The purpose of this paper is to provide an environmental scan of the major Early Care and Education systems and how they fit at an indicators level with the Head Start Performance Monitoring (HSPM) System at the performance indicator level. The major systems to be scanned are the following: Licensing, QRIS – Quality Rating and Improvement Systems, Accreditation (National Association for the Education of Young Children), and Professional Development (National Association for the Education of Young Children) systems. For purposes of this paper the following specific documents will be used for doing this scan: Caring for Our Children Basics (CFOCB), National Association for the Education of Young Children (NAEYC) Accreditation, Quality Rating and Improvement Systems (National Center for Early Childhood Quality Assurance), and NAEYC Professional Development.

See Graphic 1 which depicts the relationship amongst the various systems as listed above and how they interact with the HSPM system. Each ECE system intersects with the HSPM system at some level, for example, QRIS standards intersect with HSPM at the Family Engagement Indicator level forming a series of key common indicators where these two systems abut. The professional development system intersects with HSPM at the qualifications for ECE teachers Indicator level forming a series of key common indicators where these two systems abut. The NAEYC Accreditation system intersects with HSPM in the design and implementation of developmentally appropriate curriculum Indicator level forming a series of key common indicators where these two systems abut. And lastly, the Caring for Our Children Basics (CFOCB) standards intersect with the HSPM at the health and safety Hazard Free and Supervision Indicator level forming a series of key common indicators where these two systems abut.

Each of these ECE systems have many other standards that apply to their respective delivery and monitoring systems, but only those key common indicators that have appeared in the research literature are highlighted above. What still remains is for the HSPM to identify their specific key indicators that are drawn directly from the Head Start Performance Standards (HSPS). The key indicators from the other ECE systems were drawn from their respective systems and then cross-referenced to the HSPM. Performance Measures or Indicators have been identified with the HSPM but key indicators in the form of a Head Start Key Indicators (HSKI) tool have not been.

For additional information about the relationship between key indicators, performance indicators and standards, please see Graphic 2 for a depiction of this relationship.
Graphic 1 – Relationship Amongst HSPS/PM, CFOCB, QRIS, NAEYC/ACC, NAEYC/PD

QRIS – Quality Rating and Improvement System Standards and Indicators

<table>
<thead>
<tr>
<th>NAEYC Accreditation Standards and Indicators</th>
<th>-HS Key Indicators</th>
<th>Caring for Our Children Basics - CFOCB: Licensing Standards and Indicators</th>
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| NAEYC Professional Development Standards and Indicators |

Graphic 2 – Hierarchical Depiction of Key Indicators, Indicators/PMs, and Standards

Key Indicator Level → HSKI and ECEPQ

Indicator or PM Level → Risk Assess/Rank Order Importance

Standards Level → HSPS, QRIS, CFOCB, PD, & Accreditation
Graphic 2 clearly demonstrates how a monitoring system can be designed and implemented in moving from the more comprehensive standards level (effectiveness level) to a more efficient level involving indicators or performance measures to finally a short list of key indicators. These methodologies have been tried and tested in many other venues and have formed within the research literature an alternative monitoring approach entitled “differential monitoring” which involves the use of abbreviated or targeted inspections.

The following section contains the specifics and details of the four major systems that impinge upon the Head Start Performance Monitoring (HSPM) system. The common indicators identified in each of these systems are representative of a larger pool of system examples. For example, in accreditation there are several accreditation systems being employed throughout the US. NAEYC was selected because of its long history, comprehensiveness and use. This is the case with the other ECE systems as well.

When reviewing these indicators from the other ECE systems, pay particular attention to how each of the indicators fit with the major content areas within the Head Start Performance Monitoring System: health and safety; child development program and learning; eligibility and recruitment; fiscal and management; and family & community engagement.

**Specifics/Details of Each System (Indicators)**

**NAEYC Accreditation**

**Relationships:**

The program promotes positive relationships among all children and adults. It encourages each child’s sense of individual worth and belonging as part of a community and fosters each child’s ability to contribute as a responsible community member.

Warm, sensitive, and responsive relationships help children feel secure. The safe and secure environments built by positive relationships help children thrive physically, benefit from learning experiences, and cooperate and get along with others.

**Curriculum:**

The program implements a curriculum that is consistent with its goals for children and promotes learning and development in each of the following areas: social, emotional, physical, language, and cognitive.

A well-planned written curriculum provides a guide for teachers and administrators. It helps them work together and balance different activities and approaches to maximize children’s learning and development. The curriculum includes goals for the content that children are learning, planned activities linked to these goals, daily schedules and routines, and materials to be used.

**Teaching:**

The program uses developmentally, culturally, and linguistically appropriate and effective teaching approaches that enhance each child’s learning and development in the context of the curriculum goals.
Children have different learning styles, needs, capacities, interests, and backgrounds. By recognizing these differences and using instructional approaches that are appropriate for each child, teachers and staff help all children learn.

**Assessment of Child Progress:**

The program is informed by ongoing systematic, formal, and informal assessment approaches to provide information on children’s learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop.

Assessment results benefit children by informing sound decisions, teaching, and program improvement. Assessments help teachers plan appropriately challenging curriculum and tailor instruction that responds to each child’s strengths and needs. Assessments can also help teachers identify children with disabilities and ensuring that they receive needed services.

**Health:**

The program promotes the nutrition and health of children and protects children and staff from illness and injury. Children must be healthy and safe in order to learn and grow. Programs must be healthy and safe to support children’s healthy development.

**Staff Competencies, Preparation, and Support:**

The program employs and supports a teaching staff with the educational qualifications, knowledge, and professional commitment necessary to promote children’s learning and development and to support families’ diverse needs and interests.

Teachers who have specific preparation, knowledge, and skills in child development and early childhood education are more likely to provide positive interactions, richer language experiences, and quality learning environments.

**Families:**

The program establishes and maintains collaborative relationships with each child’s family to foster children’s development in all settings. These relationships are sensitive to family composition, language, and culture. To support children’s optimal learning and development, programs need to establish relationships with families based on mutual trust and respect, involve families in their children’s educational growth, and encourage families to fully participate in the program.

**Community Relationships:**

The program establishes relationships with and uses the resources of the children’s communities to support the achievement of program goals. Relationships with agencies and institutions in the community can help a program achieve its goals and connect families with resources that support children’s healthy development and learning.

**Physical Environment:**
The program has a safe and healthful environment that provides appropriate and well-maintained indoor and outdoor physical environments. The environment includes facilities, equipment, and materials to facilitate child and staff learning and development.

An organized, properly equipped, and well-maintained program environment facilitates the learning, comfort, health, and safety of the children and adults who use the program.

**Leadership and Management:**

The program effectively implements policies, procedures, and systems that support stable staff and strong personnel, and fiscal, and program management so all children, families, and staff have high-quality experiences.

Effective management and operations, knowledgeable leaders, and sensible policies and procedures are essential to building a quality program and maintaining the quality over time.

**QRIS – Quality Rating and Improvement Systems**

**Staff Qualifications and Professional Development:**

Most QRIS have standards for qualifications for classroom teachers and family child care (FCC) home providers. Most QRIS include a bachelor’s degree for center-based classroom teachers as the standard for achieving the highest QRIS level. However, only a few have a bachelor’s degree as the highest level for FCC home providers. Many states have the Child Development Associate (CDA) or a state credential as the highest qualification for FCC. All QRIS for FCC include training in early childhood/school-age content at the first quality level. Most QRIS for child care centers have the CDA or a state credential at the first level. QRIS also frequently require participation in professional development activities, participation in a state professional registry system, or achievement of a level on a state career ladder/lattice. Most QRIS have standards for ongoing professional development. Some QRIS also include criteria on the number of hours of ongoing training, often using the number of hours required by licensing as the lowest level and incrementally increasing the number of hours across QRIS levels. Most QRIS have standards for at least 15 hours of annual professional development at the highest quality level. A number of states require staff to have an annual professional development plan based on practitioner competencies, classroom observations, and supervisory input.

**Curriculum and Learning Activities:**

Planned learning activities that are based on expectations for what children need to know and be able to do are associated with improved child outcomes. Nearly all states’ QRIS standards support children’s learning through the use of curricula/learning activities that are based on the state learning and development guidelines. Some QRIS require specific curricula, require curricula that align with the state’s learning and development guidelines, or require that programs demonstrate that staff use the guidelines to shape program activities. Frequently, the content of these standards include requiring programs to: ☐ have a written plan of daily learning activities; ☐ use a planned or approved developmentally appropriate curricula; ☐ align curricula with learning and development guidelines; ☐ address multiple developmental domains; and ☐ use environment rating scales to document developmentally appropriate use of curricula/learning activities.
Administration and Business Practices:

Many QRIS include content about administration and business practices in their standards. A review of states’ standards reveals that the content covers a variety of administrative issues, including: Score on the Program Administration Scale (PAS) or Business Administration Scale (BAS); Financial record keeping systems; End-of-the-year financial statements for families; Annual budgets; Business plans for expenses, program improvements, and maintenance; Business liability insurance; Written program policies (e.g., employee and parent handbooks); Outside reviews or audits of business practices, and consultation with tax preparers; Compensation for employees (e.g., salary scales); Benefits for employees (often programs must offer a certain number of benefits from a list); Job descriptions; Policies and procedures for hiring and terminating staff; and Quality self-assessment and program improvement plans.

Family Engagement:

Program quality standards can promote family engagement, support families’ involvement with their children’s learning, and strengthen partnerships with families. Standards often include criteria about regular communication with parents that supports children’s learning and development. Standards also often cover opportunities for parents to participate in children’s activities, parenting education activities, and activities that support social networking or connections. Another important element considered in more robust family engagement are standards related to providing culturally appropriate services for families and children.

Health and Safety:

Very few QRIS have standards about health and safety. QRIS standards are built on a foundation of licensing, and all states have extensive health and safety standards in their licensing regulations for both child care centers and family child care homes. Therefore, many states choose to rely on licensing to ensure that programs provide healthy and safe environments for children. In the states that do have these standards, the following are some examples of the categories of criteria that programs must meet: Nutrition and physical activity; Policies for limiting screen time; Medical plans for children; Daily health checks; Health and developmental screenings; Health and safety training requirements; Use of nurses or health consultants; and Health and safety self-assessments and checklists.

Continuous Quality Improvement and QRIS Standards:

Recently, there has been a focus on states using a continuous quality improvement (CQI) approach in their QRIS standards. CQI is a continuous cycle of quality improvement focused on improving outcomes for children and families. The child welfare field provides this definition: Continuous quality improvement is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational and/or system culture that is proactive and supports continuous learning. Continuous Standards and Criteria quality improvement is firmly grounded in the overall mission, vision, and values of the agency/system. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency/system, children, youth, families, and stakeholders throughout the process.
CFOCB – Caring for Our Children Basics

Staffing:

Included in this section are the following: Ratios, background screenings, trainings, child abuse and neglect prevention education, pre-service training and orientation, first-aid and CPR training, and continuous training.

Programs Activities for Healthy Development:

Included in this section are the following: Supervision, developmental assessment and tracking children’s development, prohibited teacher/caregiver behaviors, supervision near water, personal relationships of caregivers/teachers with infants, toddlers, and preschoolers.

Health Promotion and Protection:

Included in this section are the following: Hand hygiene, diapering, oral health, safe sleep practices, emergency procedures, medication administration, inclusion/exclusion of ill children, sun safety, recognizing child abuse and neglect, active opportunities for physical play, routine cleaning, sanitizing, and disinfecting, and care plan for children with special health needs.

Nutrition and Food Service:

Included in this section are the following: USDA Child and Adult Care Food Program guidelines, care for children with food allergies, food preparation areas, preparing, feeding and storing human milk, preparing, feeding and storing infant formula, warming bottles and infant food, and foods that are choking hazards.

Facilities, Supplies, Equipment, and Environmental Health:

Included in this section are the following: compliance with fire prevention code, environmental audit, guardrails and protective barriers, safety covers for electrical outlets, integrated pest management, use and storage of toxic substances, cribs and play yards, firearms, first aid and emergency supplies.

Play Areas/Playgrounds and Transportation:

Included in this section are the following: Enclosures for outdoor play areas, child passenger safety, qualifications of drivers, interior temperature of vehicles, passenger vans, water in containers, life saving equipment, and prohibited surfaces for placing climbing equipment.

Infectious Disease:

Included in this section are the following: Immunization documentation, unimmunized children, immunization of caregivers and teachers.

NAEYC Professional Development:
Child Development and Learning in Context:

Early childhood educators (a) are grounded in an understanding of the developmental period of early childhood from birth through age 8 across developmental domains. They (b) understand each child as an individual with unique developmental variations. Early childhood educators (c) understand that children learn and develop within relationships and within multiple contexts, including families, cultures, languages, communities, and society. They (d) use this multidimensional knowledge to make evidence-based decisions about how to carry out their responsibilities.

Family–Teacher Partnerships and Community Connections:

Early childhood educators understand that successful early childhood education depends upon educators’ partnerships with the families of the young children they serve. They (a) know about, understand, and value the diversity in family characteristics. Early childhood educators (b) use this understanding to create respectful, responsive, reciprocal relationships with families and to engage with them as partners in their young children’s development and learning. They (c) use community resources to support young children’s learning and development and to support children’s families, and they build connections between early learning settings, schools, and community organizations and agencies.

Child Observation, Documentation, and Assessment:

Early childhood educators (a) understand that the primary purpose of assessments is to inform instruction and planning in early learning settings. They (b) know how to use observation, documentation, and other appropriate assessment approaches and tools. Early childhood educators (c) use screening and assessment tools in ways that are ethically grounded and developmentally, culturally, ability, and linguistically appropriate to document developmental progress and promote positive outcomes for each child. In partnership with families and professional colleagues, early childhood educators (d) use assessments to document individual children’s progress and, based on the findings, to plan learning experiences.

Developmentally, Culturally, and Linguistically Appropriate Teaching Practices:

Early childhood educators understand that teaching and learning with young children is a complex enterprise, and its details vary depending on children’s ages and characteristics and on the settings in which teaching and learning occur. They (a) understand and demonstrate positive, caring, supportive relationships and interactions as the foundation for their work with young children. They (b) understand and use teaching skills that are responsive to the learning trajectories of young children and to the needs of each child. Early childhood educators (c) use a broad repertoire of developmentally appropriate and culturally and linguistically relevant, anti-bias, and evidence-based teaching approaches that reflect the principles of universal design for learning.

Knowledge, Application, and Integration of Academic Content in the Early Childhood Curriculum:

Early childhood educators have knowledge of the content of the academic disciplines (e.g., language and literacy, the arts, mathematics, social studies, science, technology and engineering, physical education) and of the pedagogical methods for teaching each discipline. They (a) understand the central concepts, the methods and tools of inquiry, and the structures in each academic discipline. Educators (b) understand pedagogy, including how young children learn and process information in each discipline,
the learning trajectories for each discipline, and how teachers use this knowledge to inform their practice. They (c) apply this knowledge using early learning standards and other resources to make decisions about spontaneous and planned learning experiences and about curriculum development, implementation, and evaluation to ensure that learning will be stimulating, challenging, and meaningful to each child.

Professionalism as an Early Childhood Educator:

Early childhood educators (a) identify and participate as members of the early childhood profession. They serve as informed advocates for young children, for the families of the children in their care, and for the early childhood profession. They (b) know and use ethical guidelines and other early childhood professional guidelines. They (c) have professional communication skills that effectively support their relationships and work with young children, families, and colleagues. Early childhood educators (d) are continuous, collaborative learners who (e) develop and sustain the habit of reflective and intentional practice in their daily work with young children and as members of the early childhood profession.