> **IMPORTANT NOTE FOR PROGRAMS IN NEW YORK CITY**:
> These standards will be revised to align with the NYC Early Care and Education
> Standards and Performance Measurement System which will apply to all publicly-
> funded programs in NYC. The NYC ECE S&PMS is being field-tested and the
> preliminary results were received by the City at the end of June. As soon as the City
> decides on the features of the final NYC ECE S&PMS, we will revise these
> standards to align. The goal of this QRIS is to build upon and extend existing
> program standards, <u>not</u> duplicate them.

Quality Stars NY:
Standards for Family-based Programs

Introduction

The Quality Stars NY standards were developed using information from New York State regulations for child care and prekindergarten, New York City regulations, Head Start Program Performance Standards, the former Programs of Excellence project, assessment tools such as the Program Administration Scale (PAS) and the Environment Rating Scales (ERS), accreditations standards of the National Association for the Education of Young Children (NAEYC), National Association for Family Child Care (NAFCC), National Afterschool Association (NAA) among other standards. Center-based and family-based programs are different, thus there are a set of standards for center-based programs and a set for family-based programs.

Regardless of program setting, Quality Stars NY has five rating levels and four categories of standards. The four standards categories are: Learning Environment; Family Engagement; Qualifications and Experience; and Leadership and Management.

These are the standards for family-based child care programs to promote excellence in early learning. Each category section begins with a statement of rationale describing briefly the strength of the evidence for the relationship of that category to program quality and to child outcomes. We are deeply indebted to our colleagues in Indiana for these rationale statements. They are paraphrased from the excellent report called *Paths to QUALITY – A Child Care Quality Rating System for Indiana: What is its Scientific Basis?* by James Elicker, Carolyn Clawson Langill, Karen Ruprecht and Kyong-Ah Kwon from the Center for Families and Department of Child Development & Family Studies at Purdue University. Their excellent report is available at
http://www.cfs.purdue.edu/cff/documents/project_reports/07_paths_to_quality.pdf

Family Child Care Rating

The rating for a family child care home is determined using a point system. Applicants determine the number of points they are able to obtain in each of the four categories, based on the program practices and achievements they are able to verify with supporting documentation. The maximum points in each category are:

Learning Environment	25
Family Engagement	15
Qualifications and Experience	35
Leadership and Management	25
	Total = 100

Points are totaled across all four categories. At least 5% of the total (5 points) must be earned in each category. Programs can achieve up to 100 points. The total number of points obtained determines how many stars the program earns.

Regulated program.. ....★
20 – 25 points .... ★ ★
26 – 50 points .... ★ ★ ★
51 – 75 points .... ★ ★ ★ ★
76 – 100 points .... ★ ★ ★ ★ ★

Nationally Accredited Providers (NAFCC)

Providers who have been in business continuously for at least 5 years <u>and</u> are accredited by the National Association for Family Child Care (NAFCC) automatically receive a Four Star rating, earning the maximum number of points in the categories of Learning Environment, Family Engagement, and Leadership and Management (65 points), thus receiving a Four Star rating. These providers then determine the number of additional points they are able to obtain in the Qualifications and Experience category and <u>add</u> that number to the previous points (65). The final total determines the family child care provider's overall rating.

Application Process

Any provider who is regulated by the state of New York or the City of New York will receive a One Star rating by submitting a brief application with documentation of their regulated status. Providers who wish to advance beyond One Star assess their program and submit an application [to be developed] with the accompanying documentation to [organization to be determined].

Environment Rating Scales (ERS)

Programs that desire to earn points in the Learning Environment category from an Environment Rating Scale assessment conducted by a reliable outside observer will be able to contact [organization to be determined] to schedule a site visit. All assessors will be trained, reliable; and familiar with family child care. The assessment will be offered free of charge. There will likely be some limitations on the frequency, such as only one free assessment can be requested per year. The Environment Rating Scales are a set of four program quality assessment tools developed at the Frank Porter Graham Center at the University of North Carolina. Three of the four scales have been revised; the revised editions of these are now the standard. The scales contain multiple items covering several subscales.

For example, the *Family Child Care Environment Rating Scale (FCCERS-R)* contains 37 items organized into the following 7 subscales:
1. Space and Furnishings
2. Personal Care Routines
3. Listening and Talking
4. Activities
5. Interactions
6. Program Structure
7. Parents and Provider

Scale	Age of Children	Program Setting	Number of Items	Number of Subscales
Family Child Care Environment Rating Scale (FCCERS-R)	Infants – school-aged children	Home-based	37	7
Infant/Toddler Environment Rating Scale (ITERS-R)	Up to 30 months	Center-based	39	7
Early Childhood Environment Rating Scale (ECERS-R)	2 ½ – 5 years	Center-based	43	7
School-Age Care Environment Rating Scale (SACERS)	5 – 12 years	Center-based	49	7

For more information on these scales, see http://www.fpg.unc.edu/~ecers/

Grievance Process
To be determined (Vermont has a good example we might adapt)

Supports for Quality Improvement
The expectation of the designers of the New York QRIS is that specific training, professional development, technical assistance and other supports for quality improvement will be available to providers who want to access these supports. These will include introductory trainings on the ERS, introductory workshops on the QRIS itself, among other offerings. More information will come as the system is designed.

Financial Benefits
The expectation of the designers of the New York QRIS is that existing financial supports for quality will be reviewed, revised and re-allocated to provide financial incentives for providers at various levels of quality and that expansion of financial supports will also be advocated. In addition to financial supports for programs, we expect to consider establishing financial incentives for consumers, such as by improving the NYS child and dependent care tax credit to recognize quality. More information will come as the system is designed.

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Quality Stars NY:
Standards for Family-based Programs

Learning Environment (maximum of 25 points)

Rationale: *There is substantial evidence that environmental features are central to program quality and there is limited evidence that varied and appropriate materials support children's development. There is substantial evidence that the quality of teacher- child interactions contributes to quality in early care and education settings and substantial evidence that children with involved and responsive caregivers fare better on a wide variety of child development measures. There is a substantial amount of evidence that developmentally appropriate curriculum is related to other measures of program quality and substantial evidence that a developmentally appropriate curriculum is related to child outcomes. There is a moderate amount of evidence that developmentally-appropriate assessment is associated with improved child development outcomes.*

LE I: HE	Home Environment	Points (0-14)	Documentation
HE 1	HE 1. Provider attends training on the Family Child Care Environment Rating Scale-R[1] (FCCERS-R) and completes a self-assessment.	1	Evidence of training completion and self-assessment report.
HE 2	HE 2a. Provider completes a self-assessment using the FCCERS-R and writes an improvement plan to address subscale scores below 3.0. **OR**	2	Completed FCCERS-R self-assessment report with written improvement plan.
	HE 2b. Provider completes a self-assessment using the FCCERS-R and writes an improvement plan to address subscale scores below 3.25. **OR**	4	Completed FCCERS-R self-assessment report with written improvement plan.
	HE 2c. Provider has an independent FCCERS-R assessment and achieves an overall score of 4.25. Written improvement plan for subscale scores below 3.5. **OR**	7	Completed FCCERS-R assessment report with written improvement plan.
	HE 2d. Provider has independent FCCERS-R assessment and achieves an overall score of 5.0. Written improvement plan for subscale scores below 4.0. **OR**	10	Completed FCCERS-R assessment report with written improvement plan.

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[1] The Environment Rating Scales (ERS) are a family of tools to measure program quality. These include the Early Childhood Environment Rating Scale, revised (ECERS-R); the Infant/Toddler Environment Rating Scale, revised (ITERS-R); the Family Child Care Environment Rating Scale (FCCERS) and the School Age Care Environment Rating Scale (SACERS). Training will be available.

	HE 2e. Provider has independent FCCERS-R assessment and achieves an overall score of 5.5. Written improvement plan for subscale scores below 4.5.	13	Completed FCCERS-R assessment report with written improvement plan.
LE II: COA	**Child Observation and Assessment**	**Points (0-5)**	**Documentation**
COA 1	COA 1a. Parents complete a questionnaire at intake that collects information on children's development and special needs. **OR**	1	Copies of completed questionnaires (with identifying info removed).
	COA 1b. Provider meets Standard COA 1a (above) **plus** the developmental progress of each child is documented at least annually using anecdotal records or a child development checklist. **OR**	2	Copies of developmental records (with identifying info removed).
	COA 1c. Provider meets Standards COA 1a **and** COA 1b (above) **plus** the developmental progress of each child is documented within 90 days of entering the program and at least once per year thereafter.	3	Copies of completed questionnaires and developmental records (with identifying info removed).
COA 2	COA 2a. Provider and any regular assistants have at least 2 hours of annual training in child observation and assessment including recognition of developmental milestones and identifying possible developmental delays. **OR**	1	Qualifications of the trainer; training agenda with learning outcomes; documentation of participation.
	COA 2b. Provider meets Standard COA 2a (above) **plus** provider and any regular assistants have at least 3 additional hours of annual training in linking child observation and assessment to curriculum implementation.	2	Qualifications of the trainer; training agenda with learning outcomes; documentation of participation.
LE III: CPI	**Curriculum Planning and Implementation**	**Points (0-6)**	**Documentation**
CPI 1	CPI 1a. Provider adopts a curriculum that is balanced and developmentally appropriate and uses it to guide daily activities. **OR**	1	Copy of curriculum framework; documentation of use, such as daily plans or training agenda.
	CPI 1b. Provider meets Standard CPI 1a (above) **plus** the adopted curriculum is evidence-based and comprehensive, addressing all domains of development, and consistent with provider philosophy. Provider and any assistants receive training to implement the curriculum. **OR**	2	Copy of curriculum framework; samples of two weekly plans (from different calendar quarters); documentation of training.

		CPI 1c. Provider meets Standards CPI 1a **and** CPI 1b (above) **plus** curriculum chosen is linked to defined child outcomes and aligned with a child assessment system. **OR**	4	Copy of curriculum framework and assessment tools; documentation of training.
		CPI 1d. Provider meets Standards CPI 1a, CPI 1b, **and** CPI 1c (above) **plus** provider can document that the child observation and assessment system is used to guide curriculum implementation and individual child learning.	6	Samples of weekly or daily lesson plans that include individualized learning goals based on child observations and assessment.

Family Engagement (maximum of 15 points)

Rationale: There is substantial evidence that parent involvement and parent-provider communication is important for high quality early childhood education. There is substantial evidence that parent-involvement is related to child development outcomes.

FE I: C	Communication		Points (0-3)	Documentation
C 1	C 1a. Provider gives parents a family handbook. **OR**		1	Copy of handbook.
	C 1b. Provider meets Standard C 1a (above) **plus at least 4 of the following** are offered: • provider gives parents a written report on daily experiences for all children under 2 years; • regular (at least quarterly) parent newsletter; • additional parent-teacher conferences (once annually required by regulations); • written information for parents about the provider's and any assistants' educational qualifications and professional experience; • parent meetings about program activities; • parent resource area with materials such as brochures and bulletin board; • up-to-date community resource list or handbook (updated at least annually).		3	Copy of handbook; form used for communication and evidence of use (e.g., referenced in paid employee job descriptions or parent handbook); copy of item; agenda of meeting; announcement, invitation, list, etc.; photograph of bulletin board; calendar showing schedule of conferences.
FE II: IFS	Involvement & Family Support		Points (0-5)	
IFS 1	IFS 1a. Provider offers **at least 2 of the following:** • family social gatherings; • educational events on topics chosen by families; • volunteering opportunities **OR**		1	Copy of agenda, announcement, invitation, list, etc.
	IFS 1b. Provider meets Standard IFS 1a (above) **plus** provider implements **at least 1 of the following** family-responsive practices: • Family survey is done annually and results are used by provider for improvement; • Provider does self-assessment using a tool, such as the Center for the Study of Social Policy's Family Strengthening Self-Assessment tool, and results are used for improvement[2]		3	Self-assessment reports; provider improvement planning documents.

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[2] The print version of this tool is available at http://www.strengtheningfamilies.net/ The online tool is at http://strengtheningfamilies.net/self_assessment/

[3] This tool is available at http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist.EIEC.doc.pdf

	• Provider and any assistants do a self-assessment of cultural competence using a tool, such as the Checklist for Promoting Cultural & Linguistic Competency for ECE Personnel from the National Center on Cultural Competence[3]		
IFS 2	IFS 2. Provider offers **at least 1 of the following:** • referral to community resources appropriate to family requests and needs; • information on child health insurance, tax credits, child care financial assistance, and other supports	2	Resource/referral handbook; informational handouts; etc.
FE III: IW	**Inclusion & Welcoming**	**Points (0-4)**	**Documentation**
IW 1	IW 1. Provider is prepared to welcome all children and families by doing **at least 1 of the following**: • If provider enrolls children who are English language learners (ELL) and/or whose families are ELL, provider translates basic materials into appropriate home languages and/or arranges for translation. • When 20% of children are speakers of a particular language other than English, the provider has access to at least one English-speaker who also speaks that language. • Children with special education and/or special health care needs are welcomed into the provider's home and provider obtains training to address their special needs. • Provider maintains effective 2-way communication with all related service providers for children with IEPs or IFSPs. With parent permission, provider participates in IEP/IFSP meetings.	4	Copies of policies; translated materials; resumes showing language fluency; evidence of training or courses in special education needs; evidence of medication administration training and certification.
FE IV: T	**Transitions**	**Points (0-3)**	**Documentation**
T 1	T 1.Provider implements **at least 2 of the following**: • Provider has policy for transitioning children into the home child care setting; • Provider has a written policy and procedures to support children and families transitioning into the home child care setting, transitioning within the home setting, and transitioning out of the home setting; • Provider supplies parents of 4-year-olds with information on kindergarten registration; • Provider transfers child records, with parent permission, when child transitions to another educational setting (e.g., other program, kindergarten)	3	Copies of policies; info from parent handbook; sample parent info on kindergarten registration.

Qualifications and Experience (maximum of 35 points)

Rationale: *There is a substantial amount of evidence that provider education and training are related to other measures of program quality and to child outcomes. There is substantial evidence that provider's professional development is related to other measures of program quality and limited evidence that director professional development is related to child outcomes. While there is limited and conflicting evidence that experience of staff is related to other measures of program quality or child development outcomes, consumers value experience.*

Note: A One Star provider meets the NYS or NYC regulations for provider and assistant qualifications and ongoing training. To advance, a provider can earn points in several categories. *(There will be an Excel spreadsheet with instructions and a sample form for calculating points.)*

QE I: PMQ	Provider Management Qualifications	Points (0-8)	Documentation
PMQ 1	PMQ 1. First Aid/CPR training	1	Copy of certificate of completion.
PMQ 2	PMQ 2a. 15 clock hours (1.5 Continuing Education Units (CEUs)) in management, supervision, leadership, and/or administration **OR**	1	Copy of certificate of completion; CEU document or official transcript.
	PMQ 2b. 45 clock hours (a 3-credit course or 4.5 CEUs) in management, supervision, leadership and/or administration **OR**	2	Copy of CEU document or official transcript.
	PMQ 2c. 6 credits (9 CEUs) in management, supervision, leadership, and/or administration **OR**	3	Copy of CEU document or official transcript.
	PMQ 2d. 9 credits (13.5 CEUs) in management, supervision, leadership, and/or administration	5	Copy of CEU document or official transcript.
PMQ 3	PMQ 3. Children's Program Administrator Credential (CPAC)[4]	2	Copy of credential.
QE II: AE	Administrative Experience	Points (0-2)	Documentation
AE 1	AE 1a. At least 3 years experience in supervision or management in an early care and education program[5] **OR**	1	Employment record.
AE1	AE 1b. At least 3 years experience in supervision or management in a nationally accredited early care and education program, or one with the highest quality rating (in another state)	2	Employment record and documentation of accreditation or quality status.

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[4] The CPAC credential requires the applicant to hold at least an associate's degree (or sixty credits) in early childhood or a related field, complete 18 college credits of specific coursework, and prepare a professional portfolio demonstrating competency in five content areas. The credential can be earned at three levels based on the level of degree the applicant holds: associate, bachelor or masters. Thus points can be earned for both the CPAC and the degree.

[5] *Early care and education program* means ANY center, school or home-based program for children birth to five.

QE III: PAQ	Provider & Assistant Qualifications[6]		Points (0-19)	Documentation
PAQ 1	PAQ 1a. 9 college credits in ECE/CD	OR	1	Official transcript (showing all course titles).
	PAQ 1b. 18 college credits in ECE/CD	OR	2	Official transcript (showing all course titles).
	PAQ 1c. AA degree in ECE/CD, or any AA degree including at least 24 credits in ECE/CD	OR	4	Official transcript (showing all course titles and degree granted).
	PAQ 1d. BA degree in ECE/CD, or any BA degree including at least 24 credits in ECE/CD	OR	6	Official transcript (showing all course titles and degree granted).
	PAQ 1e. MA degree or higher in ECE/CD, or any MA degree or higher including at least 24 credits in ECE/CD		8	Official transcript (showing all course titles and degree granted).
PAQ 2	PAQ 2. Child Development Associate (CDA) credential with Family Child Care specialization		2	Copy of credential.
PAQ 3	PAQ 3. Child Development Associate (CDA) credential with Preschool specialization		2	Copy of credential.
PAQ 4	PAQ 4. Child Development Associate (CDA) credential with Infant-Toddler specialization		2	Copy of credential.
PAQ 5	PAQ 5. NYS Infant-Toddler Credential		1	Copy of credential.
PAQ 6	PAQ 6a. NYS Early Childhood Teacher (B-2) Certificate	OR	4	Copy of certificate.
	PAQ 6b. NYS Early Childhood Special Education Teacher Certificate [7]			
QE IV: E	Experience		Points (0-3)	Documentation
E 1	E 1a. At least 3 years experience in any early care and education program[8]	OR	1	Employment record.
	E 1b. At least 3 years experience in a nationally accredited early care and education program, or		3	Employment record and documentation of

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[6] *Degree* means from regionally accredited institutions of higher education that may have been earned through online course work, distance learning, degree completion programs or some combination that offer credit as part of a formal assessment of prior learning.

Credits in management, supervision, leadership, and/or administration means in school administration, business management, communication, technology, personnel supervision, early childhood management or administration, or some combination of these areas.

Credits in ECE/CD means specialized college-level course work in early childhood education, child development, elementary education, or early childhood special education that encompasses child development and children's learning from birth through kindergarten; family and community relationships; the practices of observing, documenting, and assessing young children; teaching and learning processes; and professional practices and development.

[7] Other teaching certificates such as Montessori or early childhood teacher credentials from countries other than the U.S. will be evaluated on a case-by-case basis. Complete transcripts and copies of credentials should be submitted.

[8] *Early care and education program* means ANY center, school or home-based program for children birth to five.

QE V: R	Retention	Points (0-3)	Documentation
	one with the highest quality rating (in another state).		accreditation or quality status.
R 1	R 1. Provider has been in business continuously for more than 5 years.	3	Copies of regulation certificates.

Management and Leadership (maximum of 25 points)

Rationale: *There is some evidence that the implementation of program policies and procedures is related to other measures of quality and some evidence that having program policies and procedures is related to child development outcomes.*

ML I: ASA	Administrative Self-Assessment	Points (0-3)	Documentation
ASA 1	ASA 1. Provider is actively engaged in self-study for NAFCC Accreditation.[9]	3	Receipts for self-study materials; progress reports.
ML II: FAS	**Financial Accountability & Sustainability**	**Points (0-7)**	**Documentation**
FAS 1	FAS 1a. Provider does **both of the following**: • Payroll, insurance, and taxes are paid on time • Provider has a current-year operating budget showing both revenues and expenses **OR**	1	Receipts or other evidence of payments; copies of reports.
	FAS 1b. Provider meets Standard FAS 1a (above) **plus at least 2 of the following**: • Provider has distinct banking account(s) for the child care business; • At least quarterly, provider reviews income and expense statements, comparing actual revenues and expenses to budget; • *If eligible*, provider participates in CACFP **OR**	3	Copies of quarterly financial reports; copies of CACFP billing and reimbursement checks.
	FAS 1c. Provider meets Standards FAS 1a **and** FAS 1b (above) **plus at least 2 of the following**: • Provider reviews fiscal records and budget to ensure the provider is operating without a deficit, or, if there is a deficit, a plan is in place to achieve budget solvency; • Provider calculates cost of care, has goals for her own compensation, and uses both to set tuition rates; • There is an independent review of accounting records by someone with accounting or bookkeeping expertise	5	Evidence of financial reviews and tuition-setting procedure.

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[9] Some limit on the time that a provider can be in self-study will be defined. For more info on self-study and NAFCC accreditation, go to http://www.nafcc.org/accreditation/accreditation.asp

FAS 2	FAS 2. Provider does **both of the following:** • Provider has Internet access for administrative use • Provider uses technology to manage finances and enrollment	1	Copies of e-mail correspondence; bills to Internet Service Provider (ISP); copies of enrollment and financial monitoring reports.
FAS 3	FAS 3. Provider does **at least 2 of the following**: • Provider has procedures to market and fill open slots/vacancies; • Provider uses several external communication tools, such as brochures, paid advertising, participation in community events; • Records are kept of all prospective parent contacts and the follow-up action taken	1	Copies of waiting list, telephone logs, communication materials and other documents.
ML III: PP	**Policies and Procedures**	**Points (0-7)**	**Documentation**
PP 1	PP 1. If provider has paid employees, the provider does **both of the following:** • Has a written job description for any paid employee (assistant, alternate and/or substitute) • Employee policies are in writing and given to each paid employee (assistant, alternate and/or substitute) when hired	1	Copies of job descriptions, employee handbooks, and policies.
PP 2	PP 2. Provider uses substitutes no more than 20% of the time; e.g., no more than one day per week	1	Signed statement attesting to use of substitutes.
PP 3	PP 3. Provider maintains liability insurance and, if children are transported, vehicle insurance	1	Copy of insurance policy.
PP 4	PP 4. Provider maintains confidentiality and communicates this confidentiality policy to any family members, employees and substitutes	1	Signed statement attesting to confidentiality and/or copy of confidentiality policy.
PP 5	PP 5. Provider does **all of the following**: • The provider (and any paid employees) have individual professional development plans matched to the NYS Core Body of Knowledge (http://www.earlychildhood.org/pdfs/CoreBody.pdf) • Performance assessment informs any professional development plans • Progress can be documented	3	Copies of professional development plans; goal statements linking plans to performance assessments; copies of course completion certificates, etc.
ML IV: CB	**Compensation and Benefits**	**Points (0-5)**	**Documentation**
CB 1	CB 1. Provider offers one week paid vacation for self and any paid, full-time employees	1	Annual budget showing vacation calculation.

CB 2	CB 2. Provider offers **at least 2 of the following** for self and any paid, full-time employees: • 5 days of paid time off (sick and/or personal); • paid holidays; • any paid assistant, alternate or substitute is paid at least the minimum wage	2	Copy of payroll records or attestation of provider.
CB 3	CB 3. Health insurance is available to provider and any paid, full-time employees	2	Copy of health insurance policy; bills; payroll records.
ML IV: SP	**Staff Planning**	**Points (0-3)**	**Documentation**
SP 1	SP 1a. Provider (and any full-time assistant(s)) uses the Internet for program planning resources **OR** SP 1b. Provider (and any full-time assistant(s)) spends at least one hour per week in program planning; assistant is paid for planning time	1	Copy of bill to ISP; copy of staff e-mails or Internet research sites; copy of weekly schedule.
SP 2	SP 2. Provider has a written staffing plan, including names of approved alternates and substitutes to cover planned and unplanned absences	2	Copy of plan; qualifications; clearances for alternates and substitutes.