in foster care, and children from low-income families.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
Centers and schools	Level 1 requires compliance with Dept. of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.	Program conducts an annual self-assessment using an approved instrument or process*# that comprehensively examines operations, policies, handbooks or manuals, procedures, and practices and uses the results to set goals and actions in the program's improvement plan.#	Program's annual self-assessment includes input from staff, families, and other stakeholders.# Program regularly monitors progress on its improvement plan and adjusts actions steps as necessary.	Programs at this level are Head Start approved or meet NAEYC Accreditation. Monitoring of Level 4 programs is conducted by national organizations.
Family child care	Level 1 requires compliance with Dept.		Provider conducts an annual self-assessment using an approved instrument or process*#	Programs at this level hold NAFCC Accreditation.

Setting/ Program	Level 1 Licensing Requirements	Level 2 Good Practice	Level 3 Better Practice	Level 4 Best Practice/ National Standards
homes	of Public Health regulations. Monitoring of Level 1 programs is performed by DPH.		that comprehensively examines all aspects of operations, policies, handbooks or manuals, procedures, and practices and uses the results to set goals and actions in the provider's improvement plan.#	Monitoring of Level 4 programs is conducted by national organizations.

INFRASTRUCTURE AND TOOLKIT RESOURCES FOR CONNECTICUT'S QRIS STANDARDS & CRITERIA

Standard	Criterion	Centers/Schools		Family Child Care Homes	
		System Infrastructure	Resources in Toolkit	System Infrastructure	Templates/Examples in Toolkit
Health & Safety	Safety of the Physical Environment	Approved curriculum and trainers for CT DPH statutes & regulations	<p>Menu of approved nationally recognized health & safety checklists</p> <p>Template or examples for improvement plans that include health & safety</p> <p>Template or examples for emergency plans</p>	Approved curriculum and trainers for CT DPH statutes & regulations	<p>Menu of approved nationally recognized health & safety checklists</p> <p>Template or examples for improvement plans that include health & safety</p> <p>Template or examples for emergency plans</p> <p>Template or examples of evacuation drill logs</p>
	Health Practices	<p>Approved curriculum and trainers for training in Universal Precautions</p> <p>Approved curriculum and trainers for training in medication administration</p> <p>Sufficient supply and distribution of approved health consultants with training on care of</p>	<p>Menu of approved communicable disease screening tools with guidance for their use with staff</p> <p>DPH guidance on appropriate contents of classroom first aid kits</p>	<p>Approved curriculum and trainers for training in Universal Precautions</p> <p>Approved curriculum and trainers for training in medication administration</p> <p>Sufficient supply and distribution of approved health consultants with training on care of</p>	<p>Menu of approved communicable disease screening tools with guidance for their use with staff</p> <p>DPH guidance on appropriate contents of first aid kits</p>

Standard	Criterion	Centers/Schools		Family Child Care Homes	
		System Infrastructure	Resources in Toolkit	System Infrastructure	Templates/Examples in Toolkit
		infants and toddlers and young children with disabilities and special health care needs, to establish ongoing working relationship with each center or school		infants and toddlers and young children with disabilities and special health care needs, to staff regional networks accessible to family child care providers	
	Nutrition and Physical Activity	Approved curriculum and trainers for training in prevention of obesity and other health issues related to nutrition and physical activity	Materials on nutrition and physical activity guidelines by child age, suitable for families with differing levels of literacy or with a home language other than English Guidance on indoor and outdoor physical activities by child age Sample menus and recipes for children from the most common cultural backgrounds	Approved curriculum and trainers for training in prevention of obesity and other health issues related to nutrition and physical activity	Materials on nutrition and physical activity guidelines by child age, suitable for families with differing levels of literacy or with a home language other than English Guidance on indoor and outdoor physical activities by child age Sample menus and recipes for children from the most common cultural backgrounds
Learning Environment	Environmental Supports for Development & Learning	Approved curriculum and trainers in approved environmental observation tools	Menu of approved environmental observation tools Template or examples for	Approved curriculum and trainers in approved environmental observation tools	Menu of approved environmental observation tools Template or examples for

Standard	Criterion	Centers/Schools		Family Child Care Homes	
		System Infrastructure	Resources in Toolkit	System Infrastructure	Templates/Examples in Toolkit
		Sufficient supply & distribution of observers trained in the approved tools, to observe all centers and schools on a regularly scheduled basis	improvement plans that include learning environment	Sufficient supply & distribution of observers trained in the approved tools, to observe all family child care settings on a regularly scheduled basis	improvement plans that include learning environment
	Caregiver-teacher/ Child Interactions and Relationships	<p>Approved curriculum and trainers in approved adult-child relationship observation tools¹</p> <p>Sufficient supply & distribution of observers trained in the approved tools, to observe all centers and schools on a regularly scheduled basis</p>	<p>Examples of assignment & schedules that maximize consistency & continuity of adult-child relationships and peer group composition</p> <p>Template or examples for improvement plans that include adult-child interactions and relationships</p>	<p>Approved curriculum and trainers in approved adult-child relationship observation tools²</p> <p>Sufficient supply & distribution of observers trained in the approved tools, to observe all family child care settings on a regularly scheduled basis</p>	<p>Examples of assignment & schedules that maximize consistency & continuity of adult-child relationships and peer group composition</p> <p>Template or examples for improvement plans that include adult-child interactions and relationships</p>

¹ Note: Subgroup recommendations were that these tools be aligned with the CKCs; this requirement was not mentioned in CT's ELCG application.

² Note: Subgroup recommendations were that these tools be aligned with the CKCs; this requirement was not mentioned in CT's ELCG application.

Standard	Criterion	Centers/Schools		Family Child Care Homes	
		System Infrastructure	Resources in Toolkit	System Infrastructure	Templates/Examples in Toolkit
	Learning Goals and Experiences	<p>Approved curriculum and trainers in Early Learning and Development Guidelines and their application</p> <p>Approved workshops on differentiating learning experiences</p>	<p>Menu of approved curricula that are aligned with Early Learning and Development Guidelines</p> <p>Examples of how learning experiences aligned with the Guidelines can be modified for children from diverse backgrounds and children with disabilities</p> <p>Template or examples of learning experience plans that align with Guidelines and differentiate experiences for individual children</p> <p>Examples of ways to involve families in planning and supporting and/or supplementing learning experiences</p>	<p>Approved curriculum and trainers in Early Learning and Development Guidelines and their application</p> <p>Approved training on differentiating learning experiences</p>	<p>Template or examples of planned learning experiences aligned with Early Learning and Development Guidelines that are appropriate for home settings and with multi-age groups</p> <p>Examples of how learning experiences aligned with the Guidelines can be modified for children from diverse backgrounds and children with disabilities</p>
	Child Observation & Assessment	Approved curriculum and trainers in implementation of approved child observation,	Menu of approved child observation, developmental screening, and formative assessment tools	Approved curriculum and trainers in implementation of approved child observation and	<p>Menu of approved child observation and formative assessment tools</p> <p>Template or examples of</p>

Standard	Criterion	Centers/Schools		Family Child Care Homes	
		System Infrastructure	Resources in Toolkit	System Infrastructure	Templates/Examples in Toolkit
		developmental screening, and formative assessment tools, and their use in planning and individualizing learning experiences	<p>Template or examples of ways to record and track individual child development progress</p> <p>Template or examples of tools or methods to collect family reports on child</p>	formative assessment tools and their use in planning and individualizing learning experiences	<p>ways to record and track individual child development progress</p> <p>Template or examples of tools or methods to collect family reports on child</p>
Workforce Qualifications & Professional Development	Education & Credential – Teaching Staff	<p>Approved courses in degree programs in:</p> <ul style="list-style-type: none"> • Introduction to ECE • Child Growth & Development • Family Engagement & Support • Working with Children from Diverse Backgrounds & Children with Special Needs 		<p>Approved courses in degree programs in:</p> <ul style="list-style-type: none"> • Introduction to ECE • Child Growth & Development <p>Approved training on administration, including emergency preparedness & business practices</p>	
	Professional Development	<p>Competency training aligned with CKCs</p> <p>Competency training</p>	Templates or examples of program professional development plans	<p>Competency training aligned with CKCs</p> <p>State approved</p>	Templates or examples of individual professional development plans

Standard	Criterion	Centers/Schools		Family Child Care Homes	
		System Infrastructure	Resources in Toolkit	System Infrastructure	Templates/Examples in Toolkit
		on supporting young children including infants & toddlers; children & families with diverse backgrounds & needs State approved trainers	Templates or examples of staff performance review procedures	trainers	
	Education & Credentials – Program Administrators	Approved training on emergency preparedness	Information on IDEA requirements & procedures		
Family Engagement & Support	Reciprocal Communication		Template or examples of tools or methods to collect family reports on child (see Child Observation & Assessment under Learning Environment) Template or examples of ways to share information on child development and learning (particularly from observation and assessment) with families, particularly families with limited literacy or English		Template or examples of tools or methods to collect family reports on child (see Child Observation & Assessment under Learning Environment) Template or examples of ways to share information on child development and learning (particularly from observation and assessment) with families, particularly families with limited literacy or English language proficiency

Standard	Criterion	Centers/Schools		Family Child Care Homes	
		System Infrastructure	Resources in Toolkit	System Infrastructure	Templates/Examples in Toolkit
			language proficiency		
	Connecting Families with Community Resources & Services	Regional or statewide capacity to facilitate family access to services and programs	Information on state and federal/national resources typically of interest to families with young children, updated at least annually and available in frequently used languages in addition to English	Regional or statewide capacity to facilitate family access to services and programs	Information on state and federal/national resources typically of interest to families with young children, updated at least annually and available in frequently used languages in addition to English
	Family Involvement and Leadership	Approved curriculum and trainers in use of approved tool to assess family involvement and engagement policies and practices	<p>Examples of tools or materials on reinforcing skills at home, in formats appropriate for parents with limited literacy or English proficiency</p> <p>Menu of approved tools to assess family involvement and engagement policies and practices</p> <p>Template or examples for improvement plans that include family involvement and engagement</p>		<p>Examples of tools or materials on reinforcing skills at home, in formats appropriate for parents with limited literacy or English proficiency</p> <p>Examples of family involvement activities, events, and experiences</p>

Standard	Criterion	Centers/Schools		Family Child Care Homes	
		System Infrastructure	Resources in Toolkit	System Infrastructure	Templates/Examples in Toolkit
			Examples of family involvement activities, events, and experiences		
Leadership & Management	Financial & Legal Management		Template or examples for budget with itemized income & expenses		Template or examples for budget with itemized income & expenses
			Examples of legal and financial risk checklists or assessment tools		Examples of legal and financial risk checklists or assessment tools
	Recordkeeping		Checklist of all required records		Checklist of all required records
			Examples of ways to ensure maintenance, confidentiality and updating of records		Examples of ways to ensure maintenance, confidentiality and updating of records
	Staffing & Staff Management	Sufficient supply and distribution of approved early education consultants with expertise in center-based settings to establish ongoing working relationship with each center or school	Examples of job descriptions, performance reviews, self-assessments, and individual professional development plans for staff positions	Sufficient supply and distribution of approved early education consultants with expertise in family child care settings to staff regional networks accessible to family child care providers	Examples of job descriptions, performance reviews, self-assessments, and individual professional development plans for provider and assistants

Standard	Criterion	Centers/Schools		Family Child Care Homes	
		System Infrastructure	Resources in Toolkit	System Infrastructure	Templates/Examples in Toolkit
	Self-assessment & Improvement		<p>Menu of approved instruments or processes for self-assessment of operations, policies, manuals, procedures, and practices</p> <p>Examples of ways to obtain input from staff, families, and other stakeholders in self-assessment</p> <p>Template or examples for improvement plans that include areas covered in self-assessment</p>		<p>Menu of approved instruments or processes for self-assessment of operations, policies, manuals, procedures, and practices</p> <p>Template or examples for improvement plans that include areas covered in self-assessment</p>

Comparison of Workforce Qualifications Requirements for Center-based staff

Original Recommendation (9/27/13) to Final Recommendation (3/18/14)

Recommendation September 2013	Revised Recommendation March 2014	Comments
<p><u>Level 2</u></p> <p>There is at least one person in each group who is Head Teacher qualified based on state regulations, including a CDA or twelve credits in ECE from a program that articulates credits to a degree program. Credits to include:</p> <ul style="list-style-type: none"> • Introduction to Early Care & Education • Child Growth & Development <p>with the balance of the credits for courses on state- recommended topics.*</p> <p>All teaching staff in the program are entered in the CT Workforce Registry.</p>	<p><u>Level 2</u></p> <p>The program's Head Teacher who does not have a CDA or degree in early childhood education would be required to have credits in the following areas: Introduction to Early Care & Education, Child Growth & Development, Family Engagement & Support, and Working with Children from Diverse Backgrounds and Children with Special Needs</p> <p>[is this consistent with CDA requirements?]</p> <p>All teaching staff in the program are entered in the CT Workforce Registry.</p>	<p><u>Level 2</u></p> <p>This revision identifies the credit distribution for all 12 credits in the DPH Head Teacher requirements, rather than only 6 credits as originally stipulated. The revision removes the vague language related to 'state-recommended topics' and specifies the topic areas for all credits.</p>
<p><u>Level 3</u></p> <p>Program meets NAEYC Candidacy Staff Qualifications requirements which are verified by the Candidacy Calculator in the Workforce Registry.*</p>	<p><u>Level 3</u></p> <p>Each group of children in the center- or school-based setting has at least one teacher who meets the requirements of Level 2*.</p>	<p><u>Level 3</u></p> <p>This revision blends the NAEYC Candidacy Staff Qualifications and the DPH Head Teacher requirements by recognizing all teachers at the lowest acceptable level of NAEYC Candidacy, yet advancing the requirement for each classroom. The revised language can be monitored through</p>

* = system infrastructure

Comparison of Workforce Qualifications Requirements for Center-based staff

Original Recommendation (9/27/13) to Final Recommendation (3/18/14)

		<p>the program's compliance with NAEYC Candidacy (either through the NAEYC report or the CCAC Registry).</p> <p>This revision helps to ensure that each group of children, regardless of the age of the child has a qualified teacher rather than allowing, as the original recommendation did, the staff assigned to groups of older children to carry the program's candidacy compliance through uneven distribution of teachers with early childhood credits.</p>
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* = system infrastructure

“GOOD PRACTICE” INDICATORS

	Center-based Care	Home-based Care
Health & Safety	<p>All staff trained on CPH regulations & able to identify and report potential hazards</p> <p>All staff know & follow safety regulations & emergency plans</p> <p>Risk assessment screening for communicable diseases annually for all staff</p> <p>All staff trained in Universal Precautions</p> <p>One staff member certified in medication administration present at all times</p> <p>Program’s health care consultant provides written recommendations</p> <p>Each classroom has first aid kit meeting DPH specifications</p> <p>Provides staff & families with information on guidelines for nutrition & physical activity</p> <p>Provides appropriate meals for children with special dietary needs</p> <p>Supports breastfeeding</p> <p>Offers toddlers & preschoolers indoor & outdoor physical activity daily (60 minutes in full-day programs, pro-rated in part-day programs)</p>	<p>Provider trained on CPH regulations & uses DPH Inspection Form to self-monitor compliance</p> <p>Provider & assistants know & follow safety regulations & emergency plans</p> <p>Provider conducts & logs monthly evacuation drills</p> <p>Risk assessment screening for communicable diseases annually for provider & all assistants</p> <p>Provider & all assistants trained in Universal Precautions</p> <p>Has first aid kit meeting DPH specifications</p> <p>Provides families & assistants with information on guidelines for nutrition & physical activity</p> <p>Provides appropriate meals for children with special dietary needs</p> <p>Supports breastfeeding</p> <p>Offers toddlers & preschoolers indoor & outdoor physical activity daily (60 minutes in full-day programs, pro-rated in part-day programs)</p>
Learning Environment	<p>Using approved observation tools, program conducts self-assessment & develops improvement plans regarding:</p> <p>Learning environment & Teacher-child interactions</p> <p>Policies for staff assignments & children’s schedules promote consistency & continuity in teacher-child relationships & peer groups</p> <p>Staff are trained on Early Learning & Development (ELD) Guidelines & selected curriculum</p> <p>ELD Guidelines used to plan learning experiences</p> <p>Planned experiences reflect diversity of enrolled children & families</p> <p>All children regularly observed related to ELD Guidelines</p> <p>Observations conducted during typical classroom experiences</p> <p>Program collects family observations/reports on individual child interest, preferences, and developmental progress</p> <p>Program refers families to Help Me Grow or conducts developmental screening, if concerns are identified</p> <p>Observation information used for classroom learning experience planning</p>	<p>Using approved observation tools, program conducts self-assessment & develops improvement plans regarding:</p> <p>Learning environment & Teacher-child interactions</p> <p>Provider & assistants are trained on Early Learning & Development (ELD) Guidelines & selected curriculum</p> <p>ELD Guidelines used to plan learning experiences</p> <p>Planned experiences reflect diversity of enrolled children & families</p> <p>All children regularly observed related to ELD Guidelines</p> <p>Observations conducted during typical experiences</p> <p>Provider collects family observations/reports on individual child interest, preferences, and developmental progress</p> <p>Program refers families to Help Me Grow or conducts developmental screening, if concerns are identified</p> <p>Observation information used for learning experience planning</p>

	Center-based Care	Home-based Care
Workforce Qualifications & Professional Development	<p>Designated Head Teacher in the program has credits in specified areas</p> <p>All teaching staff are in CT Early Childhood Professional Registry</p> <p>Competency-based training aligned with CKCs, minimum of 10 hours/year</p> <p>Minimum of 35% of hours by state approved trainers</p> <p>Specified training topics</p> <p>Membership in national or state EC professional association</p> <p>Program administrator has 6 credits in Administrative & Leadership, 6 credits in ECE, training on emergency preparedness</p> <p>Program administrator familiar with IDEA requirements</p>	<p>Provider has high school diploma or GED</p> <p>Qualifications include 10 hours administrative training, including emergency preparedness</p> <p>Provider is entered in CT Early Childhood Professional Registry</p> <p>Competency-based training aligned with CKCs, minimum of 10 hours/year</p> <p>Minimum of 35% of hours by state approved trainers</p> <p>Specified training topics</p> <p>Membership in national or state FC professional association</p>
Family Engagement & Support	<p>Program gives families opportunities to share information about children's interests & needs and parent interests, preferences, & goals</p> <p>Program regularly share information about children's experiences, development & learning</p> <p>Staff have knowledge of community resources & state/federal benefits, shares information with families</p> <p>Program gives parents opportunities to participate in program activities</p> <p>Program shares information on reinforcing skills from ELD Guidelines</p>	<p>Provider gives families opportunities to share information about children's interests & needs and parent interests, preferences, & goals</p> <p>Provider regularly share information about children's experiences, development & learning</p> <p>Provider has knowledge of community resources & state/federal benefits, shares information with families</p> <p>Provider gives parents opportunities to participate in activities</p> <p>Provider shares information on reinforcing skills from ELD Guidelines</p>
Leadership & Management	<p>Program has budget with itemized income & expenses</p> <p>Program implements system for maintaining & updating records</p> <p>Program conducts annual performance reviews for all staff based on job descriptions; performance reviews used for professional development plans</p> <p>Program ensures all teaching staff are in CT Early Childhood Professional Registry</p> <p>Program provides opportunities for staff to participate in/provide input to child-related meetings with resource staff/consultants</p> <p>Program conducts annual self-assessment of operations, policies, handbooks/manuals, procedures, & practices using standardized instrument and develops improvement plan</p>	<p>Provider has budget with breakdown of income & expenses</p> <p>Provider implements system for maintaining & updating records</p> <p>Provider has written job descriptions for any assistants</p> <p>Providers ensures that all assistants are in CT Early Childhood Professional Registry</p>

“BETTER PRACTICE” INDICATORS

	Center-based Care	Home-based Care
Health & Safety	<p>Uses nationally recognized health & safety checklist</p> <p>Develops action plan based on review of checklist results with health consultant</p> <p>Has written plan for range of emergency situations</p> <p>Documents compliance with health care consultant recommendations</p> <p>All staff trained on prevention of obesity & other health issues related to nutrition & physical activity</p> <p>Families offered opportunities to participate in training on health, nutrition, physical activity</p> <p>Requests information from families on cultural and individual food preferences & ensures food served reflects cultural diversity</p>	<p>Uses nationally recognized health & safety checklist</p> <p>Develops action plan based on review of checklist results with health consultant</p> <p>Has written plan for range of emergency situations</p> <p>Participates in regional TA network with access to health care consultants</p> <p>Completes training on prevention of obesity & other health issues related to nutrition & physical activity</p> <p>Requests information from families on cultural and individual food preferences & ensures food served reflects cultural diversity</p>
Learning Environment	<p>External observer assesses learning environment and teacher-child interactions; program develops improvement plans</p> <p>Classroom staff complete training on differentiating learning experiences to meet individual goals</p> <p>Implements learning experiences/curriculum aligned with ELD Guidelines</p> <p>Staff receive training in state standards, curriculum, and differentiation</p> <p>Program conducts & documents periodic assessment of children’s development & learning, using approved tool</p> <p>With parental permission, gathers information on child’s development from other programs</p> <p>Observation/assessment information used to individualize curriculum, teaching strategies, classroom support</p>	<p>External observer assesses learning environment & provider-child; provider develops improvement plans</p> <p>Implements written plan of experiences/curriculum aligned with ELD Guidelines</p> <p>Provider completes training on differentiating experiences to meet individual goals</p> <p>Provider implements written plan for ongoing observation, documentation, & assessments</p> <p>Provider conducts & documents periodic assessment of children’s development & learning, using approved tool</p> <p>With parental permission, gathers information on child’s development from other programs</p> <p>Observation/assessment information used to plan individual learning experiences</p>

	Center-based Care	Home-based Care
Workforce Qualifications & Professional Development	<p>At least one person in each group who is Head Teacher qualified, with credits in specified topics</p> <p>All staff receive competency-based training aligned with CKCs & professional development plan/performance review process, minimum of 15 hours/year with 50% by state approved trainers</p> <p>Program administrator has AA and current Director's Credential</p>	<p>Provider has CDA or 12 ECE credits in specified topics</p> <p>Qualifications include 10 hours of administrative training, including on business practices</p> <p>Two years of operation with mentoring or supervised experience</p> <p>Competency-based training aligned with CKCs & professional development plan, minimum of 15 hours/year with 50% by state approved trainers</p>
Family Engagement & Support	<p>Meets with families on request to share information</p> <p>Provides opportunities 2xyear for families & staff to meet</p> <p>Provide families with written information on child's development 2xyear</p> <p>Program provides written materials in languages & styles meaningful to families</p> <p>Program participates in organization/group/networks that facilitates family access to services and programs</p> <p>Program offers family involvement activities 2xyear</p>	<p>Meets with families on request to share information</p> <p>Provides opportunities 2xyear for families & staff to meet</p> <p>Provide families with written information on child's development 1xyear</p> <p>Provider participates in organization/group/networks that facilitates family access to services and programs</p> <p>Provider offers family involvement activities 1xyear</p>
Leadership & Management	<p>Program reconciles its budget by comparing income & expenses quarterly</p> <p>Program conducts annual legal & financial risk assessment</p> <p>Program implements annual review of all records</p> <p>Annual performance reviews for all staff include staff self-assessment</p> <p>Program has annual observation/consultation with one or more approved consultant related to improvement plans</p> <p>Program has active partnerships with agencies/organizations offering relevant resources</p> <p>Program's annual self-assessment includes input from staff, families, & other stakeholders</p> <p>Program regularly monitors improvement plans & adjusts action steps</p>	<p>Provider reconciles its budget by comparing income & expenses quarterly</p> <p>Provider conducts annual legal & financial risk assessment</p> <p>Provider implements annual review of all records</p> <p>Provider conducts annual self-assessment & sets annual goals</p> <p>Provider conducts annual performance review & develops professional development plans for all assistants</p> <p>Provider participates in a regional TA network with access to consultants</p> <p>Provider participates/provides input to child-related meetings</p> <p>Provider conducts annual self-assessment of operations, policies, handbooks/manuals, procedures, & practices using standardized instrument and develops improvement plan</p>

“BEST PRACTICE/NATIONAL STANDARDS” INDICATORS

	Center-based Care	Home-based Care
Health & Safety	As evidenced by meeting NAEYC accreditation or Head Start Performance Standards	As evidenced by meeting NAFCC accreditation or Early Head Start Performance Standards
Learning Environment	As evidenced by meeting NAEYC accreditation or Head Start Performance Standards Program assessment of learning environment is validated by professional association or oversight body	As evidenced by meeting NAFCC accreditation or Early Head Start Performance Standards Provider assessment of learning environment is validated by professional association or oversight body
Workforce Qualifications & Professional Development	Programs with state or federal funding are required to meet the educational qualifications specified in the relevant regulations and/or policies All other programs meet, at a minimum, the best practice standards of the appropriate accreditation or approval system for staff qualifications, with the goal of making progress toward meeting the requirements for state-funded programs Professional development as evidence by meeting NAEYC accreditation or Head Start Performance Standards Program Administrator holds current CT Director’s Credential at Standard Level or higher	

	Center-based Care	Home-based Care
Family Engagement & Support	As evidenced by meeting NAEYC accreditation or Head Start Performance Standards	As evidenced by meeting NAFCC accreditation or Early Head Start Performance Standards
Leadership & Management	Access to resource staff and consultants, as evidenced by meeting NAEYC accreditation or Head Start Performance Standards System for self-assessment & improvement, as evidenced by meeting NAEYC accreditation or Head Start Performance Standards	Access to resource staff and consultants, as evidenced by meeting NAFCC accreditation or Early Head Start Performance Standards System for self-assessment & improvement, as evidenced by meeting NAFCC accreditation or Early Head Start Performance Standards

**RESEARCH RATIONALE AND SUPPORTING EVIDENCE
FOR STANDARDS TYPICALLY INCLUDED IN
QUALITY RATING AND IMPROVEMENT SYSTEMS**

**Prepared by Samuel A. Stephens, Ph.D.
Center for Assessment and Policy Development**

**For the QRIS Committee of the Connecticut Early Childhood Cabinet
with support from the State of Connecticut**

May 2014

STANDARD AREA: LEARNING ENVIRONMENT

Subarea: Environmental Supports for Development & Learning/Arrangement of Learning Space

Rationale/Link with Child Outcomes: Spaces with materials designed to promote learning and development goals, including those for children with disabilities, provide children with opportunities for self-directed exploration. Use of these spaces is encouraged when they use materials and provide experiences that are familiar to children from diverse cultural backgrounds. Assessment of the learning environment using a standardized observational measure of environmental quality gives programs and providers a comprehensive and rigorous approach to identifying specific areas and strategies for improvement.

Research Basis for Rationale:

Developmentally appropriate practice in early childhood includes arranging the space in early care and learning settings to encourage children's active engagement (1, 2). These arrangements should ensure that children have opportunities to freely choose among a variety of activities and interact with different groups of peers. Guidance about early care and education settings by national programs such as Head Start (3) emphasizes the availability of a range of materials and furnishings that provide children with a diverse set of opportunities for exploration and learning. Organizing diverse, multi-sensory materials into specific spaces in the early childhood setting facilitates children's access and encourages more complex interaction (4, 5, 6).

The Environmental Rating Scales (ERS) developed at the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill are one set of observational tools that are widely used for quality improvement and in research. These tools, which were developed for both center-based settings - with separate scales for preschool children and for infants and toddlers, and family child care settings – measure both the ways in which adults interact with the children and the materials and space provided for learning. The ERS tools have been extensively assessed for reliability and studies report correlations between the quality of the care environment as measured by the ERS and children's cognitive, language, and social-emotional development (7, 8).

The ERS tools are used in many quality rating and improvement systems across the country (9) as well as in state-funded prekindergarten programs (27). Early care and education programs and providers are often encouraged to use these tools in self-assessment as they begin participation in their state's QRIS, with programs and providers that demonstrate higher levels of quality in their ratings receiving observations from external assessors. Both self-assessment and external assessment information is used to identify specific aspects of the learning environment that could be strengthened through quality improvement planning and implementation.

Subarea: Caregiver- Teacher/Child Interactions and Relationships

Rationale/Link with Child Outcomes: Research indicates that children’s social-emotional development is promoted by nurturing relationships with caring adults, that social-emotional development is correlated with learning, and that intentional practices are needed to support development across all domains and to facilitate learning. Programs and providers that develop individual relationships with children by being responsive, attentive, consistent, comforting, supportive, and culturally sensitive, and use intentional strategies to communicate effectively and build relationships with each child, based on knowledge of individual child interests and needs, support social-emotional and language development as well as reinforce engagement in learning experiences. Assessment of adult-child interactions and relationships using a standardized observational measure of environmental quality gives programs and providers a comprehensive and rigorous approach to identifying specific areas and strategies for improvement.

Research Basis for Rationale:

The relationships and interactions that young children have with adults who care for them on a regular basis are critically important to development and learning. Specific behaviors that demonstrate positive adult-child relationships in early care and education settings include (10, 14):

- One-on-one interactions on the child’s level
- Listening and encouraging listening
- Affectionate physical contact and calm voice
- Being clear about what is expected
- Following child’s lead in play
- Re-directing challenging behavior
- Acknowledging child’s effort and achievements

Children, particularly children from low-income families, who are in early care and education settings with adults who are nurturing and responsive to their individual interests and needs, who engage them in conversation, and support their learning through play do better on many dimensions (4, 8, 10, 11, 12, 13, 14). They are more comfortable in the care setting, more socially engaged with peers, and have more complex language patterns. Close relationships with responsive adults helps young children develop self-regulation and manage challenges in learning and in new environments. In particular, emotional support through positive relationships in preschool settings has been found to be associated with greater self-control, social skills, and growth in academic skills. Consistency in adult responsiveness and caring is particularly important in promoting these outcomes (15).

One commonly used measure of adult caregiver-child interactions and relationships is the Classroom Assessment Scoring System (CLASS). This tool measures three dimensions of quality - positive interactions between the teacher and children in the classroom as well as among

peers, classroom management and provision of engaging learning activities, and support for learning (16). Research has demonstrated that using the CLASS tool along with guided professional development and coaching can improve the emotional climate in early care and education classrooms as well as increase intentional learning opportunities and teaching practices (17, 18).

Subarea: Learning Goals and Experiences/Planning Intentional Learning for Children

Rationale/Link with Child Outcomes: Research indicates that learning outcomes are facilitated when experiences are planned and intentionally aligned with learning goals. The following elements are critical in planning intentional learning: high expectations for all children, a learning-oriented environment, engaging activities, and thoughtful questioning and feedback. Learning experiences should be intentionally planned to address the knowledge and skills defined in state early learning and development standards and should be responsive to the needs of specific groups of children and individuals, including infants and toddlers, children with special needs or disabilities, children from culturally or linguistically diverse backgrounds, children of color, children from immigrant families, and children from low-income families. The implementation of specific tools and resources should be done in an intentional, responsive, and reflective manner.

Research Basis for Rationale:

Curriculum refers to a framework for setting priorities for what children should learn and be able to do and organizing learning experiences to promote those learning goals (19, 20). Curricula define the role of teachers, the classroom structure and practices, and the way in which children participate in learning, as well as the content of what is to be learned.

Developmentally appropriate curricula for early childhood settings (21, 22):

- Address all domains of child development and learning and setting specific learning goals
- Provide learning activities that are tied to established early learning guidelines or standards and support intentional teaching
- Are culturally and linguistically responsive and supporting family involvement
- Support adult-guided, child-directed learning through play
- Link with ongoing assessment of individual children's progress and support individualized strategies

Curricula with these characteristics foster active learning, which is associated with children's engagement and motivation and with higher-level thinking and use of language (4, 20, 23). These curricula not only support the children's development before entering the formal school system, they lay the foundation for long-term success in learning.

Subarea: Child Observation and Assessment

Rationale/Link with Child Outcomes: Information on children's progress in the care setting assists programs and providers structure their environments and experiences to support and foster individual development and learning. Observation and assessment methods should allow programs and providers to understand individual children's developmental progress and needs for all children, including infants and toddlers, children with special needs or disabilities, children from culturally or linguistically diverse backgrounds, children of color, children from immigrant families, and children from low-income families. Working with families and other organizations serving enrolled children ensures that programs and providers better understand children's needs and can reinforce and supplement experiences in other settings to maximize development and learning.

Research Basis for Rationale:

Children's development, while following general patterns, often varies among children of the same age and an individual child's development at any given point in time may be at differing levels across different domains or areas of development. Authentic assessments can give caregivers and parents a deep and accurate understanding of a child's development, which allow opportunities for learning and supports for development to be tailored to each individual, building on current and emerging knowledge and skills. Observation and assessment aligned with early learning standards and with the specific curriculum used in the early care and education setting provide information to guide modifications in learning environment and practices to better support learning and development of the children as a group. Further, observation and screening is vital to identifying children who may be at risk of or experiencing substantial developmental delays and referring them for evaluation and appropriate intervention as needed (4, 24, 25).

Each of these benefits of regular and systematic observation and assessment of children in early care and education settings is associated with improved development and learning. Using data from child observation and assessment is associated with high quality early care and education settings and is critical to continuous quality improvement (25, 26, 27). Organizing the learning environment and learning experiences in response to the development status and progress of individual children and early intervention with children identified with special needs significantly improves development and learning (4, 28).

Effective observation and assessment strategies share the following characteristics (20):

- They are authentic – that is, they use evidence from realistic settings and are based on children's actual performance
- They focus on what is developmentally and educationally significant as defined by learning standards and learning goals
- They are appropriate to the child's age, language, and culture

- They provide teachers, providers, and others conducting the observations and assessments with in-depth training and ongoing support
- They use multiple sources of information gathered over time
- They link assessment results with actions designed to improve children's outcomes

Giving families individualized information on their children's development and learning is especially valuable. This information, whether from informal observations or more formal screening or assessment – particularly when parents are engaged in gathering and interpreting the information – reinforces and encourages family encouragement of learning (29). Providing families with information on home-based learning activities and engaging parents in parent-child activities contribute to positive outcomes for their children in all areas of development (30). Also, there is increasing recognition of the value of partnerships between early care and learning programs and other programs or individuals who are involved in supporting young children's health and development. These include primary care physicians and early interventionists (31, 32).

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STANDARD AREA: FAMILY ENGAGEMENT AND SUPPORT

Research Basis – Overview:

Children’s relationships with their parents and other caregivers are critical to their development and learning and a positive relationship between parents and caregivers contributes to the ability of both to support these outcomes. Trust of caregivers and support from caregivers are associated with parents’ satisfaction with and perceived quality of care, self-confidence and belief in efficacy as parents, and stronger parent-child relationships. Positive family-provider relationships are correlated with more supportive provider interactions with children and with children’s well-being, social-emotional development, and learning.

Characteristics and practices of early care and education programs that built positive relationships between caregivers and parents have been described by a number of different terms – family engagement, family involvement, family-sensitive, family-centered, family strengthening, family support (1). These terms refer to a construct that incorporates several dimensions of provider attitudes, knowledge, and behavior. Provider attitudes of respect for the role of parents, openness to working with families, understanding of contextual and cultural influences on parents and children, and appreciation for family strengths characterize positive family-caregiver relationships. Similarly, providing a welcoming supportive environment, offering family-oriented activities, being responsive to family interests and needs, engaging with families in sharing information as partners, and collaborating with families in setting goals and making decisions about the care of their children are elements of practice that support a positive family-caregiver relationship. (See 2, 3, 4, 5, 6 in References.)

Strategies to strengthen family-provider relationships and increase family involvement as partners in supporting their children’s development and learning have been demonstrated to be effective (7, 8). For example, family involvement policies are one factor that underlies the increase found in home learning activities during and after enrollment in the Head Start program (see 9 in References for documents outlining Head Start policies and standards related to family engagement). These include practices related to communication, connection with resources, and participation in decision-making.

Research has demonstrated a range of benefits for children and their families from effective supports for family-provider relationships (1, 10, 11). Benefits for parents and families as a whole include enhanced parent emotional well-being and reduced stress, positive family functioning, more effective parenting practices, increased access to resources and supports, and reduced material hardships for families. These benefits translate into improved outcomes for children in health, social-emotional development, cognition and language, and academic learning.

Subarea: Reciprocal Communication

Rationale: As their first teachers and most effective advocates, families are the strongest influence on their children’s development and learning. Programs and providers that establish partnerships with families through knowledge of and responsiveness to their diverse strengths and needs are the most effective in supporting children’s development and learning. Effective programs and providers engage in mutual, two-way respectful communication with families that reflects their cultural and linguistic preferences and recognizes the roles of families and of programs and providers in supporting individual children’s development and learning.

Research Basis for Rationale:

Two-way communication is consistently identified as a key factor in establishing positive family-provider relationships (1, 2, 4, 6, 8, 12, 14). This term refers to a set of practices to ensure that both families and providers have opportunities to share information related to the care and well-being of the children in the early care and education setting. These practices include those initiated by the program or provider as well as those initiated by families and are reciprocal – that is, information and feedback flows both ways. Parents are asked to provide information on their family and child that will help the caregiver understand and meet that child’s individual developmental needs and respond appropriately to family interests and cultural values (10). Providers offer families information on their children’s experiences and development as well as general information on the program as well, both at scheduled points in time and as requested by either party.

Giving families individualized information on their children’s development and learning is especially valuable. This information, whether from informal observations or more formal screening or assessment – particularly when parents are engaged in gathering and interpreting the information – reinforces and encourages family encouragement of learning (13). Providing families with information on home-based learning activities and engaging parents in parent-child activities contribute to positive outcomes for their children in all areas of development (7).

Subarea: Connecting Families with Community Resources and Services

Rationale: Early learning and development programs and providers are a critical resource for families that can have a strong and lasting impact on children’s development and learning. Programs and providers have relationships with families that provide opportunities to share information with and link families to community resources. To do this effectively, programs and providers must be knowledgeable of and have connections to community resources and services that are responsive to the needs and circumstances of all children and families, especially high-need children and families.

Research Basis for Rationale:

All families need community resources as they raise their children, whether these be those that are designed to be universally available such as libraries, playgrounds, schools, and health care, or those that are targeted to families with specific needs such as means-tested income or food benefits, specialized health interventions, or housing or social services. Availability of and access to these community resources supports family strengths and effective parenting. Information and support to assist families with information about and connections with community programs and services is associated with increased parents' confidence and skills in accessing resources and with decreased material and emotional stressors. When parents are involved in determining family needs and interests and identifying and linking with community resources – described as participatory help-giving – children are especially likely to reap benefits due to reduced family stress and improved parental support for social-emotional development. (See 1, 3, 4 in References.)

Subarea: Family Involvement and Leadership

Rationale: Families' active involvement is critical in supporting their children's development and learning and in enhancing and extending the impact of early care and education programs and providers. Programs and providers that are effective in strengthening family involvement create a welcoming and inviting environment that offers opportunities for all families to become involved in a variety of ways that are responsive to and respectful of the diversity of family backgrounds, interests, skills, talents, preferences, and availability.

Research Basis for Rationale:

A hallmark of all effective family engagement and support are practices that build partnerships between early learning and development programs and providers and parents and other adult family members. These partnerships are facilitated by reciprocal communication and connecting families with community resources. Another key factor is the involvement of families in goal-setting and decision-making regarding not only the development of their own children but also the learning environment and experiences in the caregiving setting (2, 4).

Effective strategies to build family involvement and parent leadership include offering opportunities for parents to be involved in the care environment through volunteering and attending family meetings. These experiences have both immediate and longer-term benefits in demonstrating parental support for education and in strengthening parents' confidence and skills in supporting the children's learning at home and appear to ameliorate the effects of poverty on children's development and learning (7, 15, 16). Programs and providers also build involvement and leadership by providing ways for parents to give input and feedback about program or provider policies and practices, particularly as they respond to family and cultural interests and values, and to engage in advocacy at the community or state level (1).

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STANDARD AREA: HEALTH AND SAFETY

Subarea: Safety of the Physical Environment

Rationale/Link with Child Outcomes: Prevention of injury in a safe care environment ensures that all children will be healthy and able to benefit from learning experiences. Maintaining a safe environment includes appropriate supervision of children and capacity to identify and respond to possible risk conditions and emergency situations. Particular attention to injury prevention may be needed for children with disabilities or special health care needs as well as for other children who may be especially susceptible to injury, including infants and toddlers.

Research Basis for Rationale:

The evidence-based best practice standards embodied in “Caring for Our Children: National Health and Safety Performance Standards, Guidelines for Early Care and Education Programs, Third Edition” (1) reinforce the critical importance of attention to the safety and supervision of children as a prerequisite for development and learning. These standards provide detailed guidance on indoor and outdoor facilities, equipment, and environment and promote inclusion of children with special health care needs and disabilities in activities in early care and education settings.

While licensing standards vary across states (2, 3, 4, 5), all share a common focus on health and safety precautions. Meeting licensing standards, particularly those related to group size and teacher/caregiver-child ratios, is correlated with other measures of child care quality (6). These standards ensure that children not only receive appropriate supervision to ensure their safety, but also allow teachers and caregivers to give children more responsive individualized attention and promote a more positive social climate among peers (7). All of these factors results in gains in children’s language and social development.

As noted in a review of the contribution of high quality early care and education programs to long-term health, regulation is necessary but not sufficient to meeting health and safety standards. Training, technical assistance, and availability of trained health consultants are all needed to help early care and education programs and providers remain up to date on and consistently meet these standards (8). For example, training of child care providers decreases accidental injuries and increases use of health practices such as safe sleep placement with infants (8). Frequent monitoring is also associated with lower rates of injuries requiring medical attention in early care and education settings (9).

Subarea: Health Practices

Rationale/Link with Child Outcomes: Using procedures that prevent transmission of disease and promote physical and social-emotional health ensures that children will be healthy and able to attend and benefit from learning experiences. Particular attention to disease prevention and health promotion may be required for children with disabilities or special health care needs as well as for other children who may be especially vulnerable, including infants and toddlers.

Research Basis for Rationale:

A recent study of preschool attendance in Chicago Public Schools noted the prevalence of high levels of absenteeism among 3- and 4-year olds enrolled in preschool programs (10). Child illness was the cause of more than half of the absences reported in this study, and both black and Hispanic children were more likely to be sick and miss school than white preschoolers. Chronic absenteeism in these early years is associated with absenteeism in later grades and in poor learning outcomes.

As noted above, regulations regarding group size and low child-to-staff ratios are associated with fewer injuries due to accidents; these regulations are also associated with decreased illness and infections in early care and education settings (9). It is likely that caregivers in these settings can more effectively promote and ensure healthy practices such as hand washing to control the transmission of infections and disease. The evidence-based best practice standards in “Caring for Our Children”(1) include detailed guidance on health promotion and protection, control of infectious diseases, and food safety and the availability of technical assistance from health care consultants is associated with greater use of these guidelines in practice.

Subarea: Nutrition and Physical Activity

Rationale/Link with Child Outcomes: Nutritious food and opportunities for physical exercise in the child care setting and provision of information on nutrition and physical activity to families promotes child health and development so that children will be able to benefit from learning experiences. Understanding the food preferences of individual children and families from different backgrounds enables child care programs and providers to provide nutritious meals during care while reinforcing healthy practices in families. Particular attention to provisions for physical exercise may be required for children with disabilities or special health care needs as well as for infants and toddlers.

Research Basis for Rationale:

While preschool obesity rates have declined (11), overall more than one-third of children between the ages of 2 and 5 years are either overweight or obese (12). The recent decreases in

the rate of early childhood obesity indicate that attention to good nutrition and physical activity in early care and education settings can be effective. Effective interventions in child care settings included one or more of the following strategies: incorporating physical activity in the curriculum, modifying food service practices, providing nutrition education, and engaging parents (9). Based on research findings, “Caring for Our Children” standards related to preventing obesity (13) include support for breastfeeding, recommended meal patterns and service, provision of nutrition education, opportunities for active play, and limits on screen time.

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STANDARD AREA: WORKFORCE QUALIFICATIONS AND PROFESSIONAL DEVELOPMENT

Subarea: Education and Credentials – Teaching Staff

Rationale: Research indicates that children in early care and education settings with adults who have demonstrated knowledge and skills in early child development and early education through formal education and credentials have better learning experiences and outcomes. The greater the level of knowledge and skills, the more positive are the children’s experiences and outcomes. These knowledge and skills include understanding of child development and strategies to promote development and learning for all children, including infants and toddlers, children with special needs or disabilities, children from culturally or linguistically diverse backgrounds, children of color, children from immigrant families, and children from low-income families.

Research Basis for Rationale:

The rationale for the recommendation that every group of children have a lead teacher or caregiver with a specified level of education in child development and early education is based on a number of studies that show significant correlations between teacher or caregiver formal education with the quality of the early childhood learning environment and with children’s development in a number of areas, including social behavior and language development. This is especially true for 3 and 4 year olds in preschool or pre-kindergarten classrooms, where most research has been focused. (1, 2, 3, 4, 5) While there is less research on family child care providers, more years of formal education and specialized training in early childhood among these providers is associated with higher quality and more nurturing care and learning environments and with greater developmental progress among the children they serve. (1)

The implications from these overall findings are limited by several factors, leading some to conclude that current research does not support requiring a bachelor’s degree for teachers in all center or school early childhood settings:

- While statistically significant, the relationships found have been generally small and some recent re-analyses have found only weak if any association between teachers’ formal education or degrees and classroom quality or children’s academic outcomes. (5, 6)
- One factor may be the content and requirements of teacher preparation programs in colleges and universities, which have focused on what children should learn more than how to support children’s learning. (6)
- The studies are correlational and not based on a rigorous randomized design which would control for the fact that teacher qualifications are often higher in settings serving children from families with higher education themselves. (4, Huston)

- Most research has focused on center-based preschool or pre-kindergarten teachers and children, with less attention to home-based settings or care environments for infants and toddlers. (6)
- Some of these studies indicate that either a bachelor's degree (BA) in early childhood or a Child Development Associate (CDA) are equivalent in their positive effects on children's outcomes. (2)
- Specialized training, especially combined with coaching, has been found to be effective in improving the quality of practice in classrooms independent of teachers' qualifications. (3, 6)
- Other characteristics of teachers, separate from their formal education and training, have more direct effects on children's outcomes, in particular having a child-centered philosophy, skills in helping children develop self-regulation and form positive relationships with peers and adults, and being aware of and responsive to individual differences among children, particularly related to culture and family background. (4, Huston; 7)

On the other hand, the most rigorous research demonstrating the largest and longest-lasting effects such as the Perry Preschool and Abecedarian projects all employed well-educated teachers with at least a bachelor's degree combined with a number of other factors critical to the quality of children's experiences and their developmental and learning outcomes. These other factors included a strong curriculum tied with ongoing supervision and professional development, high standards and continuous quality improvement, and small class sizes and low teacher-child ratios. Some have argued that, in the absence of strong evidence that teachers' formal education is not a critical factor in these programs' success, one should not discount the value of setting this standard for early childhood centers and early education programs in schools. (4, Barnett)

As of 2011, 10 states require some degree or credential for all master or lead teachers in licensed child care centers. Five require a CDA, one requires an associate's degree, three require a bachelor's degree (New Jersey, Rhode Island, and Vermont), and one requires an unspecified credential. (8) Three states require that family child care providers hold a CDA and seven require that group family child care providers hold the CDA or equivalent state credential. (9)

Subarea: Professional Development/Continuing Education and Training

Rationale: Research indicates that children in early care and education settings with adults who have demonstrated knowledge and skills in early child development and early education have better learning experiences and outcomes. Ongoing professional development opportunities for program staff and providers ensure that their knowledge and skills are reinforced and up-to-date, particularly those related to supporting the development and learning of high-risk children. Using certified trainers and aligning training content with identified improvement goals maximizes the benefits of professional development.

Research Basis for Rationale:

Evidence is increasing that ongoing professional development – in particular, training combined with coaching – is the most effective method for improving teacher and provider practices and children’s development and learning outcomes (10, 11, 12, 13, 14, 15). Successful approaches include close connection and coordination between workshops or other training mechanisms designed to increase practitioners’ knowledge and interactions that are focused on implementing that knowledge in the classroom. The latter component – generally referred to as coaching – is particularly effective when frequent and sustained in helping teachers and providers make major changes in their behavior and put in place more complex practices that support multiple aspects of children’s development. Coaching that involves opportunities for teachers and caregivers to both observe practices as modeled by the coach and to try out these practices with constructive feedback has been demonstrated as effective, as is the combination of coaching targeted to particular skills and behaviors identified through the use of observational tools.

Program directors and administrators also benefit from professional development that includes training on specific knowledge and skills needed to fulfil their responsibilities combined with hands-on technical assistance or mentoring (16, 17, 18, 19). Directors who have receiving more training in administration coupled with coaching demonstrate gains in competence, create more positive and productive work environments, and are more likely to take leadership in and advocate for the early education profession.

Subarea: Education and Credentials – Program Administrators

Rationale: Consistency of high quality care has been demonstrated to be related to children’s development and learning. Program administrators and family child care providers are responsible for ensuring that children in their care experience consistent high quality care. This requires knowledge and skills related to child development and to management of a business organization and identity as an early care and education professional.

Research Basis for Rationale:

The knowledge, skills, and practices of administrators and directors of center- or school-based early care and education programs are critical elements of and contributors to the quality of the learning environment and experiences of young children in their care (20). Increasingly state licensing systems are requiring early childhood program administrators to have higher education degrees or specialized credentials – currently half of the states require that directors in licensed programs have at least a CDA or other early childhood education certificate such as state director’s credential (21). Administrators’ level of formal education and credentials are correlated with overall program quality and with specific indicators of quality such as ability to attract and retain qualified staff, support for staff professional development, stable funding,

and achievement of accreditation (16, 20, 22). Similarly, family child care providers who have more experience and formal training provide higher quality care and learning experiences (23).

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STANDARD AREA: LEADERSHIP AND MANAGEMENT

Subarea: Financial and Legal Management

Rationale: Consistency of high quality care has been demonstrated to be related to children's development and learning. Program administrators and family child care providers are responsible for ensuring that children in their care experience consistent high quality care. This includes managing finances so that the setting continues to operate and has the resources to provide high quality care.

Research Basis for Rationale:

Providing high quality care and early learning experiences is expensive (1) and poor fiscal management is the major reason that early care and education programs cease operations (2). Further, programs and providers under financial stress are not able to provide quality care. Classrooms in programs that are able to better manage finances receive higher scores on observational measures of quality and their program administrators give quality considerations priority in their allocation of resources while acknowledging the importance of sound financial planning and management (3). Best practices in the field acknowledge the relationship between financial stability and quality experiences for child as evidenced by guidance provided by the federal Office of Child Care (4) and the Office of Head Start (5) as well as the inclusion of fiscal management as indicators of quality in the program and business administration assessment tools developed by the McCormick Center for Early Childhood Leadership (6, 7).

Subarea: Recordkeeping

Rationale: Consistency of high quality care has been demonstrated to be related to children's development and learning. Program administrators and family child care providers are responsible for ensuring that children in their care experience consistent high quality care. Accurate, up-to-date, and complete records support compliance with licensing requirements and therefore continued operation, as well as access to information on children and families needed for curriculum planning, child observation and assessment, and response to family interests and needs.

Research Basis for Rationale:

Sound recordkeeping practices are closely related to sound fiscal management as financial records are essential for ensuring operational stability and supporting quality. State licensing systems require records documenting compliance with regulations and licensing requirements are becoming increasingly rigorous with additional recordkeeping expectations, for example those associated with background checks for staff (8).

Quality standards also call for programs and providers to routinely and regularly assess and document children's development and learning and to share this information with parents as well as use it to inform practice (9). Supporting transitions for children and families as they enter the formal education system at kindergarten also requires maintenance of records so that they can be readily shared as appropriate (10).

Criterion: Staffing and Staff Management/Staff Performance Reviews

Rationale: Research indicates that children in early care and education settings with adults who have demonstrated knowledge and skills in early child development and early education have better learning experiences and outcomes. Consistency of high quality care also has been demonstrated to be related to children's development and learning. Providing all adults working with children with information about their responsibilities and expectations and with feedback on their performance regarding those responsibilities and expectations is one strategy for ensuring high quality, consistent experiences. These responsibilities and expectations include those related to responding appropriately to the specific needs and circumstances of all enrolled children, including infants and toddlers, children with special needs or disabilities, children from culturally or linguistically diverse backgrounds, children of color, children from immigrant families, and children from low-income families.

Research Basis for Rationale:

Ongoing professional development is correlated with the quality of the learning environment and teacher/provider-child interactions and ultimately with children's development and learning (11). The most effective professional development is closely tied with assessment of the individual skills and practices related to the performance of their responsibilities (12, 13).

In addition, organizational climate is a critical factor in quality in early care and learning settings and important contributors to a positive climate include clarity in expectations and supervisor support, as well as professional growth opportunities. Clear and high expectations for staff are correlated with observational measures of quality (3, 14).

Subarea: Access to Resource Staff and Consultants to Meet the Needs of Children and Families

Rationale: Children in early care and education settings may have conditions or experiences that affect their development and learning, but are beyond the knowledge and skills of staff and providers to address. In order to provide the most effective learning environment, programs and providers need access to specialized knowledge and skills from other professionals, particularly in appropriately responding to the needs and circumstances of high-risk children. Also, early care and education programs and providers have information and insights regarding the children in their care that can inform and guide the work of other

professionals with those children, increasing opportunities to support and promote their development and learning.

Research Evidence:

Early care and learning programs and providers are facing more and higher requirements and expectations in a number of areas, including health prevention and promotion, developmental screening and assessment, and family support via connection with community resources. In addition, research evidence continues to mount about specific aspects of environments and relationships in these settings that contribute the most to children's development and learning. Understanding and acting upon these requirements, expectations, and research evidence very often requires specialized knowledge and skills that most programs and providers do not themselves have. Availability of consultants with specialized knowledge in health and mental health issues are particularly valuable (15, 16, 17), as both help ensure that children can avoid absenteeism due illness and injury and expulsion for behavior issues. Further, evidence from research on the effectiveness of professional development models strongly supports the value of work with consultants – as coaches and/or technical assistance providers – in improving practice (18, 19, 20).

At the same time, there is increasing recognition of the value of partnerships between early care and learning programs and other programs or individuals who are involved in supporting young children's health and development. These include primary care physicians and early interventionists (21, 22).

Subarea: Self-assessment and Improvement

Rationale: Consistency of high quality care has been demonstrated to be related to children's development and learning. Early care and education programs and providers that routinely assess key elements of quality using standardized instruments, use multiple sources of input and information, and develop and implement action plans for quality improvement are likely to provide higher quality and more consistent experiences for the children they serve. In order to support the development and learning of all children, self-assessments should include attention to how well the program or provider is responding to the needs and circumstances of all children, including infants and toddlers, children with special needs or disabilities, children from culturally or linguistically diverse backgrounds, children of color, children from immigrant families, and children from low-income families.

Research Evidence:

Self-assessment against a set of standards representing research-based best practices is the foundation of national early childhood accreditation systems, including those of the National Association for the Education of Young Children (NAEYC) and the National Association of Family Child Care (NAFCC). Research has demonstrated that programs that complete the accreditation

process, including the use of self-assessment to develop and implement improvement plans, provide higher quality early care and learning experiences for the children they serve (23). The current national movement to establish quality rating and improvement systems is based on this evidence. As these systems evolve they are increasingly incorporating standards based on research findings about the impact on children's development and learning of supportive, individualized relationships and interactions with their teachers and caregivers and including assessment of these factors in quality improvement plans and supports (24).

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Priority Areas for QRIS Infrastructure

These recommendations rely on Connecticut's current investments and ongoing projects to support the development and strengthening of infrastructure for a QRIS that promotes quality for all children in all settings.

1. **Licensing:** As part of its current re-examination of the child care licensing system, the Connecticut Office of Early Childhood (CT OEC) should develop criteria and procedures that will:
 - a. **Identify serious violations or persistent patterns of substantial violations** (with "serious violations," "persistent pattern," and "substantial violations" to be defined) that should result in a program's or provider's rating in the QRIS being changed to "provisional" until the violation has been corrected. This would apply to all levels of the QRIS.
 - b. **Focus technical assistance and monitoring efforts on programs and providers with serious violations.**
2. **Early Learning and Development Guidelines:** The CT OEC should continue to develop and deliver training on the Early Learning and Development Standards (ELDS) and develop supplemental materials to support program and provider use of the ELDS as described in the recommended QRIS Learning Environment Standard (See Learning Environment Recommended Indicators 9 -27-13.doc)
3. **Parent information and education on early care and education quality:** The CT OEC should coordinate its efforts to inform and educate parents on the importance of quality for their children's safety, health, development, and learning with those of United Way of Connecticut's Child Care Services. Currently, these include the 211 Child Care parent information and referral system and administration of the Care4Kids child care subsidy system. Together these two systems reach almost 400,000 parents each year and have developed guidance and materials to assist parents in selecting quality care.



**A Quality Rating and Improvement System for Connecticut
QRIS Workgroup Recommendations
June 2013**

Executive Summary

The experiences children have early in life—and the environments in which they have them—shape their developing brain architecture and strongly affect whether they grow up to be healthy, productive members of society.¹

Purpose

All families want – and their children deserve – the best possible start in life. Scientific research confirms that early experiences – at home or outside of the home – are directly linked to early learning outcomes, foundational skills and lifelong achievement. Quality early care and education that is consistent, developmentally appropriate and emotionally supportive has a positive impact on children, families, schools and communities.²

The Early Childhood Education Cabinet is committed to the work of developing a comprehensive early childhood education system that includes a Quality Rating and Improvement System (QRIS) that promotes high-quality early learning experiences for all children, in every setting, every year. The goals of Connecticut’s QRIS are to provide families with the information they need to make informed choices and to provide all early childhood settings with the tools needed to improve quality, so that all children statewide are provided with the opportunity to have high quality early learning experiences.

In order to ensure that all children in Connecticut receive quality early learning experiences, the Workgroup strongly recommends that the QRIS include all settings, whether they are publicly or privately funded, including child care centers, family child care programs, and license-exempt programs.

¹ National Scientific Council on the Developing Child (2010). *Early Experiences Can Alter Gene Expression and Affect Long-Term Development: Working Paper No. 10*. Retrieved from www.developingchild.harvard.edu

² Pediatrics, 2005, 115; 187

Process

The process of creating a QRIS for CT is guided by Public Act 11-181, which sets forth the parameters of a coordinated system for early childhood in Connecticut. Among other features of the system, PA 11-181 includes language to “create, implement and maintain a quality rating and improvement system that covers home-based, center-based and school-based early child care and learning.”

In an effort to move this legislation forward, the QRIS Workgroup was established by the Early Childhood Cabinet in the spring of 2012. At the Cabinet’s request the workgroup developed plans to identify the actions and activities necessary to design a QRIS, establish a robust monitoring and rating process, develop QRIS Standards, promote quality improvement within and across levels of the system, promote use of information by communities and families and develop sustainability plans to ensure the consistent and long-term existence of the system. The development of the recommendations for the Connecticut QRIS is grounded in a preceding report of the 2008 CT QRIS Work Group and Connecticut’s 2011 Race to the Top Early Learning Challenge Application.

In September 2012, the Early Childhood Planning Team, established through the aforementioned legislation to create a plan for Connecticut’s early childhood system, requested that the QRIS Workgroup complete a set of recommendations for a QRIS with the strict deadline of October 30, 2012. The Workgroup launched a process of meetings, with the help of the national Childcare State Systems Specialists, to achieve this goal. On November 15, 2012, the first iteration of recommendations was presented to the Connecticut Early Childhood Education Cabinet and Early Childhood Planning Team Director. This presentation is available at http://www.ctearlychildhood.org/uploads/6/3/3/7/6337139/qrisc_presentation_df_11_13_12.pptx_1.pdf

The QRIS Workgroup met to refine and clarify its recommendations through the spring of 2013. The recommendations that follow in this Report of the Early Childhood Cabinet's QRIS Workgroup, June 2013, are the result of that work. This report includes the

- Guiding Principles established by the Workgroup, which serve as a foundation to the QRIS system; and the
- recommendations addressing these topics in the QRIS: Governance, Structure, Standards, Licensing, Accreditation and Approval, Rating and Monitoring, Subsidy, Incentives, and Phase In.

Guiding Principles

The QRIS Workgroup developed and adopted Guiding Principles relating to children and families, early care and education programs, settings and systems as the foundational tenets to the recommendations for the Connecticut QRIS.

RECOMMENDATIONS

Governance

A governing entity must be designated for the QRIS. In addition, a mechanism for regular communication with providers in the QRIS is also a key component to effective governance. Connecticut is in the process of developing a new governance structure for early childhood and currently has limited infrastructure to support the needed governance capacity for a QRIS. The design of that governance structure will be highly dependent on the outcome of pending legislation for an Office of Early Childhood that may or may not include child care licensing within the purview of that Office. Currently, the State Department of Education is charged with developing the QRIS, with the anticipated transfer of that charge to the Office of Early Childhood with the passage of the pending legislation.

Structure

The Connecticut QRIS will be a mandatory block system. The Workgroup strongly recommends a QRIS that demands high quality early learning experiences for ***all*** children in every setting resulting in the recommendation that involvement be mandatory for all settings. In addition, the criteria and indicators within each block must be achieved prior to ascending to the next level. Participants at each level are eligible to receive targeted training and technical assistance to assist in on-going quality improvement.

Standards

The recommended components for the Connecticut QRIS standards are Health and Safety, Learning Environment, Workforce Qualifications and Professional Development, Family Engagement and Support, and Leadership and Management. The standards will be reinforced by criteria and indicators of quality as programs elevate from level to level.

Licensing

Connecticut's licensing regulations should be held as the baseline threshold of quality for the QRIS. The development of standards, criteria and indicators should be established in relationship to each level of the QRIS to build upon that licensing baseline for on-going quality improvement. The licensing system has been identified by the workgroup as a potential mechanism for communication to all licensed programs regarding the QRIS. Connecticut is also embarking on a needs assessment study of the licensing system that will be conducted by the National Association for Regulatory Administration (NARA). The findings and recommendations from that study will directly impact how licensing procedures are implemented moving forward.

Accreditation and Approval System

An infrastructure of national accreditation bodies can serve as cost-effective monitoring and quality assurances for the QRIS. Connecticut recognizes national accreditation and approval systems as a means to define expectations for high quality early care and education settings. The accreditation and approval entities currently recognized in Connecticut include, but are not limited to, the National Association for the Education of Young Children, the National Association for Family Child Care Accreditation and Head Start. Processes should also be developed to identify and approve additional accreditation bodies for use in the QRIS.

Rating and Monitoring

An effective QRIS is highly dependent on an infrastructure of regular and on-going monitoring, accomplished through a combination of self-report, quality audits and utilization of external accreditation approval systems. In addition, it is necessary to select tools and utilize them for the purpose they were designed, in their entirety, not in subscale, to enable valid and reliable ratings.

Subsidy

The Connecticut QRIS will include an integrated system of tiered reimbursement, with the child care subsidy program as an essential component. A sub-group with expertise of the federal and state mandates related to the child care subsidy should be put in place to inform the alignment of the subsidy system with the QRIS. Like many other states, Connecticut's child care assistance subsidy system is governed by the Child Care Development Fund Plans submitted to the federal Office of Child Care by the designated lead agency in the state. In addition, Connecticut recently passed legislation that enables providers receiving child care subsidy to organize and potentially participate in collective bargaining.

Incentives

The Connecticut QRIS will provide incentives that are both financial and non-financial. The QRIS will incent providers of all care settings to provide high quality early learning experiences for all children.

- An effective QRIS provides sufficient supports to families and programs.
- Publicly-funded and non-publicly funded providers should receive training, technical assistance, and incentives to promote continuous improvement and sustained quality.
- The base rate of reimbursement and the incentive package should be based upon an established formula.

While the feasibility of program quality improvements are dependent on financial supports, training and technical assistance can also incent increased knowledge and professionalism of the workforce. In addition, the QRIS is a means to promote the selection of high-quality early learning experience by families, which will in turn foster the demand for high quality early learning programs and ignite a market driven momentum for increased opportunities for high quality programs. A multi-dimensional incentive structure is a key component of the QRIS.

Phase In: Development and Implementation

It is recommended that the CT QRIS be implemented in phases, with an initial pilot phase that is guided by the expertise of a researcher to monitor reliability and validity of the system. The Workgroup has identified a number of projects that will be vital to the implementation of QRIS, including but not limited to, the development of standards—with criteria and indicators, the selection and training of reliable raters, the selection of an evaluator for the system, the development of the technological infrastructure to support the system, and on-going consumer education on the QRIS.

The Pilot Phase should be voluntary and by invitation with the phases thereafter being mandatory, starting with licensed center- and family-based providers. The final phase should include the licensed-exempt programs and family friend and neighbor care providers. The Workgroup strongly recommends a QRIS that demands high quality early learning experiences for ***all*** children in every setting.

ACKNOWLEDGEMENTS

The accomplishments of the workgroup were informed by guidance from the Administration for Children and Families Office of Child Care Training and Technical Assistance Team. In addition, the current recommendations were informed by the work of many who preceded the workgroup in their efforts to offer recommendations for a Connecticut QRIS. To every extent possible, the Connecticut QRIS Draft Recommendations of 2008 and the Connecticut Race to the Top-Early Learning Challenge 2011 Application were utilized as references for the recommendations of this workgroup. Finally, without the commitment of the current workgroup members, much of the work done to date would not have been possible.

WORKGROUP MEMBERSHIP

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Introduction

The 2013 recommendations for a Connecticut Quality Rating and Improvement System were developed by a workgroup consisting of a cross-section of early childhood stakeholders. The components of this system will drive program quality in all early childhood settings in Connecticut including publicly or privately funded child care centers, family child care programs and license-exempt programs by providing

- supports and incentives to programs and practitioners;
- information to families who utilize these settings for their children; and
- public ratings that define and recognize increasing levels of quality.

These recommendations, organized on the following pages by topic area, establish a coordinated and systemic approach to continuous quality improvement for the benefit of all children in all settings. Their intent is to establish equivalent but not identical criteria across settings and age groups, so that program quality is raised through a series of logical and well-defined increments appropriate to the type of setting and driven by accessible, purposeful, specific interventions.

The recommendations address the operational and foundational components of a QRIS. They are not designed to be implemented as disparate parts, but rather in a sequence, which builds a fully-articulated system offering early childhood practitioners opportunities and incentives to engage in meaningful program improvement efforts. This is how higher quality will be achieved and maintained in all settings and how a system of supports for programs and practitioners will contribute to the healthy development and future achievement of Connecticut's young children.

The workgroup recommendations address the following topic areas:

- Governance
- Structure
- Standards
- Licensing
- Accreditation and Approval
- Rating and Monitoring
- Subsidy
- Incentives
- Phase-In

A set of Guiding Principles relating to children and families, early care and education programs, settings and systems sets the foundational tenets to the recommendations for the Connecticut QRIS. Each topic area includes a rationale with recommendations. The appendix summarizes

the citations and resources utilized to inform each topic area. It must be noted that many of these topics are components of existing work in other domains of Connecticut's emerging early childhood system and that collaboration and communication will be integral to the successful unification of all of the parts of the QRIS.

Finally, a commitment to the development of Connecticut's QRIS is needed to ensure that the work is intentional and sequenced. This would build upon existing efforts, and scaffold the development and implementation of the strategies and recommendations detailed in this document. These recommendations, including a necessary phase in approach, will set Connecticut on the path to the development of a QRIS that promotes quality for all children in all settings.

"Without continual growth and progress, such words as improvement, achievement, and success have no meaning." - Benjamin Franklin

QRIS Guiding Principles

These Guiding Principles represent foundational tenets of a Connecticut QRIS.

With regard to **Children and Families**, Connecticut's Quality Rating and Improvement System will,

1. Provide families with tools and resources to inform decisions when choosing early care and education programs.
2. Assist families in choosing high quality programs.

With regard to **Early Care and Education Programs and Settings**, Connecticut's Quality Rating and Improvement System will,

3. Rate programs using comparable standards that demonstrate high quality across all settings.
4. Reflect the diversity of settings while also holding programs accountable to the process and standards of the system.

With regard to **Systems**, Connecticut's Quality Rating and Improvement System will,

5. Simplify and reduce duplication in reporting, and respond efficiently to the provider community.
6. Provide financial incentives and other supports.
7. Separate technical assistance/support from enforcement/monitoring.
8. Provide standards that 'make something happen' and are not redundant to standards in other systems used in the QRIS.
9. Make use of local community organizations to develop collaborations to promote quality and minimize duplication.

10. Establish and maintain a system that can be sustained over time.

QRIS Workgroup

Recommendations related to Governance

Rationale:

The Governance structure is responsible to ensure that guiding principles are imbedded and upheld to ensure the integrity, objectivity and validity of the Connecticut QRIS system. There is limited infrastructure currently in place to meet the capacity of a QRIS in Connecticut.

Recommendations

- 1. Clarify the role of the proposed Office of Early Childhood and Early Childhood Cabinet as it relates to governing the Quality Rating and Improvement System.**
- 2. Establish a liaison or ombudsman to ensure alignment, coordination, communication and collaboration between system stakeholders.**
- 3. Establish a system for on-going communication with licensed center and family child care providers, licensed-exempt and family friend and neighbor providers.**
- 4. Separate the monitoring and technical assistance arms of the QRIS.**
 - Consideration should be given to how the role of consultants – as currently included in licensing – can be strengthened to support the monitoring process;
 - Consultants should be linked to the reporting mechanisms within the QRIS, which allows for reporting of findings to the programs;
 - The QRIS, along with child care licensing, will bear the responsibility and cost of monitoring and compliance.
- 5. Fund the infrastructure required to address the data, monitoring and technical assistance needs of a successful QRIS (e.g. data systems that will need to accommodate registration of providers from all settings and sectors).**

QRIS Workgroup

Recommendations Related to Structure

Rationale:

Children are exposed to high quality early learning experiences when indicators of quality are reflected in early care settings. Those indicators of quality should not be optional. Therefore, the Connecticut QRIS will be a block system rather than a point system. The criteria and indicators within each block must be achieved prior to ascending to the next level. Participants at each level are eligible to receive targeted training and technical assistance to assist in on-going quality improvement.

Recommendations

1. Create a block system with a hierarchical structure for the Rating and Improvement System for the Connecticut QRIS.

- A Building Block approach requires a participant to meet the level of rating in all categories of standards before receiving that rating.

2. Establish requirements within levels

Entry Level

- Register in the QRIS data system.

Level One

- Licensed programs (automatically enrolled in QRIS data system by linking existing data bases);
- Enrollment in the workforce data system will be required. (e.g. the Registry);
- Scholarship eligibility will be dependent on a planned course of study to promote alignment with the framework of early childhood teacher core knowledge and competency.

Level Two

- To include a process of self-report, with random quality audits by an approved external entity.

Level Three

- Programs at this level have staff with defined course of study and professional development plans.
- These programs would be accreditation applicants with a deadline set for submission of accreditation materials to approved national organizations within one year.
- Program assessment will be completed by an external, reliable assessor. Program must achieve cut scores on QRIS assessment and document progress on improvement plans.

Level Four

- Accredited programs (e.g. NAEYC, NAFCC), and Head Start/Early Head Start with no federally defined deficiencies or non-compliances, including Head Start/Early Head Start in family child care programs.
- A formalized process to review accreditation entities in order to recognize national monitoring systems and use external measures that reflect consistent levels of quality so that parents make informed choices.

QRIS Workgroup

Recommendations related to Standards

Rationale:

QRIS Standards are norms or expressed expectations of program quality. Criteria are further specifications of a standard, providing finer definition. QRIS has the potential to harmonize and unite the range of practitioner standards and the various program standards and to integrate early learning guidelines (ELGs) into practice. QRIS also have the potential to promote reflective practice and continuous quality improvement.

Recommendations

1. The Connecticut QRIS standards reflect the following components:



2. Develop the criteria and indicators that define Connecticut's five standards of the QRIS.

- Contract a consultant to direct and facilitate this process.
- Represent the criteria and indicators progressively within the tiers.
- Be inclusive of different settings, populations, abilities, socio-economic status, and cultures.
- Criteria for different settings must be equivalent but may not be identical.
- Family engagement should be explicitly embedded as a priority in the standards, criteria and indicators.

3. Standards and criteria need to be:

- Understandable and significant – participants and consumers know what the standards mean and that they matter.
- Evidence-based – there is substantial evidence that a standard is related to program quality and/or positive child development, and ultimately to child outcomes such as school readiness.
- Measureable and feasible to monitor – standards can be monitored well considering accuracy, cost and time;
- Progressive – items are not 'yes/no,' but rather represent gradations of improving practice from acceptable, good, better to best.

<p style="text-align: center;">QRIS Workgroup Recommendations related to Licensing</p>
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Rationale:

Licensing rules are the threshold of quality care, upon which other quality enhancements are built, and substantially influence the larger early care and education (ECE) system. (National Association for Regulatory Administration)

Recommendations

- 1. Establish licensing as a baseline standard of program quality that provides external, reliable, statewide monitoring of programs.**
 - Build understanding of licensing regulations as a basic level of quality, not an optimal level.
 - Identify barriers to licensing.
 - Assess the ability of license-exempt programs to achieve regulatory compliance.
 - Increase the frequency and reliability of DPH inspections.
- 2. Incorporate all of the settings where children are served. Include licensed and license-exempt, center and family-based providers as outlined in the Levels and Phases.**
- 3. Study the feasibility of the current child day care licensing system to act as a mechanism for communication to all licensed programs regarding the QRIS.**
- 4. Assess existing monitoring systems (state and local) to determine their ability to contribute to monitoring licensing standards and compliance in QRIS.**

<p style="text-align: center;">QRIS Workgroup</p> <p style="text-align: center;">Recommendations related to Accreditation & Approval</p>
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Rationale:

The Connecticut QRIS incorporates nationally recognized systems of program recognition to provide consistent levels of accountability and clear, research-based standards and criteria for programs at its highest levels of recognized quality. These accreditation systems, along with other approved systems recognized by the state, are external entities which incorporate criteria that assist in defining Connecticut's expectations for high quality programs, and provide cost effective monitoring and quality assurance systems through their infrastructure.

Utilizing these national systems in Connecticut's QRIS:

- *Provides families with the opportunity to make high quality choices across a variety of programs;*
- *Improves parent understanding of high quality; and*
- *Establishes consistency across the various settings, geographic regions, demographics and family income levels present in our state.*

Recommendations

- 1. Establish a process for review and approval of accreditation bodies at the highest level of the QRIS, with coordination of recognized accreditation systems by Commissioners statewide.**

- 2. The monitoring system reflects the following related to Accreditation:**
 - Levels three and four will primarily utilize existing accreditation and Head Start approval systems.
 - The monitoring system is informed by monitoring through the Department of Public Health, Department of Children and Families, national accreditation bodies and Head Start.
 - Program improvement plans reflect recommendations from accreditation, Head Start and approval system reports.
 - A rubric is utilized to assess accreditation and Head Start reports.

QRIS Workgroup

Recommendations related to Rating and Monitoring

Rationale:

Taken together, standards are used to assign ratings to programs that participate in QRIS, providing parents, policymakers, funders, and the public with information about the level of quality [of a program].

Accountability and monitoring processes provide ways to determine how well programs meet QRIS standards, assign ratings, and verify ongoing compliance. Monitoring also provides a basis of accountability for programs, parents, and funders by creating benchmarks for measuring quality improvement. (US Department of Health and Human Services, Administration for Children and Families, QRIS Resource Guide)

Recommendations

- 1. The monitoring system is informed by the state agencies' reporting systems, approved national accreditation bodies and Head Start monitoring.**
- 2. Licensed programs enter the QRIS at Level One and are monitored by an external entity to advance into other levels.**
- 3. Monitoring by an external entity will confirm achievement of higher levels.**
- 4. An integrated data system needs to inform and flag non-compliances, with a mechanism to evaluate significance of non-compliance and inform the QRIS levels.**
- 5. Establish an approved list of valid and reliable tools.**
- 6. Criterion will be monitored through self-report, using assessments from the approved tools.**

- 7. Levels Three and Four will primarily utilize existing accreditation and Head Start approval and support systems.**
- 8. Tools are to be utilized in their entirety, rather than by subscale.**
- 9. An integrated data system shall identify and flag non-compliance.**
- 10. Establish a mechanism to evaluate the degree of non-compliance and the impact on the QRIS levels.**
- 11. Program improvement plans shall include, but are not limited to, recommendations from accreditation, Head Start and approval system reports.**

QRIS Workgroup

Recommendations related to Subsidy System

Rationale:

Increasing payments to providers should be a top priority. States need to ensure that programs have the resources to hire well-qualified staff, purchase books and toys, and do everything else necessary to build a high-quality program and offer our most vulnerable children the early learning opportunities they need to succeed.

(Helen Blank, National Women's Law Center, Director of Child Care and Early Learning)

A priority for the Office of Child Care is to ensure that parents receiving subsidies have access to high quality child care arrangements across different types of providers that foster healthy development and learning for children. In order to be meaningful, the parental choice requirement should give parents high quality child care options.

(U.S. Department of Health and Human Services, Administration for Children and Families, Policy Interpretation Question, January 5, 2011.)

Recommendations

- 1. Establish a subgroup with current knowledge of the federal and state mandates related to Connecticut's subsidy system.**
- 2. Integrate the child care subsidy system with tiered reimbursement into the QRIS, linking the child care subsidy reimbursement rates to quality levels.**
- 3. Review and update reimbursements of all public funding streams to increase the base rate of subsidy to 75% of the current market rate, as recommended by the national Child Care Development Fund.**
- 4. Determine the threshold for classifying "non-publicly funded" center and family child care providers that enroll children receiving *Care4Kids* funding.**
 - Specifically, how many children receiving Care4Kids could a center or home enroll before they are considered "publicly-funded?" Is it a number or a percentage of their enrollment?
 - Create a formula for financial incentives by levels, aligned with the cost of implementing standards, starting at Level One.

- Take into account pending collective bargaining agreements.

QRIS Workgroup

Recommendations related to Incentives

Rationale:

An essential element of a quality rating and improvement system (QRIS) is the support offered to child care providers to assist them in understanding and meeting the standards and quality criteria. States may already have support services in place that can be linked to the QRIS, or they may need to invest in new services, or both. Support services include professional development opportunities and targeted technical assistance approaches, as well as financial incentives for programs and individual staff.

(Quality Rating and Improvement System Resource Guide. U.S. Department of Health and Human Services, Administration for Children & Families.)

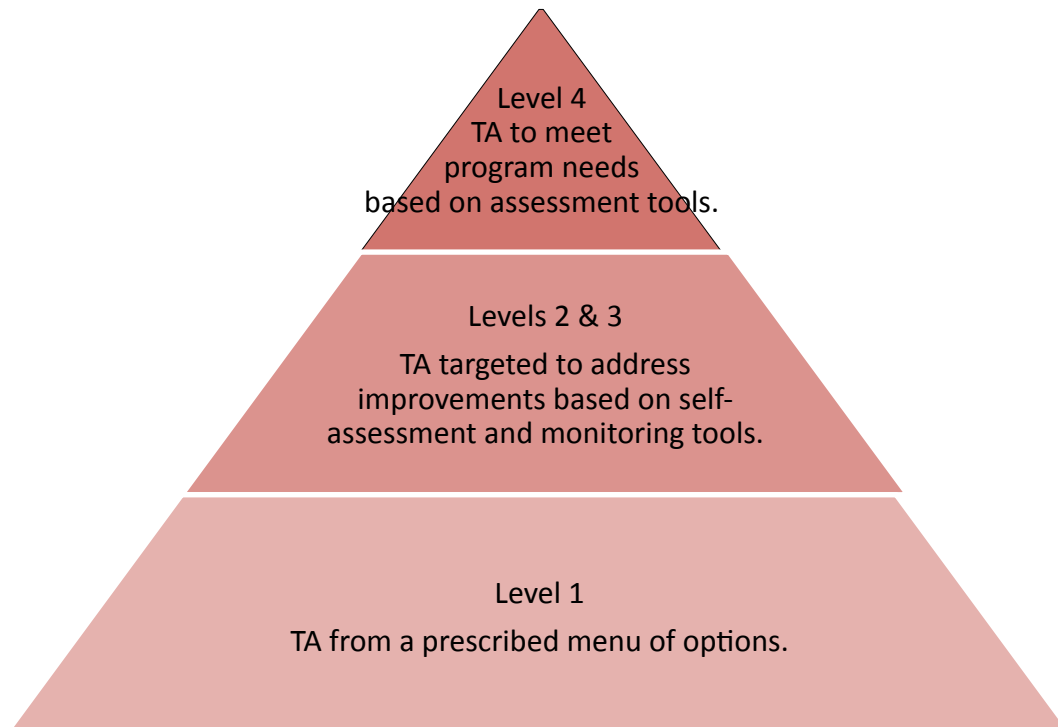
Recommendations

1. Incentives take many forms including market-driven incentives, technical assistance and financing; and create demand for services at higher levels by educating providers, the general public and families about the importance of quality early care and education for all Connecticut’s children. In accordance with the Framework for Incentives provided by the QRIS Learning Network, the workgroup recommends the following supports for the Connecticut QRIS:

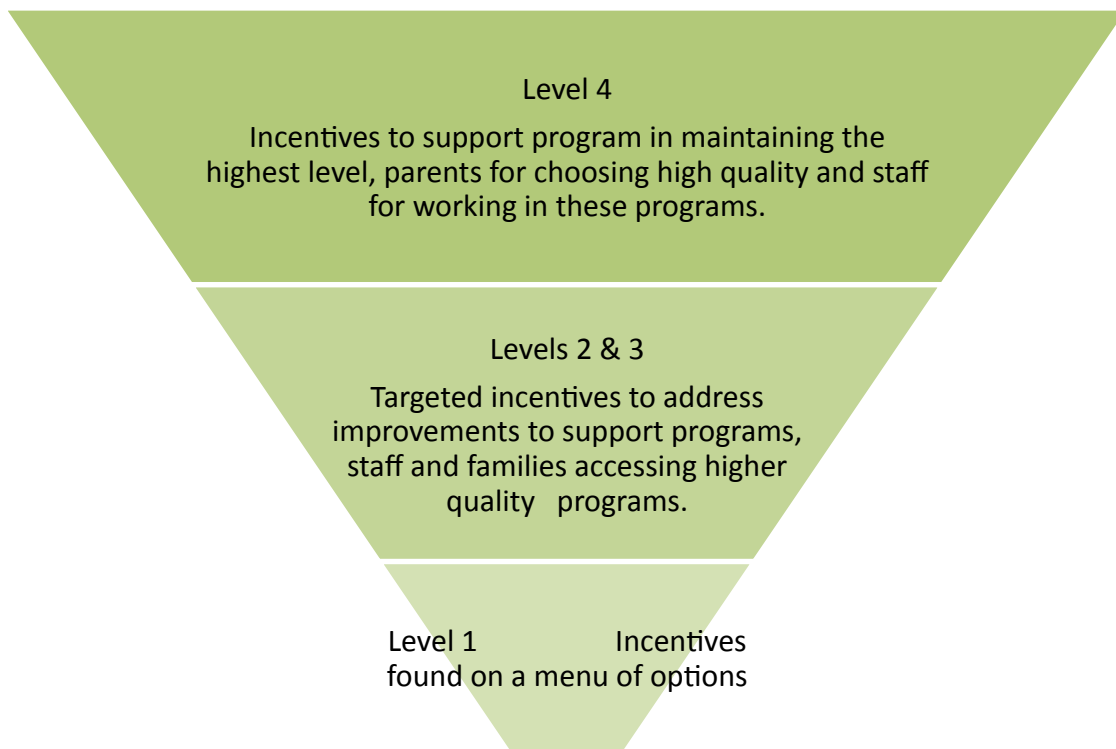
- Supply-side interventions that link QRIS standards and participation with:
 - Program supports including technical assistance and coaching;
 - Professional Development Supports including training and scholarships;
 - Financial Supports including grants, bonuses, differential reimbursement, wage supplements and tax credits.
- Demand-side intervention designed to influence consumer early care choices by providing:
 - an easy-to-understand consumer guide to quality (levels and rating) and public education to assure consumers understand its meaning and use;
 - links between higher quality care choices and financial incentives such as tax credits and differential reimbursement.

2. Provide programs with the tools to successfully move up the QRIS levels.

- Provide non-financial incentives in the form of technical assistance to raise the knowledge and professionalism of the workforce, promote quality, and create a culture of continuous learning;
- Provide a menu of options for technical assistance to support programs enrolled in the first level in their goal of progressing into the higher levels of the system;
- Offer technical assistance to all programs regardless of funding source and licensing status;
- Professional Development must be structured to meet the needs of family child care providers and small programs by being offered on evenings and weekends, in accessible locations, in languages other than English, and geared for adult learners from a variety of educational backgrounds/of varying learning styles;
- Assistance should be monitored by one agency to ensure access, quality and content are consistent;
- The intensity of technical assistance and professional development opportunities will vary at each level, with training and technical assistance at greater intensity at the lower levels and heightened incentives as levels increase;
- Use current systems that outline expected professional responsibilities to guide program improvement plans, including unlicensed programs.



- 3. Technical Assistance should be linked to Environmental Rating Scale reports, related to specific items indicated on Program Improvement Plans and provided in the form of mentoring, coaching and/or consulting.**
- 4. Evaluate the capacity of existing systems and plan for expansion, as needed (e.g. Early Childhood Consultation Partnership, Accreditation Facilitation Project, Licensing, and Consultants).**
 - All decision- makers should be involved at all stages of development.
- 5. Establish separate entities to monitor and provide technical assistance in the QRIS.**
 - Determine the feasibility of using Early Childhood Consultants, required by current licensing regulations, to support monitoring and technical assistance to individual programs.
 - Include an approval process for technical assistance providers (consultants, trainers, coaches and organizations).
- 6. Support for both NAEYC and NAFCC accreditation must be available and accessible for all programs in an accreditation process.**
- 7. Provide evidenced-based professional development linked to positive child outcomes.**
- 8. Include a menu of professional development to encourage non-publicly funded programs to participate in the system.**
- 9. Create a formula for financial incentives by levels.**
- 10. Financial incentives should be sufficient to reward providers adequately, and also to support them to achieve increasing levels of quality, and to promote participation.**
 - Provide adequate resources to incentivize programs to maintain standards in higher levels.
 - The intensity of financial incentives will vary at each level, with incentives at greater intensity at the higher levels.
 - Programs should reflect significant progression upward in quality to receive additional resources.
 - Support should be prioritized by need.
 - Incentive support must be offered to programs to achieve compliance.



Examples of Incentives for Programs

- Provide funding for background checks and fingerprinting, First aid and CPR, medication administration trainings, DPH Licensing application fees, physical improvement costs to achieve licensing, and purchase fire extinguishers, carbon monoxide detectors and cribs.
- Provide funding to assist programs with accreditation and licensing fees.
- Provide financial incentives for employing and retaining degreed staff.
- Provide professional development funding for tuition, workshops, and TA consultants.
- Provide funding for program enhancements to comply with licensing standards.
- Provide incentives for public schools to make improvements to meet licensing standards.
- Provide incentives to unlicensed caregivers/ license-exempt Family Friend and Neighbor caregivers to achieve licensing.
- Provide tax incentives to programs.
- Provide loan forgiveness to programs.
- Provide tiered reimbursement within Care4Kids linked to levels.
- Provide programs incentives for environmental improvements in the form of bond funding opportunities.
- Offer loan eligibility to all programs.

Examples of Incentives for Staff:

- Provide financial incentives for degree attainment.
- Provide bonuses and increased compensation for completion of professional development and attainment of educational goals.

Examples of Incentives for Families

- Increase Care4Kids payment amounts to families who choose high quality programs.
- Ensure that families have the information they need to access the incentives and to recognize quality in programs.

QRIS Workgroup

Recommendations related to QRIS Phase In: Development and Implementation

Rationale:

A phased in approach to the development of a QRIS affords a state the opportunity to construct and expand its system over time, testing and piloting features and design elements. This approach assists in generating buy-in from stakeholder groups while it informs the advancement of the QRIS because it incorporates lessons learned into future development of the system. A phased in approach is also an affordable method for establishing a system that can be expanded over time.

Recommendations

- 1. The QRIS will be implemented in phases to establish baseline data on Connecticut's early care settings, drive quality improvements, and promote parental choice.**
- 2. The initial phase should be a Development Phase focused on projects that will impact the overall implementation process.**

The projects will include,

- Establish workgroup to participate in the development of criteria and indicators for standards.
- Development of data systems.
- Train raters and develop assessment systems.
- Evaluate capacity of existing systems and plan for expansion, as needed: ECCP, AFP, Licensing, Consultants.
- Validate system and criteria.
- Establish the subsidy workgroup.
- Assess existing monitoring systems (state and local) to determine their ability to contribute to monitoring of QRIS.
- A Request for Proposal for an evaluator of the Pilot should precede the implementation.
- The plans for outreach and public awareness will be developed in partnership with key stakeholders.

3. For Phase One the QRIS Workgroup recommends a QRIS Pilot that:

- Includes a targeted number of participants and a diverse population of center and home-based providers, children and settings. The diversity of the group should be inclusive of urban, rural and suburban geographic areas.
- Is voluntary, by invitation according to criteria to meet the research needs.
- Provides incentives to participants upon completion of the pilot and completion of an evaluation to gather participant feedback of their experience in the Pilot.

4. For Phase Two the Workgroup recommends that the QRIS will be mandatory for all licensed centers and family child care providers for Levels One to Four.

- Participation will also be mandatory for license-exempt programs that are publicly-funded, with enrollment beginning at entry level. The system will be voluntary for all other providers during this phase.

5. Phase Three will be mandatory for all license-exempt programs and all Family Friend and Neighbor providers.

- Investigate incorporation of early childhood services such as home visiting and Birth to Three.

6. The Connecticut QRIS implementation process will be guided by a researcher in order to:

- Evaluate the validity and effectiveness of monitoring and program improvement tools;
- Capture provider needs in relation to their participation in the QRIS;
- Gauge the needs of providers for incentives to motivate advancement in the system;
- Determine if the selected increments of the QRIS levels are appropriate to effectively differentiate quality;
- Monitor if fiscal incentives are sufficient based on provider type and level to advance and sustain program quality;
- Complete an evaluation report with recommendations for revisions to the system to inform the launch of the next phase.

Resource List

Building an Early Learning System: The ABCs of Planning and Governance Structure. (2004)

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A Quality Rating and Improvement System for Connecticut

Recommendations from the QRIS
Workgroup of the Early Childhood
Education Cabinet.



Workgroup Membership

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- **Edie Reichard**, *Director, Sleeping Giant Day Care*
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GOAL

Connecticut's Quality Rating and Improvement System

- Gives families the information they need to make informed choices and
 - Provides programs with the tools needed to improve quality,
- so that ***all*** children have the opportunity to thrive.



GUIDING PRINCIPLES

With regard to ***Children and Families***, CT's Quality Rating and Improvement System will

- Provide families with tools and resources to make informed decisions when choosing early care and education programs;
- Assist families to choose high quality programs.



Guiding Principles

With regard to ***Early Care and Education Programs and Settings***, CT's Quality Rating and Improvement System will

- Rate programs using comparable standards that demonstrate high quality across all settings.
- Reflect the diversity of settings while also holding programs accountable to the process and standards of the system.



Guiding Principles

With regard to ***systems***, CT's Quality Rating and Improvement System will

- Simplify and reduce duplication in reporting, and respond efficiently to the provider community.
- Provide incentives in many forms, not just financial.
- Separate technical assistance/support from monitoring/enforcement
- Define and promote quality using clearly articulated standards, criteria and indicators. Coordinate all systems to avoid redundancy in performance expectations and reporting requirements.
- Make use of local community organizations to develop relationships for quality.
- Establish and maintain a system that can be sustained over time.



The Process

The recommendations of the workgroup were developed over a period of four meetings: two half day and two full day meetings, with Tropical Storm Sandy in between.

At the outset the group agreed to a decision making process that required a quorum of 2/3 of the membership with the majority vote carrying.

Recommendations

Establish 5 QRIS Standards



Examples of the complexity of standards, criteria and indicators are available from other states.



Recommendations

- Develop the criteria and indicators that define CT's five standards of the QRIS.
 - Contract a consultant to direct and facilitate this process.
 - Represent the criteria and indicators progressively within the tiers.
 - Be inclusive of different settings, populations, abilities, socio-economic status, and cultures.
 - Family engagement should be explicitly embedded as a priority in the standards, criteria and indicators.
- Utilize a block system for rating and improvement.
 - The criteria and indicators within each block must be achieved prior to ascending to the next level.
 - Participants at each level are eligible to receive targeted training and technical assistance to assist in on-going quality improvement.



Recommendations

- Include licensed and license-exempt, center and family-based providers as outlined in the Levels and Phases to
 - incorporate all of the settings where children are served, and
 - make clear to families and other stakeholders that program quality is important for all children in all settings.



Recommendations

- Conduct an assessment of the ability of license-exempt programs to achieve regulatory compliance to clarify perceived barriers and build understanding of licensing regulations;
 - Establish licensing as a baseline standard of program quality which provides external, reliable statewide monitoring of programs;
 - Communicate to families that a threshold level of quality exists to define basic health and safety.
- Study the feasibility of the current child day care licensing system to act as mechanism for communication to all licensed programs regarding the QRIS.



Recommendations

- Establish separate entities to
 1. monitor (assess and rate) and
 2. provide technical assistance (plan and implement program improvement)in the QRIS.
 - As part of the technical assistance provided, consideration should be given to how the role of consultants can be strengthened to support the monitoring process.
 - Consultant reporting should be made directly to programs and linked to the reporting mechanisms within the QRIS, to allow for documentation of findings and building of quality improvement plans.
 - Include an approval process for technical assistance providers (consultants, trainers, coaches and organizations).
 - The QRIS will bear the cost of monitoring and compliance.



Recommendations

- Determine the threshold for classifying “non-publicly funded” center and family child care providers that enroll children receiving Care4Kids funding.
 - Specifically, how many children receiving Care4Kids could a center or home enroll before they are considered “publicly-funded.” Is it a number or a percentage of their enrollment?
 - Create a formula for financial incentives by levels, aligned with the cost of implementing standards, starting at Level One.
- Review and update reimbursements of all public funding streams to increase base rate of subsidy to 75% of the current market rate, as defined by the Child Care Development Fund (CCDF).



Recommendations

- To effectively integrate the child care subsidy system into the QRIS, a subgroup with acute knowledge of the federal and state mandates related to these subsidies, must be established, taking into account pending collective bargaining agreements.



Recommendations

- Establish a process for review and approval of accreditation bodies, with coordination of recognized accreditation systems by Commissioners statewide.
 - Acknowledge and incorporate Head Start into this review.



Recommendations

- Fund the build-out of entities required to address the data, monitoring and technical assistance needs of a successful QRIS (e.g. data systems that will need to accommodate registration of providers currently not in the system).
 - There is limited infrastructure currently in place to meet the capacity of a QRIS in CT. The need for technology to support efficiency in the QRIS will demand the integration of monitoring information into TA and vice versa.



Structure: Levels

Tiers

- **Level Four:**
- Performance across 5 standards and associated criteria.
 - Head Start/Early Head Starts with no federally defined deficiencies or non-compliances.
 - Accredited programs (e.g. NAEYC, NAFCC).
- A formalized process to review accreditation entities.

Program Improvement & Incentives

- Participants at this level are eligible for the following Financial Incentives
- Tax credits,
- Longevity bonus,
- Loan forgiveness
- Tiered reimbursement and/or incentives



Levels

Tiers

- **Level Three:**
- Performance across 5 standards and associated criteria.
 - Program must achieve established scores on ERS and document progress on improvement plans.
 - Staff education plans have defined course of study and professional development plans.
 - Accreditation applicants with a deadline set for submission of accreditation materials within one year.
- Program assessment completed by an external, reliable assessor.

Program Improvement & Incentives

- **Levels Two & Three:** Participants at these levels are eligible for the following *Financial Incentives*
 - accreditation fees.
 - Family Child Care providers will be eligible for modest financial incentive cash payment when new levels are achieved from Level Two and above to motivate, retain and acknowledge advancement.
 - Tiered reimbursement and/or incentives
- Application to Accreditation Facilitation Project, utilization of ECCP. Head Start programs utilization of Training and Technical Assistance System.



Levels

Tiers

- **Level Two:**
- Performance across 5 standards and associated criteria.
- Programs at this level will be involved in accreditation self-study and formal action plans.
- Self-assessment and improvement plans from an approved tool kit. A comparable self-assessment process to be defined for family child care providers.

Program Improvement & Incentives

- See previous slide
- This level will reflect distributed trainings defined by content areas, age and setting.



Levels

Tiers

- **Level One:**
- Licensed programs
- Automatically enrolled in QRIS data system, by linking existing data bases.
- Enrollment in the workforce data system will be required. (e.g. the Registry).
- Scholarship eligibility dependent on a planned course of study.
- Performance across 5 standards and associated criteria.

Program Improvement & Incentives

- Utilization of and approved consultants, based on program improvement plan generated from a self-assessment from a tool identified in the QRIS tool box.
- Tiered reimbursement




Levels

Tiers

- **Entry Level:** Register in the QRIS data system.
- Performance across 5 standards and associated criteria.

Program Improvement & Incentives

- Participants at this level are eligible for Financial Incentives
 - Background checks and fingerprinting,
 - First aid and CPR, medication administration trainings,
 - DPH Licensing application fees,
 - Physical improvement costs to achieve licensing,
 - Fire extinguishers, carbon monoxide detectors and cribs.
- *Training and/or technical assistance* in the specific areas,
- Utilization of Early Childhood Consultation Project (ECCP), B-3 and LEA for children with special needs, and expanded modes to support programs and providers seeking licensing.



All Levels will be eligible for *training and/or technical assistance* from a menu designed to facilitate implementation of standards, criteria and on-going improvement.

- Degree attainment,
- Scholarship options;
- Coaches,
- Evidenced-based curriculum/assessments,
- Interagency partnerships,
- Program assessments-related support,
- Strengthening Families, Parent Leadership & Advocacy,
- Organizational health,
- Intensive mental health consultation,
- Training on Early Learning Standards, developmentally appropriate practice and school readiness,
- Playground safety,
- Infant Toddler Modules,
- Accreditation supports,
- Inclusive practices and special populations,
- Social emotional/Center on Social Emotional Foundation for Early Learning,
- Access to a statewide training calendar, including Cooperative Extension (UConn)
- Emergency planning.



On-Going Improvement Opportunities

- The QRIS will incent providers of all care settings to provide high quality early learning experiences to all children.
- Publicly-funded providers =
training + technical assistance + financial incentives (base rate of reimbursement + incentive package based upon an established formula).
- Non-publicly funded providers =
training + technical assistance + incentives to promote on-going increase in quality.

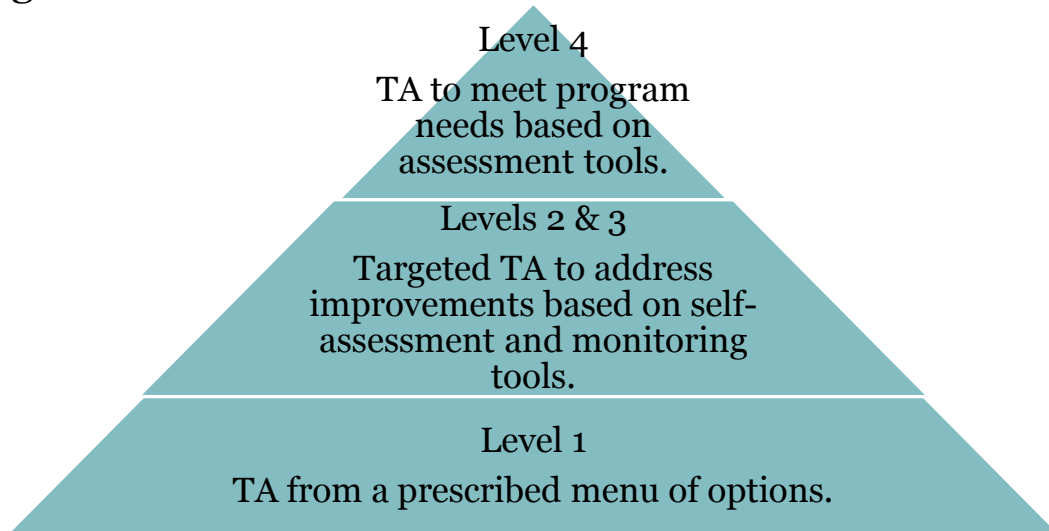


On-Going Improvement Opportunities

- In support of program improvement efforts, develop a Tool Kit of tools, resources and sample documents.
Examples not limited to:
- **Tools** -- Program Administration Scale (PAS); Business Administration Scale (BAS); Strengthening Families; NAEYC Cultural Competency Tool; NAEYC tools for accreditation; CLASS; NAPSACC;
- **Resources** – websites/links; bibliography/book lists
- **Sample documents** – staff/family handbooks, policies, legal documents

On-Going Improvement Opportunities

- The intensity of training, technical assistance, and professional development opportunities will vary at each level, with training and technical assistance at greater intensity at the lower levels and heightened incentives as levels increase.





Monitoring & Rating

The monitoring system to reflect the following:

- All licensed programs come into QRIS at Level One and are then monitored by an external entity to advance into other levels;
- An integrated data system needs to inform and flag non-compliances, with a mechanism to evaluate significance of non-compliance and inform the QRIS levels.
- Streamlined number of tools used to assess programs for the purpose of monitoring and rating programs at QRIS levels:
 - The group recommends the use of Environment Rating Scales: ITERS, ECERS, FCCERS, SACERS;
 - Tools should be utilized in their entirety, rather than by subscale.



Monitoring & Rating

- Every criterion will be monitored through a self-report or assessment tool.
 - Levels One and Two utilize a process of self-report, with random quality audits.
 - Levels Three and Four utilize existing accreditation and Head Start approval systems;
 - A rubric to be developed to assess Accreditation and Head Start reports;
 - Program improvement plans to include recommendations from accreditation, Head Start and approval system reports.
- The monitoring system is informed by the Department of Health, Department of Children and Families, national accrediting bodies and Head Start monitoring;
- Increase the frequency and establish reliability of DPH inspections.



Implementation Phases

The QRIS will be implemented in phases to establish baseline data on Connecticut's early care settings, drive quality improvements, and promote parental choice.

Phase 1: The projects of the initial phase will include

- Establish workgroup to participate in the development of criteria and indicators for standards;
- Development of data systems,
- Train raters and develop assessment systems,
- Evaluate capacity of existing systems and plan for expansion, as needed: ECCP, AFP, Licensing, Consultants,



Implementation Phases

- Validate system and criteria,
- Establish the subsidy workgroup,
- Assess existing monitoring systems (state and local) to determine their ability to contribute to monitoring of QRIS.
- A Request for Proposal for an evaluator of the Pilot should precede the implementation.



Implementation Phases

The QRIS Workgroup recommends a QRIS Pilot of the system that

- Includes a targeted number of participants and a diverse population of providers, children and settings. The diversity of the group should be inclusive of urban, rural and suburban geographic areas.
- Is voluntary, by invitation according to criteria to meet the research needs.
- Provides incentives to participants upon completion of the pilot and completion of an evaluation to gather participant feedback of their experience in the Pilot.



Implementation: Key Role of a Researcher

The Pilot implementation process should be guided by a researcher in order to

- Evaluate the validity and effectiveness of monitoring and program improvement tools;
- Capture provider needs in relation to their participation in the QRIS;
- Gauge the needs of providers for incentives to motivate advancement in system;
- Determine if the selected increments of the QRIS levels are appropriate to effectively differentiate quality;
- Monitor if fiscal incentives are sufficient based on provider type and level to advance and sustain program quality;
- Complete an evaluation report that offers recommendations for revisions to the system that informs the launch of the next phase.



Implementation Phases

Phase 2:

- The second phase of the QRIS will be mandatory for all licensed centers and family child care providers for Levels One to Level Four.
- Participation will also be mandatory for license-exempt programs that are publicly-funded, with enrollment beginning at entry level. The system will be voluntary for all other providers during this phase.



Implementation Phases

Phase 3:

- This phase will be mandatory for all license-exempt programs and all Family Friend and Neighbor providers.
- Incorporation of early childhood services such as home visiting and Birth to Three.



Outreach & Public Awareness

- The plans for outreach and public awareness will be developed in conjunction with the Public Private Partnership Workgroup, Family Involvement/Home Visitation Workgroup and additional stakeholders.



QRIS Workgroup Recommendations

- A framework for the development of
 - Standards, criteria & indicators;
 - A block system using tools and existing systems to rate and monitor programs;
 - A package of technical assistance using tools, resources and incentives.
 - To achieve the goal of the system:
 - Give families the information they need to make informed choices and
 - Provide programs with the tools needed to improve quality,
- so that ***all*** children have the opportunity to thrive.

