

Quality Care and Education System for Maryland's Children

Preparing World-Class Students



What is QRIS?

"A quality rating and improvement system (QRIS) is a systematic approach to assess, improve, and communicate the level of quality in early and schoolage care and education programs." (NCCIC)

Why QRIS?

To:

- Recognize child care providers/centers for their accomplishments, and
- Provide a framework to articulate to the public the quality initiatives a provider/center participate in and undertake



Excellence in **E**arly **L**earning and **S**chool Age Care



Race to the Top Early Learning Challenge



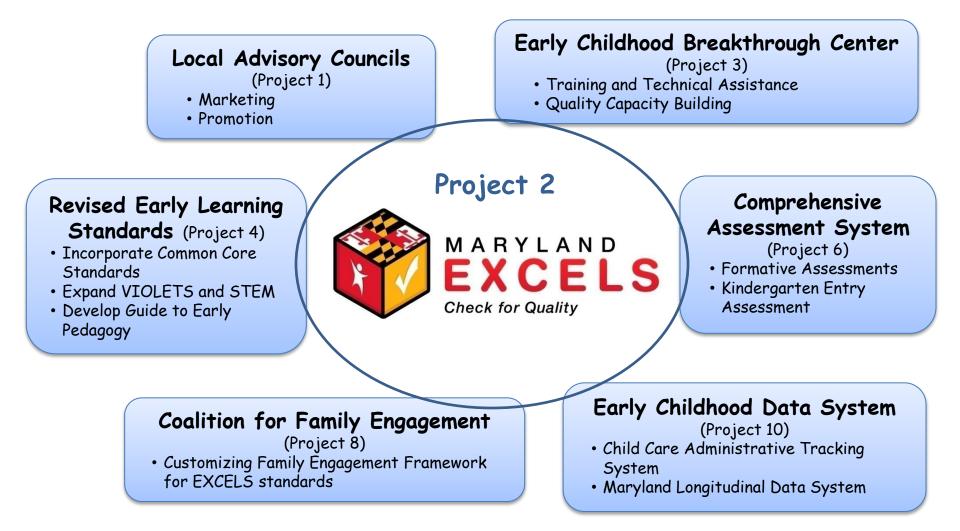
Project 2

Implement a Tiered Quality Rating and Improvement System for ALL Early Learning and Development Programs

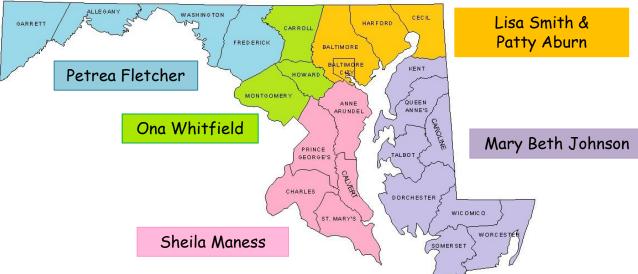
Funding For Project 2:

RTT-ELG Grant: Other funds (CCDF): Total for the next 4 years: \$21,265,146 \$12,683,136 \$33,948,282

RTT-ELC Linkages with Maryland EXCELS



Quality Assurance Specialists



Quality Assurance Specialists will:

- Provide technical assistance, support and coordination of services to early care and education programs throughout the state.
- Conduct on-site monitoring and provide information on Maryland EXCELS.
- Provide on-site consultation with participating programs to provide technical assistance, information and to verify the accuracy of Maryland EXCELS ratings.



Maryland's Standards

- Licensing and Compliance
- Rating Scales and Accreditation
- Developmentally Appropriate Learning and Practice
- Staffing and Professional Development
- Administrative Practices and Policies



Licensing and Compliance

1√	2√	3√	4√	5√
Fully licensed, opened and operating.	Fully licensed, open and operating for at least six months.	•	d and out of provisional or conditional status. iated complaints of child	
	No substantiated complaints of child abuse, neglect, or injurious treatment in the last 12 months.		ct, or injurious	
	Adequate supervision and care at all times which is provided by qualified, designated individuals meeting all COMAR requirements and is appropriate to the individual child's needs, while maintaining assignment of staff appropriate to both group size and age of children.	times which designated in COMAR requ to the individe maintaining c	pervision and c is provided by ndividuals meet urements and i dual child's nee assignment of s to both groups	qualified, ting all is appropriate eds, while staff



Staffing and Professional Development

1√	2√	3√	4√	5√
Meets licensing requirements for staffing and professional development.	At least 60% of lead staff hold a current Maryland Child Care Credential at Level 2 or higher, OR the equivalent credentialing training for that level.	At least 60% of lead staff hold a current Maryland Child Care Credential at Level 3 or higher, OR the equivalent credentialing training for that level.	At least 60% of lead staff hold a current Maryland Child Care Credential at Level 4 or higher.	At least 60% of lead staff hold a current Maryland Child Care Credential at Level 4+ or higher.

Lead Staff = Family child care provider, Child care center director and teacher for each classroom



Rating Scale and Accreditation

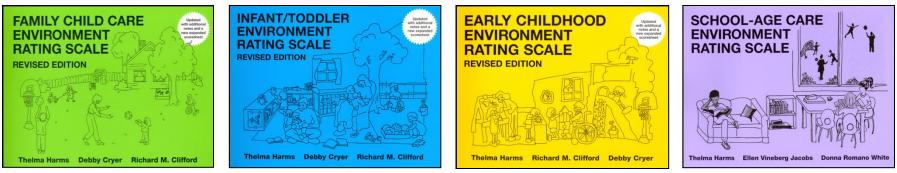
	1√	2√	3√	4√	5√
ACCREDITATION		The Provider, Director or designated staff person has visited or had a conversation with an accredited child care facility within the past 12 months.	Accreditation self- study is completed by program and an improvement plan developed on any standard not fully met.	Program has completed the accreditation improvement plan. Request for accreditation validation visit submitted.	Program has received a MSDE recognized Accreditation and remains in good standing with accrediting body.
ERS			Self-assessment conducted using a recommended rating scale, such as ERS or CLASS, for at least one of each age grouping.	A recommended rating scale conducted for random sample including at least one classroom from all age groups.	A recommended rating scale conducted for random sample including at least one classroom from all age groups.
			Improvement plan created for any subscale score below 4.0	Improvement plan created for any subscale score below 4.5.	Improvement plan created for any subscale score below 5.0.

ERS = Environment Rating Scale (Family Child Care, Infant/Toddler, Preschool, School-Age) CLASS = Classroom Assessment Scoring System (Head Start and Pre-K Classrooms)



Environment Rating Scales are....

..."designed to assess process quality in an early childhood or school age care group. Process quality consists of the various interactions that go on in a classroom between staff and children, staff, parents, and other adults, among the children themselves, and the interactions children have with the many materials and activities in the environment, as well as those features, such as space, schedule and materials that support these interactions. Process quality is assessed primarily through observation and has been found to be more predictive of child outcomes than structural indicators such as staff to child ratio, group size, cost of care, and even type of care, for example child care center or family child care home" (Whitebook, Howes & Phillips, 1995).



ERS = Environment Rating Scale (Family Child Care, Infant/Toddler, Preschool, School-Age)



Developmentally Appropriate Learning and Practice

	1√	2√	3√	4√	5√
	The program has a daily schedule that is consistent and developmentally and age- appropriate for children in care.	The program has a daily schedule that is consistent, developmentally and age- appropriate, and responsive to the individual needs of all children.	The program has a daily schedule that is consistent, developmentally and age appropriate, and responsive to the individual needs of all children, including children with disabilities, special health care needs and English learners.	The program has a daily schedule that is consistent, developmentally and age appropriate, and responsive to the individual needs of all children, including children with disabilities, special health care needs and English learners.	The program has a daily schedule that is consistent, developmentally and age appropriate, and responsive to the individual needs of all children, including children with disabilities, special health care needs and English learners.
		Daily schedule provides time and support for transitions.	Daily schedule provides time and support for transitions.	Written daily schedule includes plans for transitions.	Written daily schedule includes plans for transitions.
SCHEDULE		Daily schedule provides opportunities for indoor and outdoor activities on a daily basis.	Daily schedule provides opportunities for multiple indoor and outdoor activities on a daily basis.	Written daily schedules include plans for multiple daily indoor and outdoor activities, and flexible grouping opportunities.	Written daily schedules include plans for multiple daily indoor and outdoor activities, and flexible grouping opportunities.
DATLY 5		Daily schedule is responsive to the children's needs to rest or be active and includes at minimum a total of 15 minutes of literacy/reading opportunities per half-day.	Daily schedule is responsive to the children's needs to rest or be active and includes at minimum a total of 15 minutes of literacy/reading opportunities per half	Daily schedule is responsive to the children's needs to rest or be active, includes opportunities for gross motor physical activity and includes at minimum a total of 15 minutes of literacy/reading/library opportunities per half-day.	Daily schedule is responsive to the children's needs to rest or be active, includes opportunities for gross motor physical activity and includes at minimum a total of 15 minutes of literacy/reading/library opportunities per half-day.
		No screen time for children under 2 years of age, and limited use of television or computers when not directly related to learning experiences.	No screen time for children under 2 years of age, and limited use of television or computers when not directly related to learning experiences.	No screen time for children under 2 years of age, and extremely limited use of television or computers when not directly related to learning experiences.	No screen time for children under 2 years of age, and extremely limited use of television or computers when not directly related to learning experiences.



Developmentally Appropriate Learning and Practice

	1√	2√	3√	4√	5√
FING		The program has a method for curriculum planning that includes planning from children's interests and skills.	The program has a method for curriculum planning that includes planning from children's interests and skills and includes multiple literacy, language, science, art, health and wellness, physical fitness, and numeracy activities.	The program has a method for curriculum planning that incorporates children's interests and skills, and includes multiple literacy, language, science, art, health and wellness (including nutrition education and obesity prevention), physical fitness, and numeracy activities on a daily basis.	The program has a written method for curriculum planning that incorporates children's interests and skills, and includes multiple literacy, language, science, art, health and wellness (including nutrition education and obesity prevention), physical fitness, and numeracy activities on a daily basis.
UM PLANNI		MSDE Healthy Beginnings, MMSR or approved curriculum guides the curriculum.	MSDE Healthy Beginnings, MMSR or approved curriculum guides the curriculum.	Implementation of a curriculum that is aligned with the MMSR and/or state curriculum.	Implementation of a MSDE recommended curriculum that is aligned with the MMSR and/or state curriculum.
CURRICULL				The program has a plan for updating and rotating materials in library and activity areas.	The program has a plan for updating and rotating materials in library and activity areas.
2				Evidence of differentiated instruction for each age group, children with disabilities, special health care needs and/or English learners.	Evidence of differentiated instruction for each age group, children with disabilities, special health care needs and/or English learners. Evidence of use of an IFSP/IEP for individualized planning for children with disabilities (if applicable).



Developmentally Appropriate Learning and Practice

	1√	2√	3√	4√	5√
	Program demonstrates the use of developmental screenings on all children (Birth through age 5) within 45 days of enrollment and at scheduled intervals as determined by MSDE.	Program demonstrates the use of developmental screenings on all children (Birth through age 5) within 45 days of enrollment and at scheduled intervals as determined by MSDE.	Program demonstrates the use of developmental screenings on all children (Birth through age 5) within 45 days of enrollment and at scheduled intervals as determined by MSDE.	Program demonstrates the use of developmental screenings on all children (Birth through age 5) within 45 days of enrollment and at scheduled intervals as determined by MSDE.	Program demonstrates the use of developmental screenings on all children (Birth through age 5) within 45 days of enrollment and at scheduled intervals as determined by MSDE.
ASSESSMENT		Program staff observe children for developmental progress.	Program staff observe children for developmental progress using developmental checklists.	The program staff observes children for developmental progress and the program has a policy regarding child assessment using developmental checklists or assessments designed for use with the curriculum.	The program staff observes children for developmental progress and the program has a written policy regarding child assessment using developmental checklists or assessments designed for use with the curriculum, including formal and informal assessment measures, including developmental checklists, portfolio development, and observation/anecdotal records.
				The program has a policy for sharing assessment results with families.	The program has a written policy that describes their practices for sharing assessment results with families (which includes meeting at least once a year) and/or agencies that may be working with the family, including early intervention or special education services.



Developmental Screening Tools

Instrument	Age Range	Time Frame	Administration
Ages and Stages	Birth to 60 months	~15-20 minutes, less if parents	Parents, home visitors, other providers,
Questionnaire		complete independently	Requires a 6 th grade reading level.
(ASQ)-2 nd Ed.		(each questionnaire takes 10-20	Professionals score the questionnaires.
http://agesandstages.com/		minutes to complete, with 2-3	
		minutes to score)	
Parents' Evaluations of	Birth to 8 years	2-10 minutes, less	Written at the 4 th to 5 th grade level,
Developmental		if parents complete	parents can complete the measure while
Status (PEDS)		independently	they wait for appointments.
http://www.pedstest.com/			
Early Screening Inventory -	3-6 years	15 - 20 minutes	Individuals who have some background in
Revised (ESI-R)			early childhood behavior and
			development can administer the scale,
			such as teachers, students of child
			development, school psychologists, or
			allied health professionals. Experienced
			paraprofessionals have also been
			successfully trained to administer the
			scale.
Best Beginnings	Birth to 39 months	10-12 minutes	Provider and parents who have
Developmental Screen			background can administer the scale
(BBDS)			Screen is complimented by Family
			Questionnaire.



Administrative Practices and Policies - Families

	1√	2√	3√	4√	5√
	The program has a parent handbook/contract that includes at a minimum the program's policies and practices for health and safety and tuition/enrollment procedures.	The program has a parent handbook/contract that includes at a minimum the program's policies and practices for health and safety and tuition/enrollment procedures.	The program has a parent handbook/contract that includes at a minimum the program's mission and/or philosophy statement, and policies and practices for health and safety and tuition/enrollment procedures, inclusion of children with disabilities or special health care needs and behavior management.	The program has a parent handbook/contract that includes written policies on the program philosophy or mission, policies and practices, and at least 4 of the following practices, including communicating with families, health and safety information, wellness, physical fitness, and nutrition, emergency plans, tuition and enrollment policies, and teaching and learning, inclusion of children with disabilities or special health care needs and behavior management.	The program has a parent handbook/contract that includes written policies on the program philosophy or mission, policies and practices, including communicating with families, health and safety information, wellness, physical fitness, and nutrition, emergency plans, tuition and enrollment policies, and teaching and learning, inclusion of children with disabilities or special health care needs and behavior management.
				The program provides the parent handbook to all parents prior to enrollment and requires written receipt of outlined policies and procedures	The program provides the parent handbook to all parents prior to enrollment and requires written receipt of outlined policies and procedures.
ES			If eligible, the program participates in the Child and Adult Care Food Program.	If eligible, the program participates in the Child and Adult Care Food Program.	If eligible, the program participates in the Child and Adult Care Food Program.
FAMILIES				The program provides fresh fruits and/or vegetables at least twice a week, and monitors meals provided from home and supplements as necessary to ensure that children are receiving nutritious, balanced meals,	The program provides fresh fruits and/or vegetables at least twice a week, and monitors meals provided from home and supplements as necessary to ensure that children are receiving nutritious, balanced meals.
		Families are provided with opportunities to be involved in the program in at least two ways.	Families are provided with opportunities to be involved in the program in at least three ways.	Families are provided with opportunities to be involved in the program in at least four ways, including (but not limited to) field trips, activities, fundraising, decision-making, parent newsletters, or parent surveys.	Families are provided with opportunities to be involved in the program in at least five ways, including (but not limited to) field trips, activities, fundraising, decision-making, parent newsletters, or parent surveys.
	Program conducts family conferences based on the developmental screening schedule.	Program conducts family conferences based on the developmental screening schedule.	Program conducts family conferences based on the developmental screening schedule.	Program conducts family conferences based on the developmental screening schedule.	Program conducts family conferences based on the developmental screening schedule.
				Program requests a copy of a child's IFSP/IEP (if applicable) and works with early intervention or special education service providers to support child and family outcomes.	Program requests a copy of a child's IFSP/IEP (if applicable) and works with early intervention or special education service providers to support child and family outcomes.



Administrative Practices and Policies - Staff

For Centers and Family Child Care Providers with Employees

	1√	2√	3√	4√	5√
STAFF		The program holds at least 4 staff meetings per year. Staff performance is evaluated at least annually. The program has developed staff policies.	The program holds monthly staff meetings. Staff performance is evaluated in writing at least annually. The program has developed a written staff handbook.	The program holds monthly staff meetings. Staff performance is evaluated in writing at least annually, and as needed for professional improvement. The program has a written staff handbook provided to all new staff members at hire, which includes policies and procedures related to health, safety, child development, inclusion of children with disabilities and special health care needs, training, behavior management, staff expectations, and benefits.	The program holds monthly staff meetings. Staff performance is evaluated in writing at least annually, and as needed for professional improvement. The program has a written staff handbook provided to all new staff members at hire, which includes policies and procedures related to health, safety, child development, inclusion of children with disabilities and special health care needs, training, behavior management, staff expectations, and benefits.
			Incremental salary scale based on education and experience.	The program maintains written receipt of staff handbook from all employees. The program has an incremental salary scale based on education and experience and other benefits.	The program maintains written receipt of staff handbook from all employees. The program has an incremental salary scale based on education and experience and other benefits.



Administrative Practices and Policies - Community

1√	2√	3√	4√	5√
	The program maintains current and accurate information about community resources and referral sources.	The program maintains current and accurate information about community resources and referral sources.	The program maintains current and accurate information about community resources and referral sources, including referral sources and access to programs for children with disabilities and special health care needs. The program accesses local resources, including local public library services. The program provides information to families about community resources and referral services.	The program maintains current and accurate information about community resources and referral sources, including referral sources and access to programs for children with disabilities and special health care needs. The program accesses local resources, including local public library services. The program provides information to families about community resources and referral services.
		The program has a plan for transitioning children from classroom to classroom and from center to school.	The program has a plan for transitioning children from classroom to classroom and from center to school.	The program has a plan for transitioning children from classroom to classroom and from center to school. The program has a policy for supporting the transition of children with disabilities and special health care needs (if applicable).



MD EXCELS Website

http://marylandexcels.org





MD EXCELS Website

MARYLAN EXCE Check for Quality	LS		
Providers Paren	ts Staff Community Partners	FIND A PROGRAM	
QRIS Basics How to Apply	PROVIDERS		
Benefits to Programs Professional Development Technical Assistance			
Healthy Beginnings and MMSR Accreditation Fall 2012 Field Test			
(NEW!)	Child care providers are the cornerstones to high-quality care. the links to the left for additional information about Maryland		
	LOGIN TO YOUR MARYLAND EXCELS ACCOUNT		
	PROVIDERS PARENTS STAFF COMMUNITY PARTNERS	FIND A PROGRAM	
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Process and Next Steps

- Develop workbook, application process Fall 2010
- Disseminate information to gain feedback on standards, materials and process – Early 2011
- Develop website Fall 2011
- Pilot MD EXCELS Fall 2011 Spring 2012
- Field Test Fall 2012 Spring 2013
- Take to Scale Summer 2013

