A Model for the Relationship of Head Start Performance Standards and Measures with Licensing, QRIS, Accreditation and Professional Development Systems
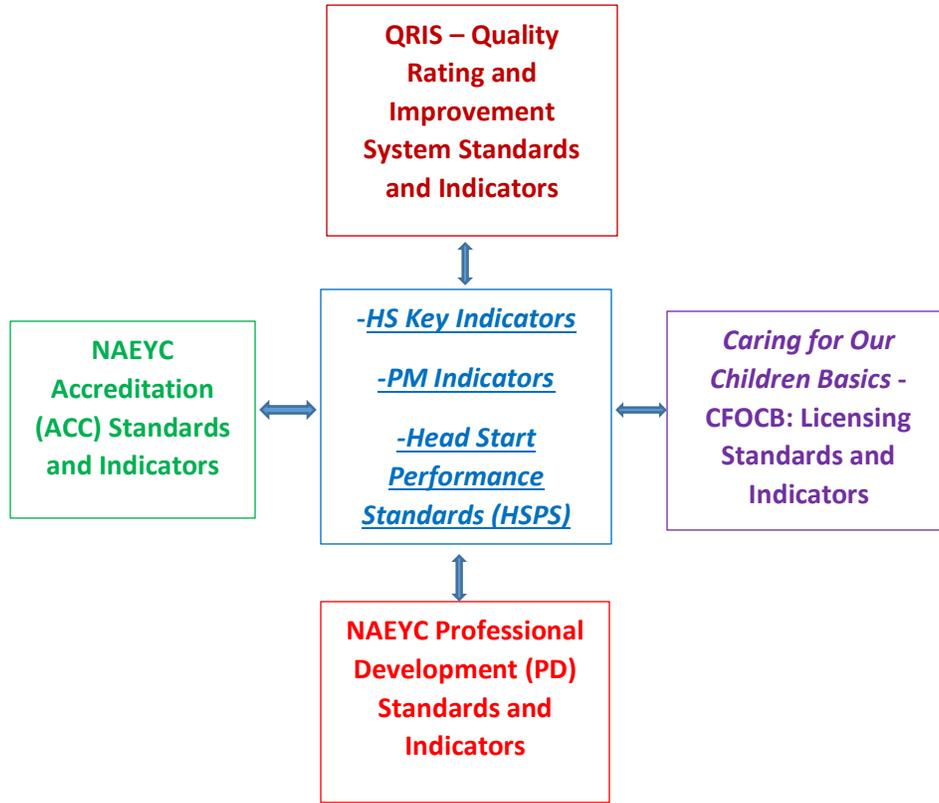
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The purpose of this paper is to provide an environmental scan of the major Early Care and Education (ECE) systems and how they fit at an indicators level with the Head Start Performance Monitoring (HSPM) System at the performance measures/indicator 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 Standards, Quality Rating and Improvement Systems (National Center for Early Childhood Quality Assurance), and NAEYC Professional Development Standards.

See Graphic 1 which depicts the relationship amongst the various systems as listed above and how they interact with the Head Start Performance Monitoring (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. See the Appendix for a listing of these key indicators.
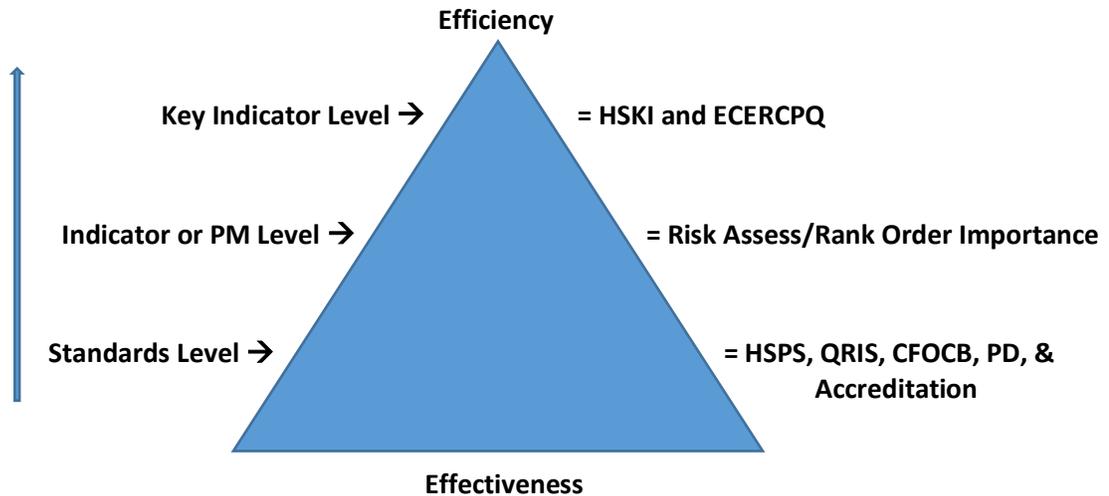
Each of these ECE systems have many other standards that apply to their respective delivery and monitoring systems, but only those key common indicators that have appeared in the research literature are highlighted above. What still remains is for the HSPM to identify their specific key indicators that 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 of HSPS/PM with CFOCB, QRIS, NAEYC/ACC, NAEYC/PD

QRIS – Quality Rating and Improvement System Standards and Indicators

NAEYC Accreditation (ACC) Standards and Indicators

-HS Key Indicators

-PM Indicators

-Head Start Performance Standards (HSPS)

Caring for Our Children Basics - CFOCB: Licensing Standards and Indicators

NAEYC Professional Development (PD) Standards and Indicators

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

Efficiency

Key Indicator Level →   **= HSKI and ECERCPQ**

Indicator or PM Level →   **= Risk Assess/Rank Order Importance**

Standards Level →   **= HSPS, QRIS, CFOCB, PD, & Accreditation**

Effectiveness

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 venues (Licensing, Accreditation, QRIS) and have formed within the regulatory compliance 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 USA. 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 performance measure indicators from the other ECE systems, pay particular attention to how each of the PM indicators fit with the major content areas within the Head Start Performance Monitoring System and the respective Head Start performance measures: health and safety; child development program and learning; eligibility and recruitment; fiscal and management; and family & community engagement. A grid (Table 1) comparing these is provided later in this paper along with a listing of the 23 Head Start Performance Measures.

Specifics/Details of Each System (Performance Measure Indicators (N=29))

NAEYC Accreditation (ACC)

1. 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.

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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.

9. 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.

10. 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

11. 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.

12. 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.

13. 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.

14. <u>Family Engagement:</u>

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.

15. <u>Health and Safety:</u>

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.

16. <u>Continuous Quality Improvement and QRIS Standards:</u>

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.

17. <u>Staffing:</u>

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.

18. <u>Programs Activities for Healthy Development:</u>

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.

19. <u>Health Promotion and Protection:</u>

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.

20. <u>Nutrition and Food Service:</u>

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 mild, preparing, feeding and storing infant formula, warming bottles and infant food, and foods that are choking hazards.

21. <u>Facilities, Supplies, Equipment, and Environmental Health:</u>

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.

22. <u>Play Areas/Playgrounds and Transportation:</u>

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.

23. <u>Infectious Disease:</u>

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

24. Child Development and Learning in Context:

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

25. 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 know about, understand, and value the diversity in family characteristics. Early childhood educators 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 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.

26. Child Observation, Documentation, and Assessment:

Early childhood educators understand that the primary purpose of assessments is to inform instruction and planning in early learning settings. They know how to use observation, documentation, and other appropriate assessment approaches and tools. Early childhood educators 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 use assessments to document individual children's progress and, based on the findings, to plan learning experiences

27. 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 understand and demonstrate positive, caring, supportive relationships and interactions as the foundation for their work with young children. They 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 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.

28. 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 understand the central concepts, the methods and tools of inquiry, and the structures in each academic discipline. Educators 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 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.

29. Professionalism as an Early Childhood Educator:

Early childhood educators 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 know and use ethical guidelines and other early childhood professional guidelines. They have professional communication skills that effectively support their relationships and work young children, families, and colleagues. Early childhood educators are continuous, collaborative learners who 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.

Head Start Performance Measures (HSPM) (N=23)(Content Areas)(CA) :

1. The grantee's program structure and design is informed by the community's strengths and needs. (Program Management and Quality Improvement)(QI)

2. The grantee establishes a management structure that consists of staff, consultants, or contractors who ensure high-quality service delivery; have sufficient knowledge, training, experience, and competencies to fulfill the roles and responsibilities of their positions; and provide regular supervision and support to staff. (Program Management and Quality Improvement)(QI)

3. The grantee uses data to identify program strengths, needs, and areas needing improvement; to evaluate progress toward achieving program goals and compliance with program performance standards; and to assess the effectiveness of professional development. (Program Management and Quality Improvement)(QI)

4. The grantee maintains a formal structure of program governance to oversee the quality of services for children and families, and to make decisions related to program design and implementation. (Program Management and Quality Improvement)(QI)

5. The grantee develops and implements its budget to sustain management, staffing structures, and the delivery of services that support the needs of enrolled children and families. This entails relating financial data to accomplishments of the grant award and an awareness of program progress, lessons learned, and needed improvements. (Monitoring and Implementing Fiscal Infrastructure)(FIS)

6. The grantee complies with application, prior approval, and reporting requirements for facilities purchased, constructed, or renovated with Head Start funds. (Monitoring and Implementing Fiscal Infrastructure)(FIS)

7. The grantee plans and implements a fiscal management system that supports the organization's ongoing capacity to execute its budget over time and meet the needs of its organization. (Monitoring and Implementing Fiscal Infrastructure)(FIS)

8. The grantee's financial management system provides for effective control over and accountability for all funds, property, and other assets. (Monitoring and Implementing Fiscal Infrastructure)(FIS)

9. The grantee enrolls children or pregnant women who are categorically eligible or who meet defined income-eligibility requirements. (Monitoring (ERSEA)

10. At least 10% of the grantee's total funded enrollment is filled by children eligible for services under IDEA or the grantee has received a waiver. (Monitoring (ERSEA)

11. The grantee maintains and tracks enrollment for all participants, including pregnant women. (Monitoring (ERSEA)

12. The grantee collaborates with families to support family well-being, parents' aspirations, and parents' life goals. (Monitoring and Implementing Quality Family and Community Engagement Services)(FCE)

13. The grantee supports a program-wide culture that promotes mental health and social and emotional well-being, and uses mental health consultation to support staff. (Monitoring and Implementing Quality Health Services)(HS)

14. The grantee provides services that strengthen parent-child relationships and support parents in strengthening parenting skills. (Monitoring and Implementing Quality Family and Community Engagement Services)(FCE)

15. The grantee's education and child development services recognize parents' roles as children's lifelong educators and encourage parents to engage in their child's education. (Monitoring and Implementing Quality Family and Community Engagement Services)(FCE)

16. School readiness efforts align with the expectations of receiving schools, the Head Start Early Learning Outcomes Framework (HSELOF), and state early learning standards. (Quality Education and Child Development Services)(ED)

17. The grantee ensures teachers are prepared to implement the curriculum and support children's progress toward school readiness. (Quality Education and Child Development Services)(ED)

18. Teaching practices intentionally promote progress toward school readiness and provide high-quality learning experiences for children. (Quality Education and Child Development Services)(ED)

19. The grantee has an approach to ensuring delivery of high-quality health services. (Monitoring and Implementing Quality Health Services)(HS)

20. The grantee maintains and monitors for effective oral health practices and nutrition services that meet the nutritional needs and accommodate feeding requirements and allergies. (Monitoring and Implementing Quality Health Services)(HS)

21. The grantee has implemented a process for monitoring and maintaining healthy and safe environments. This includes ensuring all staff have complete background checks. (Monitoring and Implementing Quality Health Services)(HS)

22. The grantee ensures home-based program services provide home visits and group socialization activities that provide high-quality learning experiences. (Quality Education and Child Development Services)(ED)

23. For programs serving pregnant women, the grantee provides and monitors for quality services that facilitate enrolled pregnant women's access to health care and provide information to support prenatal, postpartum, maternal, and infant health and emotional well-being. (Monitoring and Implementing Quality Health Services)(HS)

Table 1: HS Performance Measures (1-23)(Horizontally) x QRIS, ACC, PD, and LIC (1-29)(Vertically)

CA = QI------------------- FIS------------------ ERSEA--------FCE HS   FCE------ ED------------- HS------------- ED HS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
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Legend:
P = PRESENT; BLANK = NOT PRESENT; ACC = Blue; QRIS = Green; LIC = Yellow; PD = Red

Early Care and Education Systems Key Indicators (ECERCPQ)(N=13):

It is clear from the Table/Grid (Table 1) above that there is a great deal of overlap between the Head Start Performance Measures and the Performance Measures taken from QRIS, ACC, PD, and LIC systems. By using the second graphic on page 2, it is possible to move from the Performance Measures level to the Key Indicator level for these other systems (ECERCPQ: Early Care & Education Compliance and Quality Key Indicators). The HSKI – Head Start Key Indicators still need to be developed from the HSPS – Head Start Performance Standards.

Here are the sampling of Key Indicators (N=13) taken from the intersection between the above systems (QRIS, Professional Development (PD), Accreditation (ACC), and Licensing (LIC)) as they intersect with Head Start Monitoring System/GPMS (this was depicted in the first graphic on page 2):

<u>Professional Development and Staffing Key Indicators (QRIS, PD, ACC, LIC):</u>

PD1. The number of ECE AA and BA teachers? This is a straightforward question in which assessors will review staff records in order to determine the number of staff who have AA or BA degrees in early care and education. These degrees can extend into human development, but elementary education degrees would not count in meeting this requirement.

PD2. The number of ECE in-service ECE coaching or reflective supervision opportunities engaged in by ECE teachers? Assessors will need to see either in staff records or if the information is not recorded there, the state professional development registry records to determine the number of opportunities staff have had related to in-service coaching or reflective supervision opportunities.

<u>Developmentally Appropriate Curriculum Key Indicators (QRIS, PD, ACC):</u>

DAP1. There is a developmentally appropriate curriculum that is individually based upon the developmental assessments of each child in the respective ECE classroom. The key for this question/standard is that the program is following an individualized prescribed planning document when it comes to curriculum. It does not mean it is a canned program, in fact, it shouldn't if it is based upon the individual needs of each child's developmental assessment. The assessor will ask to see what is used to guide the curriculum. There should be a written document that clearly delineates the parameters of the philosophy, activities, guidance, and resources needed for the particular curricular approach. There should also be a developmental assessment which is clearly tied to the curriculum. The developmental assessment can be home-grown or a more standardized off-the-shelf type of assessment, the key being its ability to inform the various aspects of the curriculum. The purpose of the assessments is not to compare children but rather to compare the developmental progress of individual children as they experience the activities of the curriculum.   Make certain that developmental assessments are driving the curriculum planning for that specific child.

<u>Family Engagement Key Indicators (QRIS, ACC):</u>

FE1. The program provides opportunities for staff and families to get to know one another. There should be activities both within the center as well as off site where staff and parents have opportunities to meet and greet each other. Providers make home visits in order to learn about each family. Information is made available to families in their preferred language. Communication with family members is documented and enables early childhood providers to assess the need for follow-up.   Early childhood providers hold regular office hours when they are available to talk with family members either in person or by phone. Family members are encouraged to lead the conversation and to raise any questions or concerns.

FE2. Families receive information on their child's progress on a regular basis, using a formal mechanism such as a report or parent conference. Based upon #3 above, the information gleaned from the developmental assessments should be the focus of the report or parent conference. Parental feedback about the assessment and how it compares to their experiences at home would be an excellent

comparison point. All these interactions should be done in a culturally and linguistically appropriate way representing the parents being served. Providers make home visits in order to learn about each family.

FE3. Families are included in planning and decision making for the program. There should be regular meetings where staff and parents can come together to talk about the overall curriculum for the program. This can act as an informal formative evaluation of the overall program looking at all aspects to how the center is being run. How communication is flowing from administration to staff to parents and the other way around. Families are always encouraged to visit and the program has an open-door policy for families.

Language-Based Interactions Key Indicators (QRIS, PD, ACC):

LB1. Teachers encourage children to communicate. Assessors will need to observe this item when they do their classroom observations. Initially you can ask teachers or the director how children are encouraged to communicate but in order to gather reliable and valid information regarding this question/standard, it needs to be observed in the various interactions of staff and children. Things to look for would be more back and forth conversations rather than one-way conversations where teachers are telling children what to do. Look for opportunities where children can describe what they are doing, how they feel about what they are doing, and why they are doing the particular activities. Teachers expand upon children's conversations. These opportunities can occur anywhere in the classroom or outside, such as in dramatic play, table top activities or on the playground.

LB2. Teachers use language to develop reasoning skills. Assessors will need to observe very carefully because this standard can be difficult to determine because it is tying language and cognition together. Again this opportunity can occur in any setting in or out of the classroom because it is the basis for problem solving through the use of language. Also look for teachers redirecting children's conversations when appropriate.

LB3. Teachers listen attentively when children speak. Children should have the undivided attention of the specific teacher they are addressing. Teachers should not be looking away or pre-occupied with others. They should be at the child's level making eye contact.

LB4. Teachers speak warmly to children. Teachers do not use harsh language or commands in speaking to children, but rather again are on the child's level making eye contact. Think of the way Fred Rogers would engage his audience where you always felt you were the most important person in the world when he talked into the TV.

Health and Safety Key Indicators (LIC):

HS1. Children's immunizations are up to date. This is always an interesting standard but one that is very difficult to attain because of the level of detail. Check the children's records for their immunizations. Determine the level of completeness and if they are up to date.

HS2. The program is a hazard free environment. A straightforward standard in doing an environmental scan to determine if any potential hazards are present from trip hazards, to toxic materials accessible to children. This is one of the most highly cited rules/regulations/standards when doing regulatory reviews.

HS3. There is proper supervision at all times. This standard will occur throughout the assessor's observations at the center and the assessor should record any time a child or children are left un-supervised. This can be in or out of the classroom or in or out of the center. Pay particular attention to transition times when it is easy to lose sight of the number of children under supervision – moving from classrooms to the playground or going on a field trip either involving transportation or not.

Here is a proposed example of a potential scoring sheet for the above key indicators:

Table 2: Key Indicators Identified from QRIS, PD, ACC and LIC Systems

Key Indicators	Scoring*	Scale	Score**
PD1	Average Number of Teachers	QRIS, PD, ACC, LIC	
PD2	Average Number of Teachers	QRIS, PD, ACC, LIC	
DAP1	Percent	QRIS, ACC	%
FE1	Types of Activities	QRIS, ACC	
FE2	Types of Opportunities	QRIS, ACC	
FE3	Types of Activities	QRIS, ACC	
LB1	Number of Positive Observations	QRIS, PD, ACC	
LB2	Number of Positive Observations	QRIS, PD, ACC	
LB3	Number of Positive Observations	QRIS, PD, ACC	
LB4	Number of Positive Observations	QRIS, PD, ACC	
HS1	Percent	LIC	%
HS2	Violations	LIC	
HS3	Number	LIC	

*Total ECERCPQ Score = PD(1+2) + (DAP1) + FD(1+2+3) + LB(1+2+3+4) +HS(1) - HS(2) - HS(3)

**ECERCPQ = Σ ((Ã + Ã) + (%) + (ñ + ñ + ñ) + (ñ + ñ + ñ + ñ) + (%)) - Σ ((ñ) - (ñ))

A graphic (Graphic 3) on the next page depicts what the Enhanced Differential Monitoring (GPMS – Grantee Performance Management System) system for Head Start could potentially look like with all the above considerations. It demonstrates how there would potentially be two tracks, one for program compliance, the other for a balance between compliance and quality based upon a series of risk indicators. Both tracks would lead to the identification of performance indicators that would be tied to results and outcomes.

The Risk Indicators would be used as a screening tool to determine which program track is appropriate. Based upon the track, the programs would have very different types of reviews (compliance only versus compliance and quality) which is the essence of a differential monitoring program where targeted monitoring reviews are completed based upon previous results. Finally, these reviews would lead to a final determination of performance indicators which would be tied to specific results and outcomes for the Head Start program.

Graphic 3: Head Start Enhanced Differential Monitoring Paradigm – GPMS

```
                    ┌─────────────────────────┐
                    │      Risk Indicators    │
                    │                         │
                    │  Pass              Fail │
                    └─────────────────────────┘
                       │                   │
                       ▼                   ▼
        ┌──────────────────────┐   ┌──────────────────────┐
        │ Program Compliance   │   │ Program Compliance   │
        │ & Quality PM         │   │ Only of all Head Start│
        │ Indicators from HSPS,│   │ Performance Standards │
        │ ACC, QRIS, PD & LIC  │   │ and PMs              │
        └──────────────────────┘   └──────────────────────┘
                  │                          │
                  ▼                          ▼
        ┌──────────────────────┐   ┌──────────────────────┐
        │ Key Indicators from  │   │ Comprehensive, Full  │
        │ HSKI, ACC, QRIS, PD &│   │ Review of Head Start │
        │ LIC                  │   │ Performance Standards │
        │                      │   │ (HSPS)               │
        └──────────────────────┘   └──────────────────────┘
                  │                          │
                  └──────────┐    ┌──────────┘
                             ▼    ▼
                    ┌─────────────────────────┐
                    │ Performance Indicators  │
                    │ tied to results and     │
                    │ outcomes                │
                    └─────────────────────────┘
```