

# THE CHILD CARE QUALITY RATING SYSTEM (QRS) ASSESSMENT



## Los Angeles County Steps to Excellence Project

**QRS Profile**

**April 2010**



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Policy Research, Inc.



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## **QRS Profile**

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**Prepared for:**

**Office of Planning, Research and Evaluation**

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# Child Care Quality Rating System (QRS) Assessment Study

## PROFILE

<b>Site:</b>	<b>Los Angeles County, California</b>
<b>Program Name:</b>	<b>Steps to Excellence Project</b>
<b>Respondents:</b>	<b>Kathy Malaske-Samu &amp; Helen Chavez , LA County Office of Child Care</b>
<b>Information Reviewed and Finalized:</b>	<b>March 18, 2010</b>

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## Los Angeles County - Steps to Excellence Project

### Program Information

This section provides general information about the QRS including the location, numbers and types of programs participating in the QRS, funding amounts, funding sources and goals.

<b>Site name:</b>	California, Los Angeles County
<b>Program name:</b>	Los Angeles County Steps to Excellence Project
<b>Service area:</b>	County and communities
<b>Details about other geographic area:</b>	Los Angeles County in 10 communities—Inglewood, Palmdale, Pomona, Florence/Firestone Pacoima/Arleta, Wilmington, Long Beach, Pasadena, Santa Monica and San Pedro
<b>Pilot:</b>	Yes
<b>Pilot time frame:</b>	July 2007-June 2011
<b>Date full program launched:</b>	N/A
<b>Voluntary:</b>	Yes
<b>Website:</b>	<a href="http://ceo.lacounty.gov/ccp/step.htm">http://ceo.lacounty.gov/ccp/step.htm</a>
<b>Eligible programs:</b>	Center-based programs, Head Start/Early Head Start, pre-kindergarten/comprehensive early childhood programs, and licensed family child care
<b>Source of funds for eligible public program:</b>	State, TANF, Title 1, and other pre-K/comprehensive early childcare programs including Los Angeles Universal Preschool (which is using an abbreviated version of the Steps to Excellence Project).
<b>Total numbers of programs participating:</b>	228
<b>Number of participating child care centers:</b>	98
<b>Number of participating family child care programs:</b>	130
<b>Number of other programs participating:</b>	N/A
<b>Percent of total programs enrolled in QRS:</b>	Approximately 36%
<b>Percent of programs at each rating level:</b>	<p>Currently 98 programs have been evaluated by STEP (41 FCCs and 57 Centers). The average STEP score for all programs was between a 2 and a 3 (mean = 2.60)</p> <p>Two (2) programs failed their STEP review because they exceeded licensing group size/ratios during the visit. The remainder were rated as follows:</p> <p>STEP 1 = 2  STEP 2 = 45  STEP 3 = 37  STEP 4 = 12  STEP 5 = 0</p>

<b>Goals:</b>	<ul style="list-style-type: none"> <li>-Provide parents with clear, concise information on the quality of individual child care settings</li> <li>-Create incentives and supports for programs to meet and maintain higher program standards</li> <li>-Distinguish programs that are meeting these higher standards</li> <li>-Provide benchmarks to determine if the quality of care in individual programs or communities is improving over time</li> </ul> <p>The goal of STEP is to recruit 50 percent of child care centers and 20 percent of family child care homes (210 child care centers and 400 family child care homes) within the 10 communities.</p>
<b>Language from statute:</b>	County of Los Angeles Board of Supervisors, December 12, 2006 <a href="http://ceo.lacounty.gov/ccp/pdf/BM%20STEP-06%20Final.pdf">http://ceo.lacounty.gov/ccp/pdf/BM%20STEP-06%20Final.pdf</a>

## Rating Details

This section provides details about how the rating component is structured and the process that is used to rate programs.

<b>Rating structure:</b>	Building Block
<b>Number of levels:</b>	5
<b>Length of time rating is valid:</b>	1 year
<b>Rating process:</b>	Programs apply, attend an orientation, and complete a self-assessment and STEP Portfolio. The University of California Los Angeles, Center for Improving Child Care Quality conducts classroom observation and portfolio document reviews. Results are given to LA County Office of Child Care (OCC) and the rating is awarded to the child care program.
<b>Method of combining points:</b>	The QRS uses a building block structure. The indicators at each Step must be met before moving to the next Step. There are several options for providers to meet the Family and Community Connections category.
<b>Method used to assess programs for infants/toddlers:</b>	Yes. The rating process uses the same protocol for preschool centers, but different ratios and the Infant Toddler Environmental Rating Scale-Revised is used to assess infant/toddler classroom learning environment(s).
<b>Method used to assess programs for school-aged children:</b>	No
<b>Different process used to assess family child care:</b>	There are separate indicators for Family Child Care.
<b>Different process used to assess Head Start/Early Head Start:</b>	No

<b>Different process used to assess accredited programs:</b>	No
<b>Events that trigger re-rating:</b>	Licensing violation
<b>Appeal process:</b>	Yes. Programs must submit a written request within 15 days for review by STEP staff. STEP staff sends the grievance to the University of California Los Angeles for review of program specific evidence from site visit or program portfolio. The grievance is approved or denied based on the verification process. STEP staff sends decision to program via a letter.
<b>Availability of technical assistance for rating process:</b>	Yes
<b>Description of technical assistance for rating process:</b>	Limited technical assistance is available during rating process, focused on lowest scoring programs (this technical assistance began in November 2009).
<b>Availability of technical assistance for preparatory process:</b>	Yes
<b>Description of technical assistance for preparatory process:</b>	New participants are required to attend an orientation session and are given assistance while completing the self-assessment.

## Quality Indicators for Center-Based Programs

This section describes the indicators used in a QRS to assess the quality of center-based programs. The indicators are divided into the following categories: licensing compliance, ratio and group size, health and safety, curriculum, environment, child assessment, staff qualifications, family partnership, administration and management, cultural/linguistic diversity, accreditation, community involvement and provisions for children with special needs. A QRS may not have indicators in one or more of these categories, and the category labels used in the profile may differ from the site-specific category names used in a QRS.

<b>Number of site-specific indicator categories:</b>	6
<b>Site-specific names of categories used in the QRS:</b>	-Regulatory Compliance -Teacher/Child Relationships -Learning Environments -Identification and Inclusion of Children with Special Needs -Qualifications and Working Conditions -Family and Community Connections

### Licensing Compliance (centers)

Licensing requirements frequently serve as a minimal set of provisions to ensure that care and education environments are safe, healthy and provide for children's basic needs. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Licensing compliance included:</b>	Yes
<b>Licensing required for enrollment:</b>	Yes
<b>Licensing equivalent to the first level:</b>	Yes
<b>Licensing compliance referred to within:</b>	N/A
<b>Source of evidence:</b>	Review of administrative records
<b>Comments:</b>	To obtain a STEP rating of "Pass" for regulatory compliance, STEP staff verify with California Department of Social Services, Community Care Licensing Division (CCLD) that the child care program, in the past three years, has not held a probationary license; been required to participate in a compliance plan; or been issued a civil penalty. This clearance is required for participation in STEP.

## Ratio and Group Size (centers)

Ratio and group size requirements are frequently established in state licensing regulations. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Ratio and group size indicators included:</b>	Yes
<b>Description:</b>	<p><b>Step 2:</b>  Infants: 1:3  Toddlers: 1:5  Preschool:1:10</p> <p><b>Step 3:</b>  Infants: 1:3  Toddlers: 1:4  Preschool: 1:8</p> <p><b>Step 4:</b>  Infants: 1:3, maximum group size 6-8  Toddlers: 1:4, maximum group size 12-14  Preschool: 1:8, maximum group size 24</p> <p><b>For Step 5:</b>  National Association for the Education of Young Children ratios and group size are used.</p> <p>Infants: 1:3 or 4, maximum group size of 8  Toddlers: 1:3 or 4, maximum group size of 12  Younger Preschool: 1:6 or 9, maximum group size 18  Preschool: 1: 8 or 10, maximum group size 24</p>

<b>Ratio and group size referred to within:</b>	Teacher/Child Relationships
<b>Source of evidence:</b>	Observation
<b>Comments:</b>	The Adult Involvement Scale is also incorporated within this standard also with ratio and group size requirements. The scores required at each step are as follows: <b>Step 2:</b> 3.0-3.9 <b>Step 3:</b> 4.0-4.9 <b>Step 4:</b> 5.0-5.9 <b>Step 5:</b> 6.0 or higher

## Health and Safety (centers)

Provisions for health and safety are frequently established in state licensing regulations. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>. Health and safety indicators are also included in the Environment Rating Scales which are used in some QRSs.

<b>Health and safety indicators included:</b>	No
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## Curriculum (centers)

A curriculum is a written document that provides a plan for intentional activities and interactions in an early childhood program. Indicators described in this section refer to requirements for the use of particular curricula or to demonstrate that certain features of curriculum are in place. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Curriculum indicators included:</b>	No
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## Environment (centers)

Indicators in this section refer to features of the classroom environment. Further details about Observational Measures included in the QRS are included in a section below. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Environment indicators included:</b>	Yes
<b>Environment Rating Scales (ERS) included:</b>	Yes
<b>Range of recognized ERS scores:</b>	3.0-6.0
<b>Description:</b>	<b>Step 2:</b> 3.0 <b>Step 3:</b> 4.0 <b>Step 4:</b> 5.0



	<b>Step 5: 6.0</b>
<b>Additional indicators related to the environment (e.g., activities, interactions, specific features):</b>	None
<b>Environment referred to within:</b>	Learning Environments
<b>Environment source of evidence:</b>	Observation

## Child Assessment (centers)

Indicators in this section refer to processes in place to assess, observe or monitor children's development on a regular basis. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Child assessment indicators included:</b>	Yes
<b>Description:</b>	<p><b>Step 3:</b></p> <ul style="list-style-type: none"> <li>-All children are screened using a high quality, culturally and developmentally appropriate screening tool within 90 days of starting the program.</li> <li>-Families are engaged in the screening process. - Results are shared with the family in a confidential and supportive manner.</li> <li>-Screenings are used to individualize all children's needs and site level modifications and accommodations are implemented, as appropriate.</li> <li>-If referrals for further assessment are needed, the family is referred to the appropriate: regional center, school district, and/or other resources.</li> </ul> <p><b>Step 4:</b></p> <ul style="list-style-type: none"> <li>-All children are screened annually.</li> <li>-Staff use what they find from the annual screenings to individualize all children's needs and site level modifications and accommodations are implemented, as appropriate.</li> <li>-If referrals for further assessment are needed, families are guided and supported during the referral and assessment process.</li> </ul> <p><b>Step 5:</b></p> <ul style="list-style-type: none"> <li>-Screenings are completed on new enrollees within 45 days of starting program &amp; biannually thereafter.</li> <li>-Staff use what they find from the biannual screenings to individualize all children's needs and site level modifications and accommodations are implemented, as appropriate.</li> <li>-If referrals for further assessment are needed,</li> </ul>

	families are guided and supported during the referral and assessment process.
<b>Child assessment review process:</b>	Yes
<b>Description of child assessment review process:</b>	When evaluating whether a child care program is using a high-quality developmental screening tool, Quality Reviewers read (in the program's STEP Portfolio) self-reported answers on relevant questionnaire forms that ask about the use of a developmental screening tool and frequency of screenings. Reviewers must also find in the Portfolio evidence of completed developmental screening tools (one per child ages 0-5 enrolled in the program).
<b>Approved child assessments identified:</b>	Yes
<b>List of approved child assessments:</b>	<p>Programs must choose an assessment tool from a list of developmental screening tools approved by STEP (see list below) or submit a tool for approval by the LA County Office of Child Care.</p> <p>Ages &amp; Stages Questionnaire</p> <p>Batelle Developmental Inventory</p> <p>Denver II Developmental Screening Test</p> <p>Developmental Observation Checklist System</p> <p>Infant Toddler Symptom Checklist</p> <p>Parents' Evaluation of Developmental Status (PEDS)</p> <p>Nippising District Developmental Screen</p>
<b>Child assessment referred to within:</b>	Identification and Inclusion of Children with Special Needs
<b>Child assessment source of evidence:</b>	Self-report, verified

## Staff Qualifications (centers)

Indicators in this section refer to specific educational or training requirements for staff. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Staff qualification indicators included:</b>	Yes
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<b>Indicators for teachers include:</b>	Education, training, years of experience, and a California State Permit (see attachment)
<b>Indicators for directors include:</b>	Education, training, years of experience, and a California State Permit (see attachment)
<b>Directors qualifications related to administration and management</b>	Yes. Program Directors Permit
<b>Administrative and management qualifications included in the indicators:</b>	Implicit in the California permit system
<b>Bachelors degree indicator for director:</b>	Yes
<b>Bachelors degree indicator for director at level:</b>	STEP 4
<b>Bachelors degree indicator for teacher:</b>	Yes
<b>Bachelors degree indicator for teacher at level:</b>	STEP 5
<b>Bachelors degree indicator for assistant teacher:</b>	No
<b>Description:</b>	<p><b><u>Step 2:</u></b>  <b>Director</b> has at least an Associate of Arts (AA) degree in ECE, and 1 year administrative experience.  <b>Teaching staff:</b>  50 percent of the classrooms or groups are staffed by at least 1 person who holds or has applied for a Child Development Teacher permit. The remaining classrooms or groups are staffed by at least one person who holds or has applied for an Associate Teacher Permit. All other teaching staff, at a minimum, hold/qualify for a Child Development Assistant permit.</p> <p><b><u>Step 3:</u></b>  <b>Director</b> holds or has applied for a Child Development Site Supervisor permit.  <b>Teaching staff:</b>  Each classroom is staffed by at least 1 person who holds or has applied for a Child Development Teacher permit. All other teaching staff, at a minimum, hold/qualify for a Child Development Assistant permit. At least one staff member has specialized college course work/professional development training that prepares them to work with children who have special needs and is available to assist colleagues.</p> <p><b><u>Step 4:</u></b>  <b>Director</b> holds or has applied for a Program Director permit.  <b>Teaching staff:</b></p>

Each classroom or group is staffed by at least 1 person who holds or has applied for a Child Development Master Teacher permit. All other teaching staff hold/qualify for a Child Development Associate Teacher permit. At least 1 staff member in each classroom has specialized college course work or professional development training that prepares them to work with children who have special needs.

**Step 5:**

**Director** has a Master of Arts (MA) in ECE or related field, and holds or has applied for Program Director permit.

**Teaching staff:**

Each classroom or group is staffed by at least 1 teacher who holds a Bachelor of Arts/Bachelor of Science (BA/BS) degree in ECE or a closely allied field. All other teaching staff hold/ qualify for a Child Development Teacher permit. All teaching staff have specialized college course work or professional development training that prepares them to work with children who have special needs.

<b>Staff qualifications referred to within:</b>	Qualifications and Working Conditions
<b>Staff qualifications source of evidence</b>	Self-report, verified; documentation submitted

## Family Partnership (centers)

Indicators in this section refer to activities and strategies to involve and engage families. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Family partnership indicators included:</b>	Yes
<b>Description:</b>	<p>The indicator lists 4 sets of 10 family and community strategies.</p> <p><b>Step 2:</b> 3 strategies from both Section A &amp; B.</p> <p><b>Step 3:</b> 5 strategies from both Section A &amp; B. 4 strategies from both Section C &amp; D.</p> <p><b>Step 4:</b> 6 strategies from each Section A, B, C, &amp; D.</p> <p><b>Step 5:</b> 8 strategies from each Section A, B, C, &amp; D.</p> <p><b>Set A:</b></p> <ul style="list-style-type: none"> <li>-A comprehensive orientation for families</li> <li>-A Parent handbook</li> <li>-Written materials in the home language of</li> </ul>

families

- Communications in home language of families, including securing adults to translate as needed
- A variety of opportunities exist for parents to contribute to the program (in-class helpers, field trips, donated items)
- Materials and activities that incorporate the cultures of enrolled families and the community at large
- Facilitation of two, well-attended, annual group activities for children and families
- Meeting and event time determined by family schedules
- Opportunities for families to participate in positions of leadership and have decision-making roles in the program
- Creative strategies to adapt activities and schedules to meet family needs

**Set B:**

- A system utilizing families' preferred communication means
- Staff schedules that allow for meaningful communications with families
- One scheduled parent/teacher conference per year to discuss child's progress
- Two scheduled parent/teacher conference per year to discuss child's progress, additional parent teacher conferences available by request
- Providing an annual written developmental report
- Posting and/or distributing calendar of daily schedule and activities
- Distributing a group information dissemination system, such as a newsletter
- Annual home visits
- Creating opportunities for families to help shape curriculum and practices
- Intentional partnering with families, recognizing parents as their child's first and most important teacher

**Set C:**

- Opportunities for mutual support among families
- Library services for families to check out books, toys, videos, and resource materials
- Information and coaching about healthy

- growth and development
- Work with families to create consistency between home and the program relating to developmentally appropriate practices with children
- Child-specific home based activity ideas to families based on child's talents and opportunities for growth
- Physical space where parents can gather and meet
- Opportunities to create family support plans and annual review of such plans
- A support person to families to address areas of need
- Information, resources, and support for parents to develop their advocacy skills
- Support and encouragement for parents to become better-informed primary decision makers for their children

**Set D:**

- Cultivating working relationships with public and community based services
- Developing and maintaining current list of community resources
- Linking families to identified liaisons in public and community-based services
- Qualified staff participating in assessment and evaluations meeting with families
- Initiating discussions about kindergarten at least one year prior to kindergarten
- Engaging in transition to school activities, in partnership with school/center liaisons
- Helping families navigate community resources
- Inviting community programs to share their expertise with staff, parents, and children
- Informing families of relevant, local community events
- Relaying policy change that affects early care and education

**Family partnership referred to within:** Family and Community Connections

**Family partnership source of evidence:** Documentation submitted; self report, verified

## Administration and Management (centers)

Indicators in this section refer to features of the administration and management of the program. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Administration and management indicators included:</b>	Yes
<b>Description:</b>	<p>Administration and management indicators are separated into three categories under each step: staff stability, employee benefits, and working conditions.</p> <p><b>Step 2:</b></p> <ul style="list-style-type: none"><li>-Access to health insurance</li><li>-Written confirmation of job title, salary, and hours</li><li>-Written job descriptions and salary scale</li><li>-Formal grievance procedures</li><li>-Four staff meetings per year</li></ul> <p><b>Step 3:</b></p> <ul style="list-style-type: none"><li>-The average teacher retention rate for the past 3 years was 80%</li><li>-Access to partially-paid health insurance or menu of appropriate options</li><li>-Paid time-off (sick, personal, vacation)</li><li>-Annual evaluations and development plans for teaching staff</li><li>-Six staff meetings per year</li></ul> <p><b>Step 4:</b></p> <ul style="list-style-type: none"><li>-Access to partially-paid health and dental insurance (or appropriate menu)</li><li>-A salary scale which rewards education and experience and staff are aware of the salary scale</li><li>-Paid preparation and planning time</li><li>-Monthly staff meetings</li></ul> <p><b>Step 5:</b></p> <ul style="list-style-type: none"><li>-The average teacher retention rate for the past 3 years was 90%</li><li>-Access to partially-paid health and dental insurance, and pension plan (or appropriate menu)</li><li>-Staff are given paid release time to provide professional development training</li><li>-The salary scale is aligned with the Los Angeles County Model Compensation Scale</li><li>-Paid release time is available for professional development activities</li></ul>
<b>Administration and management referred to within:</b>	Qualifications and Working Conditions
<b>Administration and management source of evidence:</b>	Documentation submitted; self report, verified

## Cultural/Linguistic Diversity (centers)

Indicators in this section refer to provisions for responsiveness to cultural and linguistic diversity. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>. Cultural/Linguistic Diversity indicators are also included in the Environment Rating Scales which are used in some QRSs.

<b>Cultural/linguistic diversity indicators included:</b>	Yes
<b>Comments:</b>	<p>Communicating in home language is included as an option in the Family and Community Connections category.</p> <p>Options include:</p> <ul style="list-style-type: none"> <li>-Written materials in home languages of families</li> <li>-Communications in home languages of families including securing adults to translate as needed</li> <li>-Materials and activities that incorporate the cultures of enrolled families and the community at large.</li> </ul> <p>(Additionally, the STEP quality review process honors and promotes linguistic diversity by using bilingual quality reviewers that can validly assess the quality of instruction in the native language of children.)</p>

## Accreditation (centers)

Indicators described in this section refer to accreditation by a national accrediting body. Accreditation is a process in which programs demonstrate that they meet standards set forth by the accrediting body. The standards are determined by the accrediting body. There is not a common set of standards used for early childhood program accreditation. The National Association for the Education of Young Children (NAEYC) accreditation, the National Early Childhood Program Accreditation (NECPA), the National Accreditation Commission for Early Care and Education Programs (NAC) and the Council on Accreditation (COA) are commonly included accreditation systems used in QRSs for center-based programs.

<b>Accreditation included:</b>	No
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## Community Involvement (centers)

Indicators described in this section refer to the type or frequency of involvement in the community. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Community involvement indicators included:</b>	Yes
<b>Comments:</b>	<p>Options related to community involvement are embedded in the Family and Community Connections category set lists.</p> <p>Options include:</p>



- Cultivating working relationships with public and community based services
- Developing and maintaining a current list of community resources
- Linking families to identified liaisons in public and community-based services
- Helping families navigate community resources.

## Provisions for Children with Special Needs (centers)

Indicators described in this section refer to provisions for children with special needs and the extent to which programs meet standards for inclusion of children with disabilities or other limiting conditions. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>. Provisions for Children with Special Needs indicators are also included in the Environment Rating Scales which are used in some QRSs.

**Indicators that specify provisions for children with special needs included:**

Yes

**Comments:**

Provisions for Children with Special Needs indicators are separated into three categories under every step: identification, inclusion, and special needs training.

**Step 2:**

- Families of children with special needs are welcomed to the program.
- The program is aware of supports available through basic early intervention services provided by: local Regional Center, and local school district(s).

**Step 3:**

- All children are screened using a high quality, culturally and developmentally appropriate screening tool within 90 days of starting the program.
- Families are engaged in the screening process. Results are shared with the family in a confidential and supportive manner.
- Screenings are used to individualize all children’s needs and site level modifications and accommodations are implemented, as appropriate.
- If referrals for further assessment are needed, the family is referred to the appropriate: regional center, school district, and/or other resources.
- If a child has an Individualized Family Services Plan (IFSP) or Individualized Education Plan (IEP),

the program uses information from the IFSP/IEP and input from the family to structure activities and services that are supportive of the IFSP/IEP.  
-At least 1 staff member has specialized college course work/professional development training that prepares them to work with children who have special needs, including administration and interpretation of developmental screens, and is available to assist colleagues.

**Step 4:**

-All children are screened using a high quality, culturally and developmentally appropriate screening tool within 90 days of starting the program and annually thereafter.  
-Staff use what they find from the annual screenings to individualize all children's needs and site level modifications and accommodations are implemented, as appropriate.  
-If referrals for further assessment are needed, families are guided and supported during the referral and assessment process.  
-Program maintains a resource directory of local early intervention and support services which are accessible to families.  
-Staff collaborate with related professionals to implement recommendations which address child's IFSP/IEP goals and outcomes.  
-Accommodations are made to ensure that each child with special needs is able to participate in all program components.  
-At least one staff member in each classroom has specialized college course work or professional development training that prepares them to work with children who have special needs, including administration and interpretation of developmental screens.

**Step 5:**

-Screenings are completed on new enrollees within 45 days of starting program & biannually thereafter.  
-Resource directory of community early intervention and other support services are readily available to families. Staff are available to facilitate connections.  
-A sense of belonging is fostered through maximum integration of children with special

needs with their peers. Ongoing modifications to daily routine, curriculum, and/or environment are made as needed.

-A majority of teachers, assistant teachers, and aides have specialized college course work or professional development training that prepares them to work with children who have special needs and to administer and interpret developmental screens.

## Indicators for Family Child Care Programs

This section describes the indicators used in a QRS to assess the quality of family child care programs. The indicators are divided into the following categories: licensing compliance, ratio and group size, health and safety, curriculum, environment, child assessment, staff qualifications, family partnership, administration and management, cultural/linguistic diversity, accreditation, community involvement and provisions for children with special needs. A QRS may not have indicators in one or more of these categories, and these category labels may not be used in their QRS.

<b>Number of site-specific indicator categories:</b>	6
<b>Site-specific names of categories used in the QRS:</b>	<ul style="list-style-type: none"> <li>-Regulatory Compliance</li> <li>-Teacher/Child Relationships</li> <li>-Learning Environment</li> <li>-Identification and Inclusion of Children with - Special Needs</li> <li>-Qualifications and Working Conditions</li> <li>-Family and Community Connections</li> </ul>

### Licensing Compliance (family child care)

Licensing requirements frequently serve as a minimal set of provisions to ensure that care and education environments are safe, healthy and provide for children's basic needs. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Licensing compliance included:</b>	Yes
<b>Licensing required for enrollment:</b>	Yes
<b>Licensing equivalent to the first level:</b>	Yes
<b>Licensing compliance referred to within:</b>	Regulatory Compliance
<b>Source of evidence:</b>	Review of administrative records.
<b>Comments:</b>	Licensing is equivalent to Step 1. STEP staff verify with California Department of Social Services, Community Care Licensing Division (CCLD) that the child care program, in the past three years, has not held a probationary license; been required to participate in a compliance plan; been issued a

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civil penalty. This clearance is a required for participation in STEP.

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## Ratio (family child care)

Ratio and group size requirements are frequently established in state licensing regulations. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Ratio and group size indicators included:</b>	No
<b>Comments:</b>	The Adult Involvement Scale is also incorporated within this standard. The scores required at each step are as follows: <b>Step 2:</b> 3.0-3.9 <b>Step 3:</b> 4.0-4.9 <b>Step 4:</b> 5.0-5.9 <b>Step 5:</b> 6.0 or higher

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## Health and Safety (family child care)

Provisions for health and safety are frequently established in state licensing regulations. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>. Health and safety indicators are also included in the Environment Rating Scales which are used in some QRSs.

<b>Health and safety indicators included:</b>	No
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## Curriculum (family child care)

A curriculum is a written document that provides a plan for intentional activities and interactions in an early childhood program. Indicators described in this section refer to requirements for the use of particular curricula or to demonstration that certain features of curriculum are in place. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Curriculum indicators included:</b>	No
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## Environment (family child care)

Indicators in this section refer to features of the classroom environment. Further details about Observational Measures included in the QRS are included in a section below. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Environment indicators included:</b>	Yes
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<b>Environment Rating Scales (ERS) included:</b>	Yes
<b>Range of recognized ERS scores:</b>	3.0-6.0
<b>Description:</b>	Step 2: 3.0 Step 3: 4.0 Step 4: 5.0 Step 5: 6.0
<b>Additional indicators related to the environment (e.g., activities, interactions, specific features):</b>	None
<b>Environment referred to within:</b>	Learning Environments
<b>Environment source of evidence:</b>	Observation

### Child Assessment (family child care)

Indicators in this section refer to processes in place to assess, observe or monitor children's development on a regular basis. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Child assessment indicators included:</b>	Yes
<b>Description:</b>	<p><b>Step 3:</b></p> <ul style="list-style-type: none"> <li>-All children are screened using a high quality, culturally and developmentally appropriate screening tool within 90 days of starting the program.</li> <li>-Screenings are used to individualize all children's needs and site level modifications and accommodations are implemented, as appropriate.</li> <li>-If referrals for further assessment are needed, the family is referred to the appropriate: regional center, school district, and/or other resources.</li> </ul> <p><b>Step 4:</b></p> <ul style="list-style-type: none"> <li>- All children are screened using a high quality, culturally and developmentally appropriate screening tool within 90 days of starting the program and annually thereafter.</li> <li>-Staff use what they find from the annual screenings to individualize all children's needs and site level modifications and accommodations are implemented, as appropriate.</li> <li>-If referrals for further assessments are needed, the provider makes information available to parents and offers support during the referral and assessment process.</li> </ul>

**Step 5:**

-The provider works with individual families to ensure that all children are screened within 45 days of enrolling and at least twice a year thereafter.

-Staff use what they find from the annual screenings to individualize all children’s needs and site level modifications and accommodations are implemented, as appropriate.

-If referrals for further assessments are needed, the provider makes information available to parents and offers support during the referral and assessment process.

**Child assessment review process:**

Yes

**Description of child assessment review process:**

To evaluate whether a child care program is using a high-quality developmental screening tool, Quality Reviewers read (in the program’s STEP Portfolio) self-reported answers on relevant questionnaire forms about the use of a developmental screening tool and screening frequency. Reviewers must also find in the Portfolio evidence of completed developmental screening tools (one per child ages 0-5 enrolled in the program).

**Approved child assessments identified:**

Yes

**List of approved child assessments:**

Programs must choose an assessment tool from a list of developmental screening tools approved by STEP (see below) or submit a tool for approval by the LA County Office of Child Care.

Ages & Stages Questionnaire

Batelle Developmental Inventory

Denver II Developmental Screening Test

Developmental Observation Checklist System

Infant Toddler Symptom Checklist

Parents’ Evaluation of Developmental Status (PEDS)

Nippising District Developmental Screen

**Child assessment referred to within:**

Identification and Inclusion of Children with Special Needs

<b>Child assessment source of evidence:</b>	Self report, verified
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## Staff qualifications (family child care)

Indicators in this section refer to specific educational or training requirements for staff. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Staff qualification indicators included:</b>	Yes
<b>Indicators for family child care providers include:</b>	Education, training
<b>Family child care qualifications related to administration and management</b>	No
<b>Bachelors degree indicator for family child care provider:</b>	Yes
<b>Bachelors degree indicator for family child care provider at level:</b>	Step 5
<b>Description:</b>	<p><b><u>Step 2:</u></b>  <b>-Licensee</b> holds/has applied for a Child Development Assistant permit (completed 6 college units of Early Childhood Education (ECE).  <b>-Assistants*:</b> Have completed 15 hours of health and safety training and hold current CPR certifications.</p> <p><b><u>Step 3:</u></b>  <b>-Licensee</b> holds/has applied for a Child Development Teacher Permit (24 ECE units, 16 General Education units).  <b>-Assistants*:</b> Previous Step + completed 30 hours ECE training in the past 24 months or Previous Step and hold/have applied for a Child Development Assistant Permit (6 units of ECE)</p> <p><b><u>Step 4:</u></b>  <b>-Licensee</b> holds an Associate of Arts (AA) degree in Child Development or AA in another field and has completed 24 ECE units or holds/has applied for a Child Development Teacher Permit (24 ECE units, 16 General Education units) and is accredited by National Association for Family Child Care (NAFCC).  <b>-Assistants*:</b> Completed 15 hours of health and safety training, hold current CPR certifications and have completed 12 hours of ECE training in past 12 months and hold/have applied for a Child Development Assistant Permit (6 units of ECE).  <b>-Professional Growth Plans</b> are in place for</p>

Licensee and Assistants who are not family members.

**Step 5:**

-**Licensee** holds a Bachelor of Arts (BA) degree in ECE or a BA in another field with at least 12 ECE units.

-**Assistants\***: Completed 15 hours of health and safety training, hold current CPR and hold/have applied for a Child Development Assistant Permit ( 6 units of ECE ) and have completed 21 hours of ECE training in past 36 months.

-Licensee provides professional development training to other child care providers.

\*Assistants in family child care homes may fulfill a variety of functions. The standards described in this section apply to Assistants who have regular and direct care giving responsibilities with participating children and their families.

<b>Staff qualifications referred to within:</b>	Qualifications and Working Conditions
<b>Staff qualifications source of evidence</b>	Self-report, verified; documentation submitted

**Family Partnership (family child care)**

Indicators in this section refer to activities and strategies to involve and engage families. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Family partnership indicators included:</b>	Yes
<b>Description:</b>	<p>The indicator lists 4 sets of 10 family and community strategies.</p> <p><b>Step 2:</b> 3 strategies from both Section A &amp; B.  <b>Step 3:</b> 4 strategies from each Section A, B, C, &amp; D.  <b>Step 4:</b> 5 strategies from each Section A, B, C, &amp; D.  <b>Step 5:</b> 6 strategies from each Section A, B, C, &amp; D.</p> <p><b>Set A:</b></p> <ul style="list-style-type: none"> <li>-A comprehensive orientation for families</li> <li>-A Parent handbook</li> <li>-Written materials in the home language of families</li> <li>-Communications in home language of families, including securing adults to translate as needed</li> <li>-A variety of opportunities for parents to contribute to the family child care home’s operation</li> <li>-Materials and activities that incorporate the</li> </ul>



cultures of enrolled families and the community at large

- An annual group activity for children and families
- Creative strategies to adapt activities and schedules to meet family needs

**Set B:**

- Utilizing families' preferred communication means
- Being available on a regular basis to discuss daily occurrences and/or concerns with families
- Offering to meet with each family annually to discuss their child's progress
- Offering to meet twice a year with each family to discuss their child's progress, and additional parent teacher conferences available by request
- Providing an annual written developmental report
- Posting and/or distributing calendar of daily schedule and activities
- Using a group information dissemination system, such as a newsletter
- Creating opportunities for families to help shape curriculum and practices

**Set C:**

- Opportunities for mutual support among families
- Opportunities for families to share/exchange books, toys, clothing, etc.
- Information and coaching about healthy growth and development
- Work with families to create consistency between home and the program relating to developmentally appropriate practices with children
- Child-specific home based activity ideas to families based on child's talents and opportunities for growth
- Opportunities to create family support plans and annual review of such plans
- Information, resources, and support for parents to develop their advocacy skills
- Support and encouragement for parents to become better-informed primary decision makers for their children

**Set D:**

- Cultivating working relationships with public and community based services
- Developing and maintaining current list of community resources
- Participating in assessment and evaluation meeting with families, such as IFSP and IEP meetings
- Initiating discussions about kindergarten at least one year prior to kindergarten
- Helping families navigate community resources
- Inviting community programs to share their expertise with staff, parents, and children
- Informing families of relevant, local community events
- Relaying policy change that affects early care and education

<b>Family partnership referred to within:</b>	Family and Community Connections
<b>Family partnership source of evidence:</b>	Self-report, verified; documentation submitted

## Administration and Management (family child care)

Indicators in this section refer to features of the administration and management of the program. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Administration and management indicators included:</b>	Yes
<b>Description:</b>	<p>Administration and Management indicators are separated into two categories under each step: staff stability &amp; working conditions.</p> <p><b>Step 2:</b></p> <ul style="list-style-type: none"> <li>-Average tenure for Assistant(s) over the past three years is 12 months</li> <li>- Assistants who are not family members, are provided a written confirmation of job, salary, and hours</li> </ul> <p><b>Step 3:</b></p> <ul style="list-style-type: none"> <li>-Licensee conducts an annual written evaluation of Assistant(s) who are not family members, and regularly informs all Assistants of training opportunities</li> </ul> <p><b>Step 4:</b></p> <ul style="list-style-type: none"> <li>-Professional Growth Plans are in place for Licensee and Assistants who are not family members</li> </ul>

**Step 5:**

-Licensee provides professional development training to other child care providers

**Administration and management referred to within:**

Qualifications and Working Conditions

**Administration and management source of evidence:**

Documentation submitted; self report, verified

## Cultural/Linguistic Diversity (family child care)

Indicators in this section refer to provisions for responsiveness to cultural and linguistic diversity. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

Cultural/Linguistic Diversity indicators are also included in the Environment Rating Scales which are used in some QRSs.

**Cultural/linguistic diversity indicators included:**

Yes

**Comments**

Options related to community involvement are embedded in the Family and Community Connections category set lists.

Options include:

- Written materials in home languages of families
- Communications in home languages of families including securing adults to translate as needed
- Materials and activities that incorporate the cultures of enrolled families and the community at large.

(Additionally, the STEP quality review process honors and promotes linguistic diversity by using bilingual quality reviewers that can validly assess the quality of instruction in the native language of children.)

## Accreditation (family child care)

Indicators described in this section refer to accreditation by a national accrediting body. Accreditation is a process in which programs demonstrate that they meet standards set forth by the accrediting body. The standards are determined by the accrediting body. There is not a common set of standards used for early childhood program accreditation. Accreditation by the National Association of Family Child Care is a commonly included accreditation used in QRSs for family child care programs.

**Accreditation included:**

No

## Community Involvement (family child care)

Indicators described in this section refer to the type or frequency of involvement in the community. All

QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>.

<b>Community involvement indicators included:</b>	Yes
<b>Comments:</b>	<p>Options related to community involvement are embedded in the Family and Community Connections category set lists.</p> <p>Options include:</p> <ul style="list-style-type: none"> <li>-Cultivating working relationships with public and community-based services</li> <li>-Developing and maintaining a current list of community resources</li> <li>-Helping families navigate community resources</li> <li>-Inviting community programs to share their expertise with staff, parents, and children</li> <li>-Informing families of relevant, local community events</li> </ul>

### Provisions for Children with Special Needs (family child care)

Indicators described in this section refer to provisions for children with special needs and the extent to which programs meet standards for inclusion of children with disabilities or other limiting conditions. All QRS quality indicators described in this profile are beyond those required by licensing. Details on the licensing requirements for a specific state can be found at: <http://nrckids.org/STATES/states.htm>. Provisions for Children with Special Needs indicators are also included in the Environment Rating Scales which are used in some QRSs.

<b>Indicators that specify provisions for children with special needs included:</b>	Yes
<b>Comments:</b>	<p>Provisions for Children with Special Needs indicators are separated into three categories under every step: identification, inclusion, and special needs training.</p> <p><b>Step 2:</b></p> <ul style="list-style-type: none"> <li>-Families of children with special needs are welcomed to the program.</li> <li>-The program is aware of supports available through basic early intervention services provided by: local Regional Center, and local school district(s).</li> </ul> <p><b>Step 3:</b></p> <ul style="list-style-type: none"> <li>-Provider works with families to screen their children using a high quality, culturally and developmentally appropriate screening tool within 90 days of starting the program.</li> <li>-Screenings are used to individualize all children's needs and site level modifications and</li> </ul>

accommodations are implemented, as appropriate.

-If referrals for further assessment are needed, the family is referred to the appropriate: regional center, school district, and/or other resources.

-If a child has an Individualized Family Services Plan (IFSP) or Individualized Education Plan (IEP), the program uses information from the IFSP/IEP and input from the family to structure activities and services that are supportive of the IFSP/IEP.

-Licensee has completed, in the past three years, specialized coursework or professional development training that prepares them to work with children who have special needs. Training includes administration and interpretation of developmental screens. If referrals for further assessments are needed, the provider makes information available to parents and offers support during the referral and assessment process.

**Step 4:**

- Provider works with families to screen their children using a high quality, culturally and developmentally appropriate screening tool within 90 days of starting the program and at least once a year thereafter.

-Staff use what they find from the annual screenings to individualize all children's needs and site level modifications and accommodations are implemented, as appropriate.

-If referrals for further assessment are needed, families are guided and supported during the referral and assessment process.

-Program maintains a resource directory of local early intervention and support services which are accessible to families.

-When serving children with special needs, the provider understands the goals and outcomes of the IFSP/IEP, follows prescribed treatments, and works with parents and specialists as needed.

-Modifications and accommodations are made to ensure that each child with special needs is able to participate in all activities.

**Step 5:**

- Provider works with families to screen their children using a high quality, culturally and

developmentally appropriate screening tool within 45 days of starting the program and at least twice a year thereafter.

- Provider makes resources available to families.
- When serving children with special needs the provider and assistants understand the goals and outcomes of the IFSP/IEP, follow prescribed treatments, and work with parents and specialists as needed.
- A sense of belonging is fostered through maximum integration of children with special needs with their peers.
- Ongoing modifications are made to daily routines, curriculum, and/or environment as needed.
- Licensee and assistant(s) have each completed, in the past three years, specialized coursework/professional development training that prepares them to work with children who have special needs. Training includes administration and interpretation of developmental screens.

## Application Process

Information in this section describes specific features of the application process in the QRS.

<b>Requires self-assessment tool:</b>	Yes
<b>Describe self-assessment tool:</b>	Six checklists comprise the Building a STEP Portfolio. A checklist corresponds to each quality area in the STEPS Scoring Matrix. The STEP portfolio must be completed prior to the rating site visit and also serves as a self assessment tool.
<b>Availability of preparatory process:</b>	Yes
<b>Describe preparatory process:</b>	Participating program are required to participate in an orientation session and self assessment.
<b>Requires orientation:</b>	Yes

<b>Describe orientation :</b>	All child care programs are required to attend a STEP Orientation once they are enrolled. During the orientation, participants receive a free copy of the Environment Rating Scale, a STEP Resource Guide, and a STEP Self Assessment (a tool that was designed to help programs assess their current quality using STEP quality criteria). The orientation session also offers guidance on how to complete the self assessment tool and plan improvements based on the results. Participants must complete their STEP Self Assessment prior to requesting a STEP quality improvement grant (the project's primary fiscal incentive).
<b>Time from application to rating:</b>	9 months-1 year
<b>Can apply for particular rating:</b>	No

## Outreach

This section describes the strategies that a QRS uses to disseminate information to parents, providers/programs, and the public.

<b>Outreach to parents:</b>	Yes
<b>Method of outreach to parents:</b>	Website, written materials disseminated by QRS contractors/partners; information available in Spanish.
<b>Outreach to providers:</b>	Yes
<b>Method of outreach to providers:</b>	Website, written materials disseminated by QRS contractors/partners, information given to providers via QRS contractors/partners, and information available in Spanish.
<b>Outreach to public:</b>	Yes
<b>Method of outreach to public:</b>	Website, and Frequently Asked Questions document is available in Spanish and Chinese
<b>Percent of budget dedicated to marketing:</b>	0%

## Use of Observational Tools

The information in this section provides further detail about observational tools used in the QRS.

<b>Observational tools used:</b>	ECERS-R, ITERS-R, FCCERS-R, and Adult Involvement Scale (AIS)
<b>Describe how scores are used in the rating:</b>	For the Environment Rating Scales: STEP 1: Score less than 3.0 STEP 2: Score between 3-3.9

STEP 3: Score between 4-4.9  
STEP 4: Score between 5- 5.9  
STEP 5: Score of 6.0 or above

For the Adult Involvement Scale:  
STEP 1: Score less than 3.0  
STEP 2: Score between 3-3.9  
STEP 3: Score between 4-4.9  
STEP 4: Score between 5- 5.9  
STEP 5: Score of 6.0 or above

**Frequency of observational assessment:** After the initial observation, all other observations are optional.

**Method for choosing classrooms to observe:** Classrooms are chosen by random selection. Priority is given to classrooms serving infants/toddlers.

**Percent of classrooms observed in child care centers:** 50% of classrooms are observed.

**Observational tool comments:** Other observation tools include the Adult Involvement Scale (AIS).

**Training for observers:** In order to conduct STEP’s initial set of observations and quality assessments (which began in February 2009), Quality Reviewers completed two days of classroom work and training on observational measures, led by the author of the Adult Involvement Scale and a “gold-certified” trainer from North Carolina, Chapel Hill for the Environment Rating Scale. Five days of field training were also scheduled to establish each reviewer’s reliability on each of the scales/measures (AIS, FCCERS-R, ECERS –R and ITERS-R). An additional classroom day was devoted to orienting Reviewers to the STEP Portfolio’s review protocol. This entailed instruction on how to assess data collection forms from the Portfolio, receipt of a list of possible support documents they could see in the field as evidence, review of site visit protocols and trouble-shooting tips.

**Initial reliability required:** In order to ensure that high performing data collection staff were in place for STEP, UCLA hired and trained 20% more data collector Reviewers than were required for Year 1. Only Reviewers with the highest performance were retained for site visits. All Reviewers have extensive field experience in classroom observation that was verified by regular reliability field testing, prior to initiating site visits and throughout the data



collection period.

To be certified to collect data, Reviewers must have a minimum mean weighted Kappa (K) greater than or equal to .70 for each item of the measure (The Kappa is a more stringent statistic than a percent (%) agreement statistic. It takes into account the probability that two raters have scored the same way by chance).

**Ongoing reliability required:**

Inter-rater reliability is re-established every 10<sup>th</sup> data collection or at least every three months. A “gold-standard” Reviewer conducts a simultaneous review with the Reviewer and scores are compared to ensure reliability. If a Reviewer falls below  $K = .70$ , she must re-establish reliability with the “gold standard” reviewer.

## Improvement Process

This section provides information about the strategies used to provide or support quality improvement in the QRS.

<b>Training available that is linked to QRS:</b>	Yes
<b>Content of linked training:</b>	Environmental assessment, language and literacy, family child care infant/toddler training with West-Ed, adult/child relationships, learning environments, and developmental screening.
<b>Total duration of training:</b>	21 to 50 hours
<b>Trainer approval process:</b>	Yes
<b>Target population for training:</b>	All providers
<b>Onsite assistance available that is linked to QRS:</b>	Yes
<b>Content of linked onsite assistance:</b>	Implementing developmental screening tool and developing a quality learning environment
<b>Onsite assistance frequency</b>	Varies
<b>Length of onsite sessions</b>	Varies, typically 2-3 hours per program.
<b>Total duration of onsite assistance:</b>	Varies
<b>Formal approval for onsite assistance provider:</b>	No. (Provider hiring and approval process done through a contract with Child Development Institute for assistance implementing a developmental screening tool. Hiring and approval process completed by the Office of Child Care for learning environment technical assistance providers.)
<b>Target population for onsite assistance:</b>	Developmental screening tool technical assistance is available to all child care providers. Learning environment technical assistance is

	limited to child care providers rated an overall STEP 1 or STEP 2.
<b>Improvement Process Comments:</b>	All child care programs are offered the opportunity to participate in free quality improvement trainings that are relevant to STEP rating elements and standards prior to participating in a STEP quality review. A STEP Training Catalogue is sent quarterly to STEP participants, and separate registration is required. Core trainings focus on: improving the learning environment; inclusion; and building positive relationships with children.

## Financial Incentives

A variety of strategies may be used to provide financial incentives to providers to participate in the QRS or to support quality improvement efforts. This section provides information about different financial incentives.

<b>Tiered reimbursement:</b>	No. A pilot in Santa Monica links STEP rating with subsidy. However, it is not a part of the fully-implemented program.
<b>Quality award/bonus:</b>	No
<b>Startup award:</b>	No
<b>Scholarship (T.E.A.C.H)</b>	No
<b>Wage enhancement</b>	No
<b>Retention bonus:</b>	No
<b>Improvement grants:</b>	Yes. Mini grants for quality improvement are available for STEP participants. Mini-grant funding may be used only to purchase items or services that improve quality in any of the six categories in the STEP rating system. Grants are capped at \$5,000.

## Administration Details

This section provides details about the QRS administration and funding.

<b>QRS lead :</b>	Office of Child Care within the Service Integration Branch of the Chief Executive Office of LA County
<b>QRS lead type:</b>	Local government agency
<b>Overall funding amount for most recent fiscal year:</b>	\$640,000
<b>Overall funding sources:</b>	First 5 Los Angeles (funded by state-wide tax on tobacco)
<b>Administration funding for most recent fiscal year:</b>	\$351,650
<b>Administration funding source:</b>	State (Proposition 10 funding) and First 5 Los Angeles (funded by state-wide tax on tobacco)

<b>Quality improvement funding for most recent fiscal year:</b>	\$190,000
<b>Quality improvement funding source:</b>	Los Angeles County (local government)
<b>Evaluation funding for most recent fiscal year:</b>	N/A

## Partners

This section provides information about the roles and responsibilities of partners in the QRS.

<b>Partner 1 type:</b>	University
<b>Partner 1 name:</b>	University of California Los Angeles (UCLA), Center for Improving Child Care Quality
<b>Partner 1 function:</b>	Collect/validate information to assign the STEP rating, conduct observational assessment
<b>Work plan in place:</b>	Yes
<b>Partner 2:</b>	State Agency
<b>Partner 2 name:</b>	Office of Child Care within the Service Integration Branch of the Chief Executive Office of LA County (administrator)
<b>Partner 2 function:</b>	Provide technical assistance and quality improvement services; provide system navigation support; provide financial incentives; manage communication/information dissemination and implementation
<b>Work plan in place:</b>	Yes
<b>Partner 3 type :</b>	State Agency
<b>Partner 3 name:</b>	Community Care Licensing Division
<b>Partner 3 function:</b>	Collect/validate information to assign the rating for regulatory compliance
<b>Work plan in place:</b>	No
<b>Partner 4 type :</b>	Resource and Referrals
<b>Partner 4 name:</b>	Resource and Referral Agencies (10 within Los Angeles)
<b>Partner 4 function:</b>	Provide system navigation support; provide financial incentives; manage communication/information dissemination; align training and support with STEP
<b>Work plan in place:</b>	No
<b>Partner 5 type :</b>	Non-Profit Agency
<b>Partner 5 name:</b>	Prevent Child Abuse & Neglect, Child Development Institute, Program for Infant Toddler Care
<b>Partner 5 function:</b>	Provide trainings relevant to the STEP QRIS

<b>Work plan in place:</b>	Yes
	Note: Non-profit training agencies are contracted annually based upon training funds availability.

## Linkage of QRS with Other Systems

This section provides information about how the QRS is linked with other systems/standards including child care subsidies, professional development, state early learning guidelines, and core knowledge /competencies for providers.

<b>Child care subsidies :</b>	No
<b>Professional development:</b>	Yes
<b>Description</b>	STEP provides technical assistance to help providers complete the state permitting process.
<b>Incorporation of other standards:</b>	Yes
<b>Description:</b>	Standards of Title 5 of California Education Code, which regulates programs funded by the Department of Education, NAEYC accreditation and the Los Angeles Universal Preschool quality rating system, are incorporated across STEP QRIS domains.

## Evaluation

<b>Status of evaluation :</b>	Periodic.
<b>List research questions for periodic evaluation:</b>	The year 1 evaluation was a descriptive evaluation. Research questions were not addressed, rather, a descriptive summary of the first year of the STEP program was provided.
	In 2006, LA County also produced an implementation plan prior to launching STEP in July of 2007.
<b>Evaluator type:</b>	Internal & External (external evaluator is TBD)
<b>External Evaluator name:</b>	TBD
<b>Published reports to date :</b>	Chavez, Helen (2008) STEP Annual Report
	LA County Policy Roundtable on Child Care Implementation Plan , submitted to the Board of Supervisors in 2006. <a href="http://ceo.lacounty.gov/ccp/pdf/Implementation%20Plan.pdf">http://ceo.lacounty.gov/ccp/pdf/Implementation%20Plan.pdf</a>

## Key Contacts

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# Scoring Matrix

## Steps To Excellence Project for Child Care Centers

### 1. Regulatory Compliance is key to program quality because:

- Child care centers in states with more stringent regulations have higher-quality care, and children in those programs score higher in tests of school readiness, language comprehension, and social behavior (*Building Quality Child Care in Los Angeles County: Key Research Findings and Recommendations*, compiled by the Center for Improving Child Care Quality at UCLA).
- Unfortunately, under standards implemented during the State budget crisis in 2003, the California Department of Social Services, Community Care Licensing Division implemented a monitoring schedule which conducts on-site inspections of child care programs only once every five years, one of the least-frequent monitoring programs in the nation.

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>1. Regulatory Compliance</b></p> <ul style="list-style-type: none"> <li>• The same standard applies for all levels.</li> <li>• <i>Source: Review of administrative records</i></li> </ul>	<p>Program has secured and holds a child care license. License is not probationary and program is not involved in a compliance plan.</p> <p>Program has not been fined by DSS/CCLD for failing to correct a deficiency in a timely manner or repeated offenses.</p> <p>Program has passed annual health and fire inspections, and has not been subject to administrative hearings or actions for failure to correct deficiencies.</p>	See Step 1.	See Step 1.	See Step 1.	See Step 1.



**2. Teacher/Child Relationships** are key to program quality because:

- Adult/child ratios are a key predictor of child care quality.
- Smaller class size and lower adult/child ratios are correlated with greater program effects, and
- Children with closer relationships to their preschool teachers have better thinking/attention skills, are more sociable over time and show fewer problem behaviors (*Building Quality Child Care in Los Angeles County: Key Research Findings and Recommendations*, compiled by the Center for Improving Child Care Quality at UCLA).

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>2. Teacher/Child Relationships</b></p> <ul style="list-style-type: none"> <li>• Teacher-to-child ratios.</li> <li>• Group size.</li> <li>• Rating on Adult Involvement Scale.</li> <li>• <i>Source: Observation</i></li> </ul>	<p><b>Title 22 ratios</b></p> <p><b>Infants</b> (birth to 2 years): 1 teacher to 4 infants or 1 teacher to 12 infants, and at least 2 aides, each supervising no more than 4 infants for a 1 to 4 staff-to-child ratio. No group size requirement.</p> <p><b>Toddler Option</b> (18 to 30 months): 1 teacher to 6 children, or 1 teacher and 1 aide to 12 children, maximum group size is 12 children for a 1 to 6 staff-to-child ratio.</p> <p><b>Preschool</b> (2 or 2.5 years to K): 1 teacher to 12 children; 1 teacher + 1 aide to 15 children, or 1 teacher + 1 aid with 6 units to 18 children. No group size requirement.</p>	<p><b>Exceeds Title 22 ratios</b></p> <p><b>Infants</b> (birth to 2 years): 1 teacher to 10 infants with at least 2 aides, each aide supervising no more than 3 infants for a staff-to-child ratio of 1 to 3. No group size requirement.</p> <p><b>Toddlers</b> (18 to 30 months): 1 teacher to 5 children, or 1 teacher and 1 aide to 10 children, maximum group size is 10 children for a 1 to 5 staff-to-child ratio.</p> <p><b>Preschool</b> (2 or 2.5 years to K): 1 teacher to 10 children, 1 teacher + 1 aide to 14 children, or 1 teacher + 1 aid with 6 units to 17 children.</p> <p>Average Score on the Adult Involvement Scale is between 3.0 and 3.9.</p>	<p><b>Title 5 ratios</b></p> <p><b>Infants</b> (birth to 18 months): 1 teacher to 18 infants with 5 aides for a staff-to-child ratio of 1 to 3. No group size requirement.</p> <p><b>Toddlers</b> (18 to 36 months): 1 teacher to 16 children, with 3 aides for a staff-to-child ratio of 1 to 4. No group size requirement.</p> <p><b>Preschoolers</b> (36 months to K), 1 teacher + 2 aides for a staff-to-child ratio of 1 to 8. No group size requirement.</p> <p>Average Score on the Adult Involvement Scale is between 4.0 and 4.9.</p>	<p><b>Title 5 ratios + Exemplary Standards Group Sizes</b></p> <p><b>Infants</b> (birth to 18 months): 1 teacher to 18 infants with 5 aides for a staff-to-child ratio of 1 to 3. Group sizes of 6 to 8 children.</p> <p><b>Toddlers</b> (18 to 35 months): 1 teacher to 16 children, with 3 aides for a staff-to-child ratio of 1 to 4. Group sizes of 12 to 14 children.</p> <p><b>Preschoolers</b> (3 years to K), 1 teacher + 2 aides for a staff-to-child ratio of 1 to 8. Group sizes of 24 children.</p> <p>Average Score on the Adult Involvement Scale is between 5.0 and 5.9.</p>	<p><b>NAEYC ratios and group sizes</b></p> <p><b>Infants</b> (birth to 15 months): 1 teacher to 8 children, 1 staff to 3 or 4 infants, max group size 8.</p> <p><b>Toddlers thru Two</b> (12 to 28 months) 1 teacher to 12 children, 1 staff to 3 to 4 toddlers, max group size is 12. (28 to 36 months) 1 teacher to 12 children, 1 staff to 4 to 6 children, max group size 12.</p> <p><b>Younger preschool</b> (30 to 48 months) 1 teacher to 18 children, 1 staff to 6-9 children, max group size is 18.</p> <p><b>Older preschool</b> (4- to 6-year olds), 1 teacher to 24 children, 1 staff to 8 to 10 children, max group size is 24. 3 staff 1, of whom is a fully qualified teacher. Average Score on the Adult Involvement Scale is equal to or over 6.</p>

**3. Learning Environments** are key to program quality because:

- Considerable research over the past 15 years has provided clear documentation of the effects of the quality of the classroom environment. Results shown to relate to the quality of the preschool environments include cognitive development; social skills; classroom behavior and language development (*Prekindergarten Learning & Developmental Guidelines*, California Department of Education).
- Two national studies of child care that included samples in Southern California, found that less than 15 percent of available child care offers good quality environments (*Building Quality Child Care in Los Angeles County: Key Research Findings and Recommendations*, compiled by the Center for Improving Child Care Quality at UCLA).

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>3. Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Assess program using appropriate Environmental Rating Scale(s).</li> <li>• <i>Source: Observation using Early Childhood or Infant/Toddler Environment Rating Scales</i></li> </ul>		<p><b>Score of 3</b> on all appropriate rating scale(s), verifying that care meets custodial needs and some basic developmental needs are being met.</p> <p>Possible scales include:</p> <ul style="list-style-type: none"> <li>• Infant/Toddler Environment Rating Scale (ITERS)</li> <li>• Early Childhood Environmental Rating Scale (ECERS)</li> </ul>	<p><b>Score of 4</b> on appropriate rating scale(s), verifying that care meets custodial needs and more basic developmental needs are met than in Step 2.</p> <p>Possible scales include:</p> <ul style="list-style-type: none"> <li>• ITERS</li> <li>• ECERS</li> </ul>	<p><b>Score of 5</b> on appropriate rating scale(s) verifying that basic dimensions of developmental care are present.</p> <p>Possible scales include:</p> <ul style="list-style-type: none"> <li>• ITERS</li> <li>• ECERS</li> </ul>	<p><b>Score of 6</b> on appropriate rating scale(s), verifying that additional dimensions of high-quality care are present.</p> <p>Possible scales include:</p> <ul style="list-style-type: none"> <li>• ITERS</li> <li>• ECERS</li> </ul>

**4. Identification and Inclusion of Children with Special Needs** is key to program quality because:

- “Inclusion as an overarching program goal supports the growth and development of all children...Research indicates that the most effective programs are those in which (families, early childhood educators, special educators, and administrators) have shared values and goals for including children with disabilities or other special needs. Inclusion is understood to benefit all children, families, and communities.” (Health and Education Communication Consultants”, *Prekindergarten Learning & Development Guidelines*, California Department of Education, 2000).
- “If every child had a high-quality developmental check-up – and communities followed up with services and treatment – thousands of children with problems would have better lives.” (*A Different Kind of Test: Good developmental checkups are vital for school readiness*, Dunkle & Vismara, 2003).
- Supporting and accommodating children’s individual needs, creates opportunities for them to participate in program activities alongside their peers. Using inclusive practices creates an environment where children and families feel that they belong, not as a guest or an outsider, but as a full member of the group, (*Successful Strategies for Integrating Infants and Toddlers: Recommendations for Practice*, Brault, 1992).

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>4. Identification and Inclusion of Children with Special Needs</b></p> <ul style="list-style-type: none"> <li>• Assess the frequency and sensitivity of developmental screening.</li> <li>• <i>Source: Review of child records, lesson plans and resource materials</i></li> </ul>		<p>Families of children with special needs are welcomed to the program.</p> <p>The program is aware of supports available through basic early intervention services provided by:</p> <ul style="list-style-type: none"> <li>• local Regional Center, and</li> <li>• local school district(s).</li> </ul>	<p>Previous step +:</p> <p><b>Identification</b> All children are screened using a high quality, culturally and developmentally appropriate screening tool within 90 days of starting the program.</p> <p>Families are engaged in the screening process. Results are shared with the family in a confidential and supportive manner.</p> <p>Screenings are used to individualize all children’s needs and site level modifications and accommodations are implemented, as appropriate.</p>	<p>Previous step +:</p> <p><b>Identification</b> All children are screened annually.</p> <p>Staff use what they find from the annual screenings to individualize all children’s needs and site level modifications and accommodations are implemented, as appropriate.</p> <p>If referrals for further assessment are needed, families are guided and supported during the referral and assessment process.</p>	<p>Previous step +:</p> <p><b>Identification</b> Screenings are completed on new enrollees within 45 days of starting program &amp; bi-annually thereafter.</p> <p>Resource directory of community early intervention and other support services are readily available to families. Staff are available to facilitate connections.</p>

4. Identification and Inclusion of Children with Special Needs — continued

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>4. Identification and Inclusion of Children with Special Needs</b> — continued</p> <ul style="list-style-type: none"> <li>Assess the frequency and sensitivity of developmental screening.</li> <li><i>Source: Review of child records, lesson plans and resource materials</i></li> </ul>			<p>If referrals for further assessment are needed, the family is referred to the appropriate:</p> <ul style="list-style-type: none"> <li>Regional Center,</li> <li>School District, and/or</li> <li>Other resources.</li> </ul> <p><b>Inclusion</b> If a child has an Individualized Family Services Plan (IFSP) or Individualized Education Plan (IEP), the program uses information from the IFSP/IEP and input from the family to structure activities and services that are supportive of the IFSP/IEP.</p> <p><b>Special Needs Training</b> At least 1 staff member has specialized college course work/professional development training that prepares them to work with children who have special needs, including administration and interpretation of developmental screens, and is available to assist colleagues.</p>	<p>Program maintains a resource directory of local early intervention and support services which are accessible to families.</p> <p><b>Inclusion</b> Staff collaborate with related professionals to implement recommendations which address child's IFSP/IEP goals and outcomes.</p> <p>Accommodations are made to ensure that each child with special needs is able to participate in all program components.</p> <p><b>Special Needs Training</b> At least one staff member in each classroom has specialized college course work or professional development training that prepares them to work with children who have special needs, including administration and interpretation of developmental screens.</p>	<p><b>Inclusion</b> A sense of belonging is fostered through maximum integration of children with special needs with their peers. Ongoing modifications to daily routine, curriculum, and/or environment are made as needed</p> <p><b>Special Needs Training</b> A majority of teachers, assistant teachers, and aides have specialized college course work or professional development training that prepares them to work with children who have special needs and to administer and interpret developmental screens.</p>

**5. Qualifications and Working Conditions** are key to program quality because:

- Research has consistently found that overall administrative practices are crucial for ensuring high-quality outcomes for children and families. Without quality systems in place at the organizational level, high-quality interactions and learning environments at the classroom level cannot be sustained (*Program Administration Scale* by Teri Talan and Paula Jorde Bloom).
- Employing qualified teachers who are satisfied with their compensation is associated with higher-quality child care experiences (*Building Quality Child Care in Los Angeles County: Key Research Findings and Recommendations*, compiled by the Center for Improving Child Care Quality at UCLA).

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>5. Qualifications and Working Conditions</b></p> <ul style="list-style-type: none"> <li>• Administrator and teacher education, compensation, and retention.</li> <li>• <i>Source: Review of site records</i></li> </ul>	<p>Staff <b>meet Title 22</b> qualifications:</p> <p><b>Director</b> has a minimum of 15 units in ECE and 4 years teaching experience in child care.</p> <p><b>Teaching staff:</b> Each classroom or group is staffed by at least 1 fully-qualified teacher who has completed 12 units in child development and 6 months experience.</p> <p>Aides have completed 6 units in child development, If there are 18 or more children in a group or class, at least one assistant will have completed 6 units in ECE.</p>	<p>Staff qualifications <b>exceed Title 22</b>, including:</p> <p><b>Director</b> has at least an Associate of Arts (AA) degree in ECE, and 1 year administrative experience.</p> <p><b>Teaching staff:</b> 50 percent of the classrooms or groups are staffed by at least 1 person who holds or has applied for a Child Development Teacher permit. The remaining classrooms or groups are staffed by at least one person who holds or has applied for an Associate Teacher Permit.</p> <p>All other teaching staff, at a minimum, hold/qualify for a Child Development Assistant permit.</p>	<p>Staff <b>meet Title 5</b> qualifications:</p> <p><b>Director</b> holds or has applied for a Child Development Site Supervisor permit.</p> <p><b>Teaching staff:</b> Each classroom is staffed by at least 1 person who holds or has applied for a Child Development Teacher permit.</p> <p>All other teaching staff, at a minimum, hold/qualify for a Child Development Assistant permit.</p> <p>At least one staff member has specialized college course work/professional development training that prepares them to work with children who have special needs and is available to assist colleagues.</p>	<p>Staff qualifications <b>exceed Title 5</b> minimums:</p> <p><b>Director</b> holds or has applied for a Program Director permit.</p> <p><b>Teaching staff:</b> Each classroom or group is staffed by at least 1 person who holds or has applied for a Child Development Master Teacher permit.</p> <p>All other teaching staff hold/qualify for a Child Development Associate Teacher permit.</p> <p>At least 1 staff member in each classroom has specialized college course work or professional development training that prepares them to work with children who have special needs.</p>	<p>Staff qualifications <b>significantly exceed Title 5</b>.</p> <p><b>Director</b> has an Master of Arts (MA) in ECE or related field, and holds or has applied for Program Director permit.</p> <p><b>Teaching staff:</b> Each classroom or group is staffed by at least 1 teacher who holds a Bachelor of Arts/Bachelor of Science (BA/BS) degree in ECE or a closely allied field.</p> <p>All other teaching staff hold/qualify for a Child Development Teacher permit.</p> <p>All teaching staff have specialized college course work or professional development training that prepares them to work with children who have special needs.</p>

5. Qualifications and Working Conditions — continued

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>5. Qualifications and Working Conditions</b> — continued</p> <ul style="list-style-type: none"> <li>Administrator and teacher education, compensation, and retention.</li> <li>Source: Review of site records (continued)</li> </ul>	<p>(No staff stability requirements)</p> <p>(No employee benefits required.)</p> <p><b>Working Conditions:</b> The program has:</p> <p>A written staffing plan, which specifies the qualifications and duties of staff.</p> <p>A plan for in-service education of staff.</p> <p>A consultant and community resources to be used by the child care center as part of its program.</p>	<p><b>Employee benefits:</b> Access to health insurance.</p> <p><b>Working Conditions:</b> The program has items from previous step +:</p> <p>Written confirmation of job title, salary, and hours.</p> <p>Written job descriptions and salary scale.</p> <p>Formal grievance procedures.</p> <p>Four staff meetings per year.</p>	<p><b>Staff Stability:</b> The average teacher retention rate for the past 3 years was 80%.</p> <p><b>Employee benefits:</b> Access to partially-paid health insurance or menu of appropriate options.</p> <p><b>Working Conditions:</b> The program has items from the previous step +:</p> <p>Paid time-off (sick, personal, vacation).</p> <p>Annual evaluations and development plans for teaching staff.</p> <p>Six staff meetings per year.</p>	<p><b>Staff Stability:</b> Same as Step 3</p> <p><b>Employee benefits:</b> Access to partially-paid health and dental insurance (or appropriate menu).</p> <p><b>Working Conditions:</b> The program has items from the previous step +:</p> <p>A salary scale which rewards education and experience and staff are aware of the salary scale.</p> <p>Paid preparation and planning time.</p> <p>Monthly staff meetings.</p>	<p><b>Staff Stability:</b> The average teacher retention rate for the past 3 years was 90%.</p> <p><b>Employee benefits:</b> Access to partially-paid health and dental insurance, and pension plan (or appropriate menu).</p> <p><b>Working Conditions:</b> The program has items from the previous step +:</p> <p>Staff are given paid release time to provide professional development training.</p> <p>The salary scale is aligned with the Model Compensation Scale.</p> <p>Paid release time is available for professional development activities.</p>

**6. Family and Community Connections** are key to program quality because:

- Young children’s learning and development are integrally connected to their families. To support and promote children’s optimal learning, programs need to recognize the primacy of children’s families, establish relationships with families based on mutual trust and respect, support and involve families in their children’s educational growth and invite families to fully participate in the program (*Family and Community Relationships*, National Association for the Education of Young Children).
- Linking families to services and opportunities has been demonstrated to be an effective strategy in strengthening families (*Strengthening Families through Early Care and Education*, Doris Duke Charitable Foundation/Center for the Study of Social Policy).

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>6. Family and Community Connections</b></p> <ul style="list-style-type: none"> <li>• <i>Source: Review of administrative records, parent survey, observations</i></li> </ul>	<p>As per Title 22 requirements, child care centers:</p> <p>Inform parents of their right to visit and/or observe their children in the program, and welcome such visits.</p>	<p>Program staff welcome all families and encourage their involvement as demonstrated by use of 3 Strategies from Section A.</p> <p>The program fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of 3 strategies from Section B.</p>	<p>Program staff welcome all families and encourage their involvement as demonstrated by use of 5 strategies from Section A.</p> <p>The program fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of 5 strategies from Section B.</p> <p>The program promotes family strengths, including an understanding of parenting and child development, and facilitates social connections as demonstrated by use of 4 strategies from Section C.</p> <p>The program facilitates meaningful connections between community resources and families as demonstrated by use of 4 strategies from Section D.</p>	<p>Program staff welcome all families and encourage their involvement as demonstrated by use of 6 strategies from Section A.</p> <p>The program fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of 6 strategies from Section B.</p> <p>The program promotes family strengths, including an understanding of parenting and child development, and facilitates social connections as demonstrated by use of 6 strategies from Section C.</p> <p>The program facilitates meaningful connections between community resources and families as demonstrated by use of 6 strategies from Section D.</p>	<p>Program staff welcome all families and encourage their involvement as demonstrated by use of 8 strategies from Section A.</p> <p>The program fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of 8 strategies from Section B.</p> <p>The program promotes family strengths, including an understanding of parenting and child development, and facilitates social connections as demonstrated by use of 8 strategies in Section C.</p> <p>The program facilitates meaningful connections between community resources and families as demonstrated by use of 8 strategies in Section D.</p>

### 6. Family and Community Strategies

- Please indicate the strategies your program currently implements by circling the numbers associated with those strategies. Sections C and D continue on the next page. Documentation on how your program implements each of these strategies is to be included in the Program Portfolio.

#### **A. Program staff welcomes all families and encourages their involvement by providing:**

1. A comprehensive orientation to all families.
2. A detailed Parent Handbook that includes the program's mission statement and educational philosophy, and describes its policies and procedures.
3. Written materials in home languages of families.
4. Communications in home languages of families, securing adults to translate as needed.
5. A variety of opportunities exist for parents to contribute to the program (in-class helpers, field trips, donated items).
6. Materials and activities incorporating the cultures of enrolled families and the community at large.
7. Facilitation of two, well-attended, annual group activities for children and their families.
8. Meeting and event times are determined by family schedules.
9. Opportunities for families to participate in positions of leadership and have decision-making roles in the program (e.g. board members, parent advisory and program evaluation committee).
10. Staff use creative strategies to adapt programs to meet family needs.

#### **B. Program staff welcomes all families and encourages their involvement by providing:**

1. A system utilizing families' preferred communication means.
2. Staff schedules that allow for meaningful communications with families.
3. One scheduled parent/teacher conference per year to discuss child's progress,
4. Two scheduled parent/teacher conferences per year to discuss child's progress, additional parent conferences available by request.
5. An annual, written developmental report.
6. Calendars of daily schedule and activities readily available to families.
7. A group information dissemination system, such as a newsletter.
8. Annual home visits.
9. Opportunities for families to help shape program practices.
10. Intentional partnering with families, recognizing parents as their child's first and most important teacher.



### 6. Family and Community Strategies continued

**C. The program promotes family strengths, including an understanding of parenting and child development, and facilitates social connections by offering:**

1. Opportunities for mutual support among families.
2. Library services for families to check out books, toys, videos, and resource materials.
3. Information and coaching about healthy child growth and development.
4. To work with families on strategies for creating consistency between home and the program relating to developmentally appropriate practices with children.
5. Child-specific, home-based activity ideas to families based on child's talents and opportunities for growth.
6. Physical space where parents can gather and meet.
7. A support person to families to address areas of need e.g. social worker, legal advocate, early intervention specialist.
8. Opportunities to create family support plans and annual review of such plans (or more often, as needed).
9. Training and support for parents to develop their advocacy skills.
10. Support and encouragement for parents to become better informed primary decision makers for their child.

**D. The program facilitates meaningful connections between community resources and families by:**

1. Cultivating working relationships with public and community-based services, i.e. health, education, and social services.
2. Developing and maintaining a current list of community resources.
3. Linking families to identified liaisons in public and community-based services.
4. Qualified staff participating in assessment and evaluation meetings with families, such as Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP).
5. Initiating discussions about kindergarten at least one year prior to kindergarten entry.
6. Engaging in transition to school activities, in partnership with established school/center liaisons, and include such activities as information sessions, field trips/school visits, and on-site enrollment support.
7. Helping families navigate community resources and providing direct advocacy as needed.
8. Inviting community programs to share their areas of expertise with staff, parents and children (e.g. library, local artists, police, story tellers).
9. Informing families of relevant, local community events.
10. Relaying policy changes at local, state or national levels that effect early care and education services to families.



# Scoring Matrix

Family Child Care Homes

## Steps To Excellence Project for Family Child Care Homes

### 1. Regulatory Compliance is key to program quality because:

- Child care centers in states with more stringent regulations have higher-quality care, and children in those programs score higher in tests of school readiness, language comprehension, and social behavior (*Building Quality Child Care in Los Angeles County: Key Research Findings and Recommendations*, compiled by the Center for Improving Child Care Quality at UCLA).
- Unfortunately, under standards implemented during the State budget crisis in 2003, the California Department of Social Services, Community Care Licensing Division implemented a monitoring schedule which conducts on-site inspections of child care programs only once every five years, one of the least-frequent monitoring programs in the nation.

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>1. Regulatory Compliance</b></p> <ul style="list-style-type: none"> <li>• The same standard applies for all levels.</li> <li>• <i>Source: Review of administrative records</i></li> </ul>	<p>Family child care provider has been operating a licensed family child care home for at least 12 months.</p> <p>License is not probationary and provider is not involved in a compliance plan.</p> <p>Provider has not been fined by the Department of Social Services, Community Care Licensing Division for failing to correct a deficiency in a timely manner or for repeated offenses.</p> <p>Large family child care homes have passed annual fire inspections.</p>	<p>See Step 1.</p>	<p>See Step 1.</p>	<p>See Step 1.</p>	<p>See Step 1.</p>

## Steps To Excellence Project for Family Child Care Homes

### 2. Teacher/Child Relationships are key to program quality because:

- Adult/child ratios are a key predictor of child care quality.
- In the very early years of life, the child's relationships with nurturing, responsive adults are indispensable for her learning (*Neurons to Neighborhoods*, Shonkoff & Phillips, 2000).

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>2. Teacher/Child Relationships</b></p> <ul style="list-style-type: none"> <li>• Teacher-to-child ratios.</li> <li>• Group size.</li> <li>• Rating on Adult Involvement Scale.</li> <li>• <i>Source: Observation</i></li> </ul>	<p><b>Meets</b> appropriate ratios as defined in Title 22:</p> <p><b>Small Home</b> = licensee and one of the following configurations:</p> <ul style="list-style-type: none"> <li>• 4 infants only,</li> <li>• 6 children, no more than 3 under the age of 2 years, or</li> <li>• 8 children, at least 2 age 6 years or older, no more than 2 under 2 years.</li> </ul> <p><b>Large Home</b> = licensee, one assistant in one of the following configurations:</p> <ul style="list-style-type: none"> <li>• 12 children, no more than 4 under 2 years of age or</li> <li>• 14 children, at least 2 are 6 years or older, no more than 3 under 2 years of age.</li> </ul> <p><b>Adult Involvement Scale Score</b> – not required at Step 1.</p>	<p><b>Meets</b> appropriate ratios as defined in Title 22.</p> <p><b>Adult Involvement Scale Score</b> Score is between 3.0 and 3.9.</p>	<p><b>Meets</b> appropriate ratios as defined in Title 22.</p> <p><b>Adult Involvement Scale Score</b> Score is between 4.0 and 4.9.</p>	<p><b>Meets</b> appropriate ratios as defined in Title 22.</p> <p><b>Adult Involvement Scale Score</b> Score is between 5.0 and 5.9.</p>	<p><b>Meets</b> appropriate ratios as defined in Title 22.</p> <p><b>Adult Involvement Scale Score</b> Score is equal to or over 6.</p>

**3. Learning Environments** are key to program quality because:

- Children are active learners, drawing on direct physical and social experience as well as culturally transmitted knowledge to construct their own understandings of the world around them (Developmentally Appropriate Practice in Early Childhood Programs, Bredekamp and Copple).
- Play may be one of the most profound expressions of human nature and one of the greatest innate resources for learning and invention (*The Right Stuff for Children Birth to 8*, Bronson, 1995).

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>3. Learning Environment</b></p> <ul style="list-style-type: none"> <li>• Assess family child care home using appropriate Environmental Rating Scale.</li> <li>• <i>Source: Observation</i></li> </ul>	<p>Family Child Care Environment Rating Scale-R not required at this Step.</p>	<p><b>Average overall score</b> on Family Child Care Environment Rating Scale-R is 3, verifying that custodial and some basic developmental needs are being met.</p>	<p><b>Average overall score</b> on the Family Child Care Environment Rating Scale-R is 4, verifying that custodial needs and more basic developmental needs are met than in Step 2.</p>	<p><b>Average overall score</b> on the Family Child Care Environment Rating Scale-R is 5, verifying that basic dimensions of developmental care are present.</p>	<p><b>Average overall score</b> on the Family Child Care Environment Rating Scale-R is 6, verifying that additional dimensions of high-quality care are present.</p>

**4. Identification and Inclusion of Children with Special Needs** is key to program quality because:

- “Inclusion as an overarching program goal supports the growth and development of all children. Research indicates that the most effective programs are those in which (families, early childhood educators, special educators, and administrators) have shared values and goals for including children with disabilities or other special needs. Inclusion is understood to benefit all children, families, and communities”, (*Prekindergarten Learning & Development Guidelines*, California Department of Education, 2000).
- “If every child had a high-quality developmental check-up – and communities followed up with services and treatment – thousands of children with problems would have better lives”, (*A Different Kind of Test: Good developmental checkups are vital for school readiness*, Dunkle & Vismara, 2003).
- Supporting and accommodating children’s individual needs, creates opportunities for them to participate in program activities alongside their peers. Using inclusive practices creates an environment where children and families feel that they belong, not as a guest or an outsider, but as a full member of the group, (*Successful Strategies for Integrating Infants and Toddlers: Recommendations for Practice*, Brault, 1992).

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>4. Identification and Inclusion of Children with Special Needs</b></p> <ul style="list-style-type: none"> <li>• Assess the frequency and sensitivity of developmental screening.</li> <li>• <i>Source: Review of child records, lesson plans and resource materials</i></li> </ul>		<p>Families of children with special needs are welcomed to the home.</p> <p>The provider is aware of supports available through basic early intervention services provided by:</p> <ul style="list-style-type: none"> <li>• the local Regional Center, and</li> <li>• the local school district(s).</li> </ul>	<p>Previous Step +:</p> <p><b>Identification:</b> Provider makes a high quality, culturally, and developmentally appropriate screening tool available to all families enrolling in the family child care home, and works with families to screen their children within 90 days of enrollment.</p> <p>Screenings are used to individualize all children’s needs and modifications and accommodations are implemented, as appropriate.</p>	<p>Previous Step +:</p> <p><b>Identification:</b> The provider works with individual families to ensure that all children are screened annually.</p> <p>Providers use what they find from the annual screenings to individualize all children’s needs and modifications and accommodations are implemented, as appropriate.</p>	<p>Previous Step +:</p> <p><b>Identification:</b> The provider works with individual families to ensure that all children are screened within 45 days of enrolling and at least twice a year thereafter.</p> <p>Provider makes resources available to families.</p>

4. Identification and Inclusion — continued

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>4. Identification and Inclusion of Children with Special Needs</b> — continued</p>			<p>If referrals for further assessment are needed, the provider makes information available to parents for the appropriate:</p> <ul style="list-style-type: none"> <li>• Regional Center,</li> <li>• School District, and/or</li> <li>• Other resources.</li> </ul> <p><b>Inclusion:</b> If a child has an Individualized Family Services Plan (IFSP) or Individualized Education Plan (IEP), the provider uses information from the IFSP/IEP and input from the family to structure activities that are supportive of the IFSP/IEP.</p> <p><b>Special Needs Training:</b> Licensee has completed, in the past three years, specialized coursework or professional development training that prepares them to work with children who have special needs. Training includes administration and interpretation of developmental screens. If referrals for further assessments are needed, the provider makes information available to parents and offers support during the referral and assessment process.</p>	<p>If referrals for further assessments are needed, the provider makes information available to parents and offers support during the referral and assessment process</p> <p><b>Inclusion:</b> When serving children with special needs, the provider understands the goals and outcomes of the IFSP/IEP, follows prescribed treatments, and works with parents and specialists as needed.</p> <p>Modifications and accommodations are made to ensure that each child with special needs is able to participate in all activities.</p> <p><b>Special Needs Training:</b> Same as Step 3.</p>	<p><b>Inclusion:</b> When serving children with special needs the provider and assistants* understand the goals and outcomes of the IFSP/IEP, follow prescribed treatments, and work with parents and specialists as needed.</p> <p>A sense of belonging is fostered through maximum integration of children with special needs with their peers.</p> <p>Ongoing modifications are made to daily routines, curriculum, and/or environment as needed.</p> <p><b>Special Needs Training:</b> Licensee and assistant(s) have each completed, in the past three years, specialized coursework/professional development training that prepares them to work with children who have special needs. Training includes administration and interpretation of developmental screens.</p>

\* Assistants in family child care homes may fulfill a variety of functions. The standards described in this section apply to Assistants who have regular and direct caregiving responsibilities with participating children and their families.

## Steps To Excellence Project for Family Child Care Homes

### 5. Qualifications and Working Conditions are key to program quality because:

- As a small business owner, the provider is ethical and caring in relations with children and families. The provider's contracts and policies are sound. The provider abides by legal requirements and makes use of resources in the community (*Quality Standards for NAFCC*).

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>5. Qualifications and Working Conditions</b></p> <ul style="list-style-type: none"> <li>Licensee and Assistant(s) education, compensation, and retention.</li> <li>Source: Review of site records</li> </ul>	<p><b>Licensee</b> meets Title 22 qualifications, has completed 15 hours of health and safety training, including Cardio/Pulmonary Resuscitation (CPR).</p> <p><b>Assistants*:</b> No training requirements for Assistants.</p> <p><b>Staff Stability:</b> Parents are notified in advance when a substitute provider will be responsible for their children.</p> <p><b>Working Conditions:</b> Assistants, who are not family members, are provided written job descriptions and are paid at least minimum wage. Provider complies with all State and Federal requirements.</p>	<p><b>Licensee</b> meets previous Step and holds a Child Development Assistant permit (completed 6 college units of Early Childhood Education (ECE)).</p> <p><b>Assistants*:</b> Have completed 15 hours of health and safety training and hold current CPR certifications.</p> <p><b>Staff Stability:</b> Average tenure for Assistant(s) over the past three years is 12 months.</p> <p><b>Working Conditions:</b> Previous Step +, Assistants who are not family members, are provided a written confirmation of job, salary, and hours.</p>	<p><b>Licensee</b> holds a Child Development Teacher Permit (24 ECE units, 16 General Education units).</p> <p><b>Assistants*:</b> Previous Step + completed 30 hours ECE training in the past 24 months or Previous Step and hold a Child Development Assistant Permit (6 units of ECE)</p> <p><b>Staff Stability:</b> Same as Step 2.</p> <p><b>Working Conditions:</b> Previous Step + Licensee conducts an annual written evaluation of Assistant(s) who are not family members, and regularly informs all Assistants of training opportunities.</p>	<p><b>Licensee</b> holds an Associate of Arts (AA) degree in Child Development or AA with 24 ECE units or Teacher Permit (24 ECE units, 16 General Education units) and is accredited by National Association for Family Child Care (NAFCC).</p> <p><b>Assistants*:</b> Completed 15 hours of health and safety training, hold current CPR certifications and completed either 40 hours of ECE training in past 36 months or hold a Child Development Assistant Permit (6 units of ECE).</p> <p><b>Staff Stability:</b> Same as Step 2.</p> <p><b>Working Conditions:</b> Previous Step + Professional Growth Plans are in place for Licensee and Assistants who are not family members.</p>	<p><b>Licensee</b> holds a Bachelor of Arts (BA) degree in ECE or related field with child development units.</p> <p><b>Assistants*:</b> Completed 15 hours of health and safety training, hold current CPR and Child Development Assistant Permit ( 6 units of ECE ) and have completed 21 hours of ECE training in past 36 months.</p> <p><b>Staff Stability:</b> Same as Step 2.</p> <p><b>Working Conditions:</b> Previous Step + Licensee provides professional development training to other child care providers.</p>



**6. Family and Community Connections** are key to program quality because:

- Adult relationships have a powerful impact on children’s quality of life. When adults are uncomfortable or mistrustful with one another, children feel the tension and are less able to attend to normal developmental tasks. But when adults have trusting relationships with plenty of give-and-take and care is seamless, children reap the benefits, (*Relationships, the Heart of Quality Care*, Baker and Manfredi/Petitt, 2004).
- Linking families to services and opportunities has been demonstrated to be an effective strategy in strengthening families. (*Strengthening Families through Early Care and Education*, Doris Duke Charitable Foundation/Center for the Study of Social Policy).

Area to Assess	Step 1 = Licensed	Step 2	Step 3	Step 4	Step 5
<p><b>6. Family and Community Connections</b></p> <ul style="list-style-type: none"> <li>• <i>Source: Review of administrative records</i></li> </ul>	<p>Parent Handbook, which includes:</p> <ul style="list-style-type: none"> <li>• Admission policy;</li> <li>• Discipline policy;</li> <li>• Notification of parents’ rights, including visiting the program; and</li> <li>• Sign-in and out procedures.</li> </ul>	<p>Previous Step +:</p> <p>Provider welcomes all families and encourages their involvement as demonstrated by use of 3 strategies from Section A.</p> <p>The provider fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of 3 strategies from Section B.</p>	<p>Provider welcomes all families and encourages their involvement as demonstrated by use of 4 strategies from Section A.</p> <p>The provider fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of 4 strategies from Section B.</p> <p>The program promotes family strengths, including an understanding of parenting and child development, and facilitates social connections as demonstrated by use of 4 strategies from Section C.</p> <p>The program facilitates meaningful connections between community resources and families as demonstrated by use of 4 strategies from Section D.</p>	<p>Provider welcomes all families and encourages their involvement as demonstrated by use of 5 strategies from Section.</p> <p>The provider fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of 5 strategies from Section B.</p> <p>The program promotes family strengths, including an understanding of parenting and child development, and facilitates social connections as demonstrated by use of 5 strategies from Section C.</p> <p>The program facilitates meaningful connections between community resources and families as demonstrated by use of 5 strategies from Section D.</p>	<p>Provider welcomes all families and encourages their involvement as demonstrated by use of 6 strategies from Section A.</p> <p>The provider fosters strong, reciprocal relationships by establishing intentional communication practices as demonstrated by use of 6 strategies from Section B.</p> <p>The program promotes family strengths, including an understanding of parenting and child development, and facilitates social connections as demonstrated by use of 6 strategies from Section C.</p> <p>The program facilitates meaningful connections between community resources and families as demonstrated by use of 6 strategies from Section D.</p>

### 6. Family and Community Strategies

- Please indicate the strategies your program currently implements by circling the numbers associated with those strategies. Sections C and D continue on the next page. Documentation on how your program implements each of these strategies is to be included in the Program Portfolio.

#### **A. The provider welcomes all families and encourages their involvement by providing:**

1. A comprehensive orientation to all families.
2. A Parent Handbook that describes the educational philosophy, policies, and procedures of the family child care home.
3. Written materials in home languages of families.
4. Communications in home languages of families, including securing adults to translate as needed.
5. A variety of opportunities for parents to contribute to the family child care home's operation (e.g. read to the children, donate items).
6. Materials and activities that incorporate the cultures of enrolled families and the community at large.
7. An annual group activity for children and their families (e.g. family picnic, potluck).
8. Creative strategies to adapt activities and schedules to meet family needs.

#### **B. The provider fosters strong, reciprocal relationships by establishing intentional communication practices, such as:**

1. Utilizing families' preferred communication means.
2. Being available on a regular basis, to discuss daily occurrences and/or concerns with families.
3. Offering to meet with each family annually, to discuss their child's progress.
4. Offering to meet twice a year with each family to discuss their child's progress, and additional parent conferences available by request.
5. Providing an annual, written developmental report.
6. Posting and/or distributing calendars of daily schedule and activities.
7. Distributing a group information dissemination system, such as a newsletter.
8. Creating opportunities for families to help shape curriculum and practices.

### 6. Family and Community Strategies — continued

**C. The provider promotes family strengths, including an understanding of parenting and child development, and facilitates social connections by offering:**

1. Opportunities for mutual support among families.
2. Opportunities for families to share/exchange books, toys, clothing, etc.
3. Information and coaching about healthy child growth and development.
4. To work with families on strategies for creating consistency between home and the program relating to developmentally appropriate practices with children.
5. Child-specific, home-based activity ideas to families based on child's talents and opportunities for growth.
6. Opportunities to create family support plans and annual review of such plans (or more often, as needed).
7. Information, resources, and support for parents to develop their advocacy skills.
8. Support and encouragement for parents to become better informed primary decision makers for their children.

**D. The program facilitates meaningful connections between community resources and families by:**

1. Cultivating working relationships with public and community-based services, i.e. health, education, and social services.
2. Developing and maintaining a current list of community resources.
3. Participating in assessment and evaluation meetings with families, such as Individualized Family Service Plan (IFSP), Individualized Education Plan (IEP).
4. Initiating discussions about kindergarten at least one year prior to kindergarten entry.
5. Helping families navigate community resources including linking families to identified liaisons in public and community-based services.
6. Inviting community programs to share their areas of expertise with staff, parents, and children (e.g. library, local artists, police, story tellers).
7. Informing families of relevant, local community events.
8. Relaying policy changes at local, state, or national levels that effect early care and education services to families.