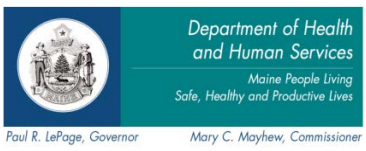
Quality for ME Revision Project – Final Report

Maggie Vishneau, Alan Cobo-Lewis, Sonja Howard,
Linda Labas, Priscilla Armstrong, Jill Downs, Tracey Meagher,
Erica Sawyer, Helen Ward

August 31, 2015



Acknowledgements

We would like to thank all members of the Quality for ME *Revision Project Advisory Committee, Work Groups, and Focus Groups who gave so generously of their time and provided thoughtful feedback to the recommended revisions of these standards. Special thanks also go to the Department of Health and Human Services Office of Child and Family Services for providing insight and guidance throughout this process.*

Report submitted under Maine Department of Health and Human Services Contract CFS-15-620

Recommended Citation

Vishneau, M., Cobo-Lewis, A., Howard, S., Labas, L., Armstrong, P., Downs, J., Meagher, T., Sawyer, E., & Ward, H. (2015). *Quality for ME Revision Project – Final Report.* Report submitted to Maine Department of Health and Human Services. Orono, ME: University of Maine Center for Community Inclusion and Disability Studies; Portland, ME: University of Southern Maine Muskie School of Public Service.

Table of Contents

Quality for ME Revision Project – Final Report
August 31, 2015

Executive Summary

In this final report of the *Quality for ME* Revision Project, we describe our study of Maine's child care Quality Rating and Improvement System (QRIS), our consultation with stakeholders, and our study of the scientific literature and best practice from other states, and make recommendations for changes to Maine's QRIS.

QRIS in general is a tool for accountability, for improving child outcomes, and for promoting quality child care so that parents can participate fully in the workforce.

Data from Maine, including from our previous validation study of *Quality for ME*, indicates that Maine's existing rating system measures quality (though it could measure quality better), that most child care programs in Maine do not have high levels of quality and are slow to improve, and that child care staff feel unprepared to work with children with disabilities.

In the current project, we engaged Maine stakeholders, including providers and parents, through a formal advisory committee that included families, licensed child care programs, multiple state agencies, and other stakeholders; through regional focus groups throughout the state; and through parent and provider surveys administered over the web at www.childcarechoices.me and www.qualityforme.org. We also reviewed the scientific literature, examined best practices from other states, and consulted with national experts at scientific and professional conferences.

We found that awareness of *Quality for ME* was low—though there was interest in a web site that would rate child care quality! We also found that there was confusion between *Quality for ME* (Maine's child care QRIS) and *Maine Roads to Quality-Professional Development Network (MRTQ-PDN)*. Providers and parents expressed a need for easier access to information about the ranking system. There was interest in improving child care quality, but accompanied by a strong sentiment that if more was to be expected of child care providers, more financial and professional development support must be provided.

> "If they are expecting more out of us, we should expect more of them. (They) can't keep requiring more without giving more."
>
> -Parent Focus Group Participant

Our recommendations are as follows:

To offer stronger financial incentives for providers to participate:

- Provide steeper tiered reimbursements to incentivize child care programs to enroll in *Quality for ME* and move up to higher quality.
- Offer additional financial resources such as mini-grants, increased scholarships for tuition, or college loan forgiveness.

To further encourage participation in *Quality for ME*…

- Open eligibility for *Quality for ME* to programs as soon as providers become licensed.
- Expand low-cost supports offered to programs to participate in *Quality for ME*.

To promote accountability for *Quality for ME*…

- Reinvigorate on-site portfolio review of child care programs.

To reduce confusion between *Quality for ME* and MRTQ-PDN…

- Change the name of *Quality for ME* as part of a larger re-branding and marketing effort.
- Change from the existing "Steps" framework to a "Stars" framework, which is more familiar to consumers of all types.

To effectively recognize quality programs and enable programs to engage parents seeking quality child care…

- Establish greater visibility of a program's star rating online.
- Utilize a "certificate" emphasizing a program's commitment to quality and showing its progress across all the standards

To avoid duplication, conserve resources, and advance a comprehensive, coherent early care and education system (ECE) for parents, providers, and the public…

- Integrate and align the policies and practices of all components of the ECE.

To improve provider support for inclusion and diversity practices…

- Embed the use of the Inclusion Self-Assessment Checklist into *Quality for ME*.

To support ongoing continuous improvement for *Quality for ME*...

- Establish a process for ongoing revision to standards based on stakeholder feedback, continuously developing scientific evidence, and national best practice.

To ensure communication and broader stakeholder engagement…

- Continue the statewide *Quality for ME* Advisory Committee convened during this project to offer feedback and guide the implementation process.

To ensure the new system is at least as valid as the current *Quality for ME*…

- Re-validate the system after two to three years of implementation.

To ensure ongoing involvement of programs in continuous quality improvement

- Establish an annual update report of a child care program's quality application.

To advance parent, provider, and public awareness of the *Quality for ME* program…

- Provide for ongoing implementation of public relations/marketing strategy that includes robust online resources for both parents and providers.

To support the proposed revisions to *Quality for ME* standards…

- Create new training modules/workshops in MRTQ-PDN that will enable programs to meet the new quality standards.

Based on extensive input from stakeholders, we also propose specific revisions to standards. These new standards would be articulated for Family Child Care programs, for Center-based programs (which would now include Head Start, instead of having a separately articulated set of standards for Head Start as had been the case), for School Age programs, and for Public Preschool (for which the alignment between *Quality for ME* and the Maine Department of Education standards would be articulated).

We also give an overview of implementation, including a marketing strategy. Implementation would include exploration in Year 1, installation in Year 2, initial implementation in Year 3, and full implementation and re-validation in Year 4.

Why QRIS?

Families frequently need child care in order to fully participate in the workforce. They prefer high quality care. Supporting this parental intuition, multiple scientific studies have found that child care quality is associated with positive developmental outcomes in children (Burchinal, Roberts, Nabors, & Bryant, 1996; Burchinal et al., 2009; Howes, 1988; National Institute of Child Health and Human Development Early Child Care Research Network, 2000, 2005; Peisner-Feinberg et al., 2001; Sabol & Pianta, 2015). However, the scientific literature also indicates that high quality care is rare (Early et al., 2005; Karoly, Ghosh-Dastidar, Zellman, Perlman, & Fernhough, 2008).

This is mirrored in Maine, where 56% of child care providers enrolled in *Quality for ME* are at Step 1 (the lowest level of quality), and only 16% are at Step 4 (the highest level).

There is significant private and public investment in child care. In order to promote accountability in the use of these funds and to rate—and potentially improve—child care quality, 37 states have adopted QRISs, which seek both to rate child care quality and to improve it. A comprehensive evidence-based QRIS does more than rate quality. It offers incentives and support to providers—and uses data for continuous feedback—to drive quality higher.

Background

In March of 2014 the University of Maine (UMaine), in collaboration with the University of Southern Maine (USM), was awarded the *Quality for ME* Revision Project contract from the State of Maine. The goal of the 2014-2015 project is to develop recommendations for revisions and an implementation and sustainability plan using a process that builds upon the considerable work that has been conducted so far on *Quality for ME.*

In accord with the terms of the request for proposal (RFP), we built our revision recommendations from prior work and existing structures. In particular:

- We consulted with Office of Child and Family Services (OCFS) regarding goals and priorities.
- We consulted the scientific literature.
- We used www.child carechoices.me and www.qualityforme.org to gather input from parents and providers.
- We sought expertise through involvement of stakeholders on the Advisory Committee and in the focus groups.
- We sought expertise from specific front line practioners in the form of a work group.

Both UMaine and USM have a decade-long history of working closely with each other, with the Department of Health and Human Services (Maine DHHS), and with other stakeholders in support of early care and education.

Since the inception of *Quality for ME* these University partners have been involved in designing, implementing, validating, sustaining, and improving *Quality for ME*, focusing on helping to ensure that Maine has early care and education standards and systems that measure child care quality, support practitioners to improve the quality of care that children receive, and inform parents about their choices

Building on Previous Work

Strategy: Build Quality for ME Revision Recommendations from Prior Work and Existing Structures

Under a series of agreements from 2008-2012, the University of Southern Maine Muskie School, in collaboration with the University of Maine, conducted a validation study of *Quality for ME*. This validation study was accomplished by substantial data analysis, on-site observations of child care programs using the Early Childhood Environment Rating Scales (ERS), and parent and teacher surveys. Results can be found in a final report (Lahti et al., 2011), an Office of Planning, Research, and Evaluation (OPRE) brief (Lahti et al., 2013), a peer reviewed publication (Lahti et al., 2015), and an article under revision (Cobo-Lewis et al., under revision).

The findings from the previous validation study have informed the current recommendations for revisions in *Quality for ME* contained in this report.

Step rating on *Quality for ME* was associated with environmental quality as measured by the Environment Rating Scales.

- For Family Child Care, non-Head Start Child Care Centers, Head Starts, and School Age programs, those programs in higher *Quality for ME* steps tended to have a higher quality rating on the Environment Rating Scale (ERS).
- For Child Care Centers, there was a moderate difference in ERS score between step-1 programs and step-4 programs;
- For Family Child Care programs, there was a large difference in ERS score between step-1 programs and step-4 programs.

All standard areas of *Quality for ME* were associated with quality. The eight sub-areas of *Quality for ME* were all associated with one another, suggesting they were all measuring one overall dimension of quality.

Different settings tended to have different levels of quality

- Most Family Child Care programs were at Step 1.
- Most Head Start programs were at Step 4.
- Non-Head Start centers were at an intermediate level of quality (higher than most Family Child Care programs, lower than most Head Starts).

Ceiling effects limited the usefulness of some *Quality for ME* dimensions. Regardless of their step levels, providers in the validation study all tended to score extremely high in sub areas *Administrative Policies & Procedures* and *Family Resources*, meaning that these two dimensions did not distinguish effectively among quality. These areas should be amended to better distinguish among the quality of different programs.

Child Care programs were slow to move up the *Quality for ME* steps.

- It took 3+ years on average for programs to progress from Step 1 to Step 2 and from Step 2 to Step 3. Head Start was the exception, which progressed from Step 2 to Step 3 in about 18 months.
- Progressing from Step 3 to Step 4 also took Head Starts about 18 months, took non-Head Start centers almost 3 years, and took family child care homes much longer.
- About 80% of Family Child Care programs at Step 3 still had not progressed to Step 4 by 36 months.

Staff feel unprepared to work with children with disabilities. Staff survey results indicated that:

- 90% of respondents were not comfortable working with children with intellectual disabilities,
- 90% were not comfortable working with children with visual or hearing impairments, and
- 86% were not comfortable working with children with autism, children with social emotional or severe behavioral problems, or children with delays in physical development.

In association with the validation work, the Child Care Research Partnership members (USM, with cooperation from UMaine and Maine DHHS) submitted tentative recommendations for *Quality for ME*. These tentative recommendations are detailed in Appendix B of the RFP that led to initiation of the present contract, and the tentative recommendations served as an initial basis for discussions by the Advisory Committee and the contractor.

Stakeholder Engagement

Strategy: Engage stakeholders by building feedback process from key stakeholders, including providers and parents

From the outset, project staff have been aware that, for the revisions of *Quality for ME* to be effective and informed, a broad range of stakeholders should be engaged in providing input about the current system and the feedback about any proposed recommendations. Several strategies were outlined in the grant award:

- Assembling an Advisory Committee representing families, licensed child care programs, and multiple agencies and stakeholders from across the state
- Conducting regional focus groups of randomly-selected providers who are part of/not part of *Quality for ME*
- Conducting regional focus groups with parents

In addition, realizing that the task of reviewing the specific standards in a comprehensive way required a focused approach, staff also engaged work groups with representatives from each of the child care settings to review best practices and tap their own experience in making recommendations about specific changes to the standards, as well as general recommendations about the implementation of *Quality for ME*.

Finally, to extend the reach of the feedback process, online surveys were posted on the Child Care Choices website (for parent feedback) and the *Quality for ME* website (for provider feedback). Communication about the surveys was also included in the MRTQ-PDN newsletter.

Advisory Committee

A key component of the revision process outlined in the RFP was to convene an Advisory Committee of 15-20 members from around the state to:

- Provide oversight to the revision process
- Review results of feedback from practitioners and parents
- Help guide the development of the final recommended revisions and the implementation and sustainability plans

Based on the stakeholders listed in the RFP, staff identified the organizations and individual stakeholders who would serve on an Advisory Committee. These included parents and providers from all child care settings, as well as individuals from the Maine Association for the Education of Young children, the Child Care Advisory Council, the Children's Growth Council, the Maine Roads to Quality-Professional Development Network (MRTQ-PDN) Advisory Council, the Department of Education, the CAP Agencies, the Department of Labor, the Division of Licensing and Regulatory Services, Maine's Center for Disease Control (CDC), Maine's Child Development Services (CDS), and the University of Maine's Center for Community Inclusion and Disability Studies (CCIDS). Besides representing their respective organizations, many of these committee members were child care providers themselves and brought that important perspective to the discussions.

A schedule of four meetings was planned, with many members being asked to participate on a standards revision work group in between meetings. Members of the Advisory Committee were also asked to encourage the participation of practitioners and other stakeholders in their regions in this project via the focus groups or surveys. (See **Appendix A** for a list of Advisory Committee members.)

The Advisory Committee, which met four times over the course of the year, offered feedback about communication with the field, barriers/challenges to conducting focus groups, ways to develop champions for quality improvements to child care, specific recommendations for revisions to the standards (through participation on work groups), and overarching system issues, such as the need to integrate/align with licensing and MRTQ-PDN, implement a marketing strategy, encourage ongoing stakeholder engagement, and develop incentives and supports.

Meeting agendas included the opportunity for feedback about the system in general, alignment with the licensing process, and time to address specific changes to the standards.

Work Groups for Revision of Standards

Individual work groups were convened in December 2014 to examine and recommend changes to the *Quality for ME* standards in the following settings: Family Child Care, Center-based Care, School Age, and Public Preschool. Another work group was added to explore adding health and safety, nutrition, and physical activity to the proposed standards. Work group members were experienced in various child care settings, familiar with accreditation standards, and knowledgeable about providing technical assistance to child care providers. (See **Appendix B** for a list of the work group members.)

The project team provided work group members with a variety of resources to identify recommendations for revisions to their child care setting, including:

- Articles from the literature about best practices (full citations are included in the references).
  - *Coaching in Early Care and Education Programs and Quality Rating and Improvement Systems (QRIS): Identifying Promising Features* by Tabitha Isner, Kathryn Tout, Martha Zaslow, Meg Soli, Katie Quinn, Laura Rothenberg and Mary Burkhauser
  - *Considerations for an efficient, inclusive and implementable Quality Rating and Improvement System* by Anne Mitchell
  - *Defining and Measuring Quality: An In-Depth Study of Five Child Care Quality Rating and Improving Systems* by Pia Caronongan, Gretchen Kirby, Lizabeth Malone, Kimberly Boller
  - *Implications of QRIS Design for the Distribution of Program Ratings and Linkages between Ratings and Observed Quality* by Kathryn Tout, Nina Chien, Laura Rothenberg and Weilin Li, Child Trends
  - *Issues for the Next Decade of Quality Rating and Improvement Systems* by Kathryn Tout, Martha Zaslow, Tamara Halle, and Nicole Forry
  - *Meeting the Early Learning Challenge: A Checklist for High Quality QRIS* by Christine Johnson-Staub
  - *Parental Perceptions of Quality in Early Care and Education* by Jennifer Cleveland, Amy Susman-Stillman, and Tamara Halle
  - *QRIS and Inclusion: Do state QRIS standards support the learning needs of all children?* by Michelle Horowitz, BA and Jim Squires, PhD
  - *Staff Preparation, Reward, and Support: Are Quality Rating and Improvement Systems Addressing All of the Key Ingredients Necessary for Change? Executive Summary* by Lea J.E. Austin, Marcy Whitebook, Maia Connors, and Rory Darrah
  - *State Approaches to Integrating Strengthening Families into Quality Rating and Improvement Systems* by the Center for the Study of Social Policy
  - *The Race to the Top – Early Learning Challenge Year Two Progress Report* by U.S. Department of Education and U.S. Department of Health and Human Services
- Work group timeline
- Standards for each setting
- Standards Review Guide
- Inclusion/Diversity Language Guide
- QRIS Build Website: http://qriscompendium.org/for examples from other states
- 2008-2011 Evaluation Report (executive summary & full report): on MRTQ-PDN website http://muskie.usm.maine.edu/maineroads/forms.htm
- 2011 Recommendations (summary table)

- MRTQ-PDN Career Lattice
- MRTQ-PDN vs. QRIS document
- Standards Report
- Focus group data (after January 2015)
- Feedback forms from websites (if any)

Project staff and work group leads decided it would be more meaningful for child care educators and directors to weave inclusion and diversity standards throughout *Quality for ME*, rather than having a separate category that addresses those topics. The *Quality for ME* Inclusion Self-Assessment Checklist expands on the current QRIS document with explicit indicators that focus on evidence-informed practices that support the inclusion of children with disabilities and varied culturally and linguistically diverse populations. (See **Appendix J** for Inclusion Self-Assessment Checklist.)

After the work groups presented their recommendations, a core group of project staff reviewed, collated, and scanned the standards' revision recommendations to ensure that:

- Revisions made sense across all settings of care
- Recommendations were aligned with accreditation standards
- Inclusion/diversity language was included across all settings
- The Inclusion Self-Assessment Checklist was integrated into the standards across all settings
- Standards built on one another toward accreditation
- Revised standards were integrated with MRTQ-PDN Career Lattices

These revisions were reviewed twice by the Advisory Committee: on March 25 and a final review on June 3, 2015. (See **Appendix H** for detailed Revised Standards.)

Focus Group Feedback from Parents and Providers

Sampling Strategy

Between October 2014 and March 2015, the *Quality for ME* Revision Project conducted focus groups of child care providers and parents across the state. We used a stratified purposeful sampling approach to identify and recruit participants. Stratified purposeful sampling is a way to investigate particular cases that vary according to a key dimension. For example, in our population of early care and education providers, we purposefully sampled Family Child Care Providers (FCC), and Center-based Providers (CBC) because we anticipated important variations in perspectives about the *Quality for ME* system between the two groups.

To pull our sample, we created two lists for each region of the state; one of FCC providers and one of CBC providers. Next, we determined the percentage of all licensed providers in each region who were FCC or CBC providers. We determined the target number of focus groups and focus group participants desired (two focus groups per region X 15 participants = 30 potential participants per region). We then used the percentages by setting of care to determine how many of the thirty providers in our targeted sample should be FCCs and how many CBCs in order to reflect the proportions in the region. Using these percentages, we drew a random sample of providers and had regional representatives (contracted staff in each region with a background in early care and education) invite these providers to participate in a focus group. If a provider declined the invitation, we continued using random sampling to provide more provider names to the representatives to extend invitations.

Each of the regional representatives received a packet of information (examples are attached as **Appendix C**) that included a recruitment checklist, practitioner call list, talking points to explain the focus groups, follow-up email examples, and focus group flyers. In addition to recruitment, they handled many of the focus group logistics including selecting locations and purchasing dinner for the participants. Use of these regional representatives strengthened our recruitment efforts because someone familiar to providers in the area was encouraging participation. Providers were asked to bring with them at least one parent to participate in the parent focus groups with the goal of including parents with different aged children, using different settings of care, and receiving/not receiving child care subsidies.

Focus Group Sessions

Written protocols of questions were used in the focus group sessions. (These are attached as **Appendix D**.) A pilot focus group was held to ensure that the questions were understandable and the protocols were then finalized. All focus group sessions were held in neutral locations and were run by Tracey Meagher, USM Muskie School, focus group facilitator. Notes were taken by Jill Downs, CCIDS, and also recorded using a smartpen, with the permission of participants. Two of the sessions (Augusta and Sanford) were also observed by Helen Ward, USM Muskie School, who provided oversight to the research team. When participants arrived, they filled out a registration form using a numbering system to protect confidentiality. The form asked several key demographic questions related to the topic area of the focus groups so that we could develop a profile of the participants and be able to analyze the data based on certain attributes. In each community, one focus group of providers and one of parents was held on the same evening. While one group met, the other group waited in a separate room. Consent to participate was obtained from each participant. To compensate for their time, and as an incentive to participate, each participant was given a children's book to take home. Dinner was also provided.

Table 1 – Focus Group Sessions

Region	Dates	# of Providers	# of Parents
8-Aroostook County			
Houlton	10/28/14	4	3
Caribou	10/29/14	6	0
6-Penquis			
Dover	11/5/14	9	3
Bangor	11/6/14	3	0
7-Downeast			
Ellsworth	11/20/14	7	5
Machias	12/04/14	7	1
5-Central (Kennebec County)			
Skowhegan	1/12/15	3	0
Augusta	12/10/14	7	0
4-Midcoast			
Rockland	2/10/15	3	0
Bath	2/11/15	7	0
3-Androscoggin County			
Lewiston	1/20/15	6	0
Farmington	1/21/15	5	9
2-Cumberland County			
Portland	2/23/15	6	2
Casco	2/24/15	8	2
1-York County			
Biddeford	2/25/15	6	2
Sanford	3/2/15	3	0
Total		**90**	**27**

Challenges

At least in part due to weather-related challenges, recruitment of parents proved much more difficult than anticipated, particularly in the more rural areas of the state. In order to compensate for the small number of parents who participated, an additional mechanism for soliciting input from parents was offered – an online survey. The results of that survey, as well as its limitations, are provided in a separate section of this report.

Analysis

As previously mentioned, the focus groups were audio taped and transcribed. Participants were identified by a numbering system to protect their confidentiality and that system was used to identify each speaker in the notes. Transcripts of the sessions were developed and entered into NVivo, a software program for code-based qualitative analysis.

NVivo permits researchers to identify themes and compare those themes based on selected attributes to determine if they differed. For providers these attributes were setting of care (family child care, n=35; center-based care including Head Start and after school programs, n=55) and location comparing the southern part of the state (DHHS Regions 1-4, n=44) with the northern (DHHS regions 5-8, n=46). We also compared opinions by the information providers gave us about their participation in the *Quality for ME* system (those who were not participating, n=15; those at Step 1, n=21; and those reporting being at Step 2, 3 or 4, n=50, as we felt that to have achieved more than a step one indicated an effort to try to move up). Given the small number of parents who participated (n=27) we were only able to compare based on location: Southern (DHHS regions 1-4, n= 15) and northern (DHHS regions 5-8, n=12.)

Limitations

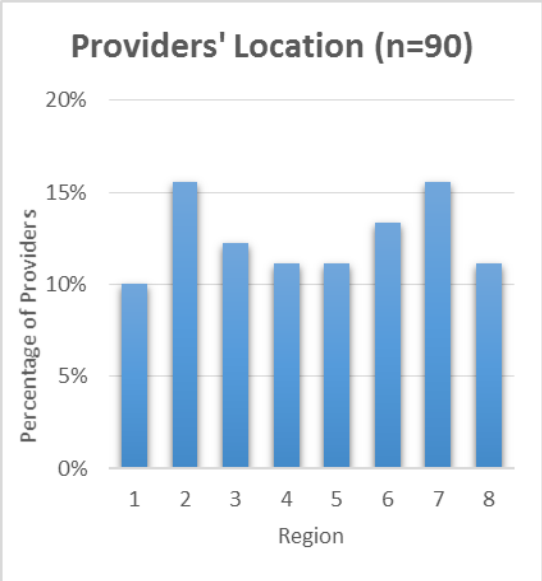
As described above, we encountered challenges attracting parents to the sessions. Only 27 attended compared with 90 providers. Furthermore, as explained earlier, while the providers were chosen randomly, the parents were not. Providers were asked to issue an invitation to the parents of children in their program and anyone could come forward to accept.

Caution should be exercised in weighing the findings from the focus groups. They represent qualitative research and, as such, cannot be attributed to any larger population of parents and providers. While sentiments across the state were for the most part remarkably similar, it is important to note that the opinions and experiences of those motivated enough to attend the sessions may differ in significant ways from those who chose not to attend.

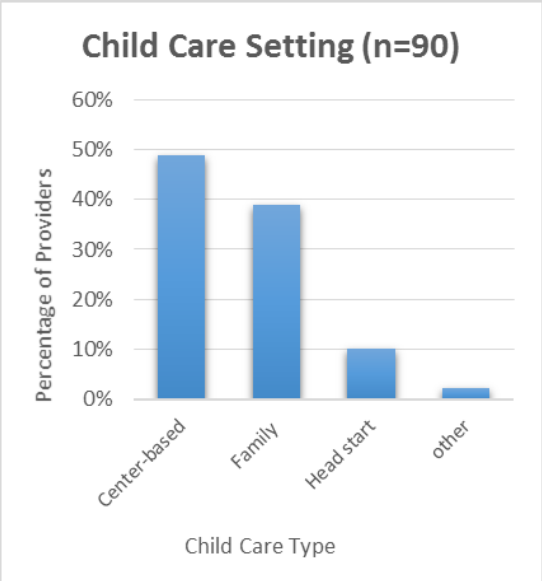
Profile of Focus Group Participants

This section provides information on the demographics of our focus group participants. Total respondents (the "n") may vary by question either because not all focus group participants answered every question on the registration form or a question was not applicable to the participant (e.g. the step they were at was not applicable to providers who didn't participate in *Quality for ME*).

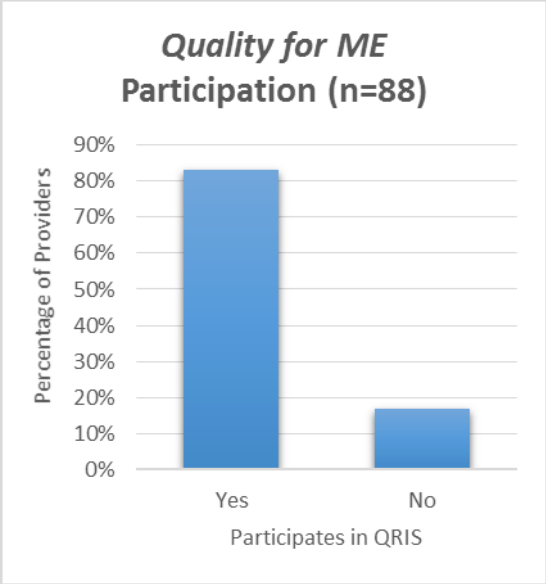
Providers' Data



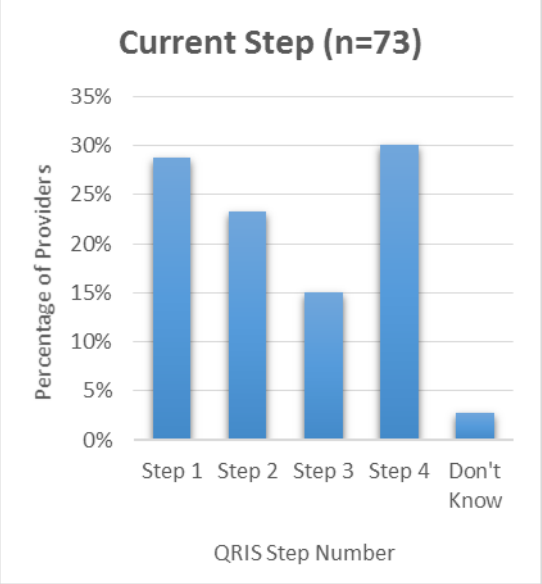
The largest proportion of providers attending the focus groups came from Region 2 in the south and region 7 in the north.



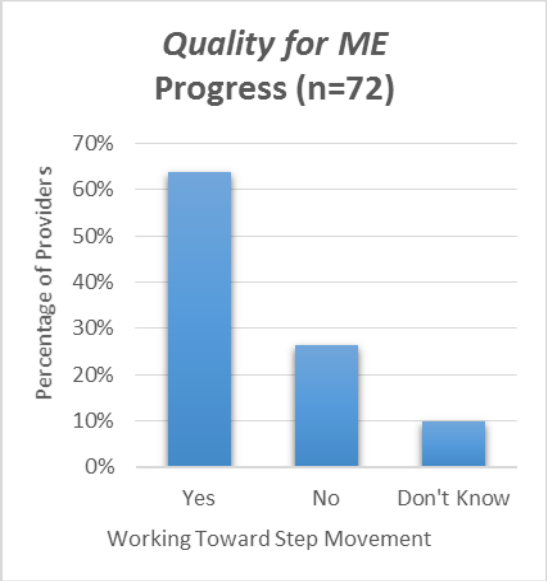
Over half of providers (57%) were from Center-Based programs (including Head Start).



More than three quarters (83%) of providers reported that they participate in QRIS.

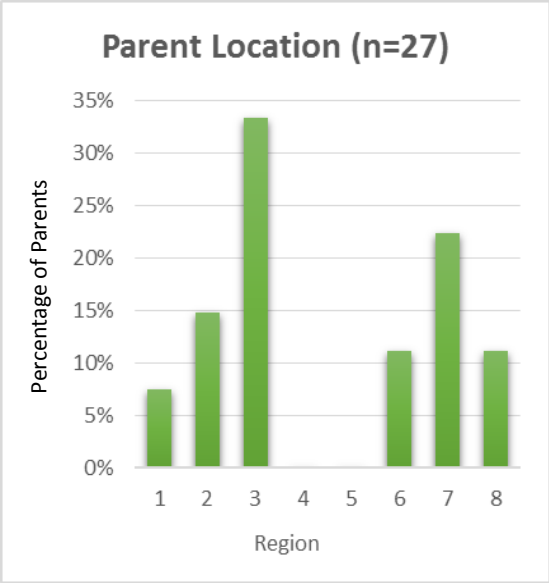


Among those who reported participating in QRIS, the majority said they were either at Step 1 (29%) or Step 4 (31%).

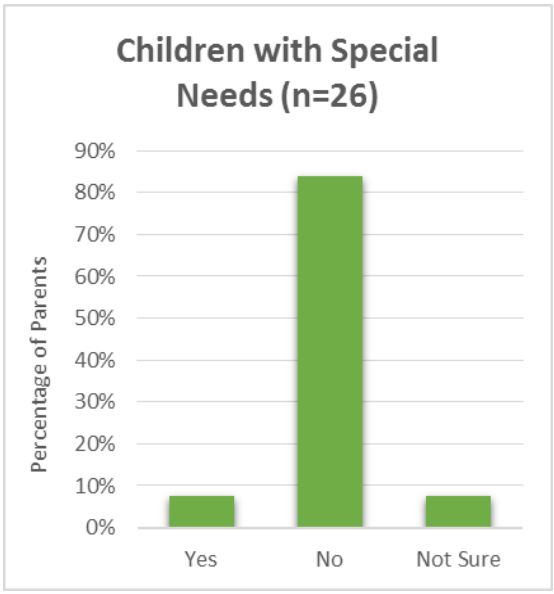


Almost two thirds (64%) of providers reported that they were currently working on increasing their step number.

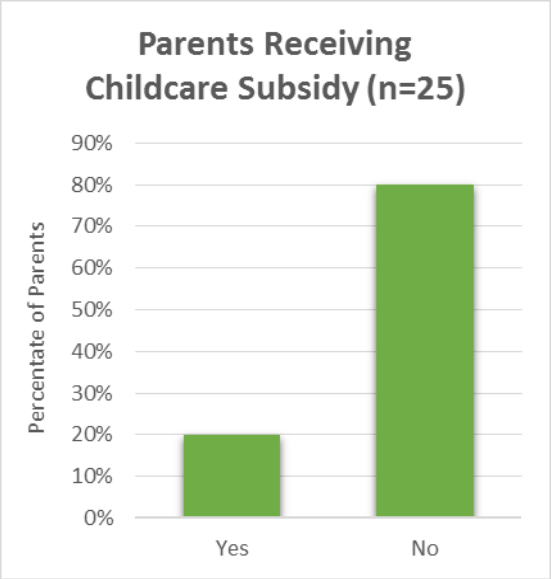
Parents' Data



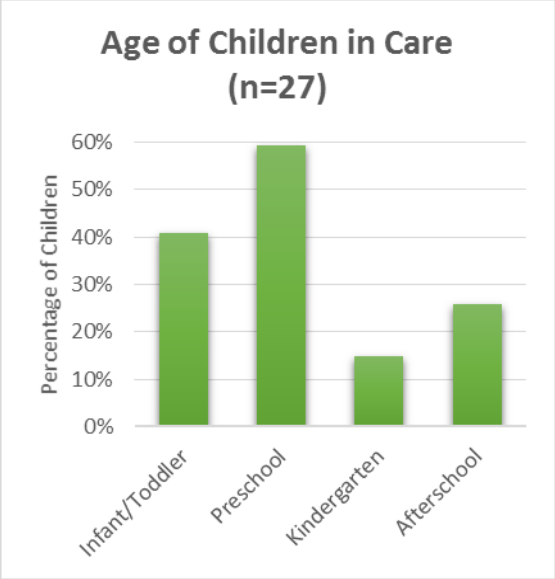
Region 3 had the highest number of parents participate in the focus groups (33% of the total).



Only two parents reported that they had a child with special needs (educational, developmental, physical/medical).



One in five parents reported receiving a child care subsidy.



Most parents reported having a child of preschool age. Note: percentages do not add up to 100 because parents could respond about more than one child.

Focus Group Findings

We have included a table of our focus group findings in **Appendix E** and are including below only what we believe to be the most useful highlights of the findings relevant to state policy and implementation. This summary includes findings from sessions with both parents and providers. In a separate section we include suggestions for improvements in *Quality for ME* made by the parents and providers who participated.

Overall Awareness/Understanding of *Quality for ME*/Barriers to Participation

- Many focus group participants, particularly in the northern regions of the state, hadn't heard of *Quality for ME*.
- Even among those who had heard of *Quality for ME*, participants often confused it with licensing, MRTQ-PDN Registry, accreditation, the former two-tiered reimbursement rating system, and the MRTQ-PDN Career Lattice.
- Not surprisingly, those providers who reported that they did not participate in the *Quality for ME* system demonstrated the greatest confusion. Those providers who reported that they were at steps 2, 3, or 4 had the highest levels of awareness and provided the most detailed assessments of the various components of the system.

- Sources for information about *Quality for ME* cited by participants were word-of-mouth, MRTQ-PDN, mailings, past RDCs, and the current Child Care Connections.
- Providers reported that parents tend not to ask about rankings either because they don't know about *Quality for ME* or because they place a higher value on word of mouth or other considerations when choosing child care.
- The most frequently cited barriers to participation in *Quality for ME* were the training requirements, financial and time constraints, documentation requirements, a lack of incentives and an inadequate infrastructure to support the program.
- Parents and providers all expressed the need for easier access to information about the ranking system and better use of current technology to get the word out. As one parent put it, "You can find out a lot more about a restaurant than you can about child care program."

Philosophical Views about Role of State in Monitoring Quality

- Some providers and parents felt that a program could still be quality even though it is not participating in *Quality for ME* or has a lower step (1 or 2). What counts is the reputation of the program among parents, the need for parents to trust their own instincts and the provider's experience and a "natural" ability with children.
- Other participants praised the rating system as representing a way for parents to identify quality programs and for the state to show what they value as quality. "Idea is a good one – it differentiates providers. Forces providers to evaluate their philosophies and how they run their programs."
- There was a split of opinion about government's role in monitoring quality ranging from the belief that it's the program supervisor's role to ensure quality to a belief that it's the government's job to protect children because "there are real horror stories out there."

Parents' Conceptions of Quality

- Factors that indicated a quality program most often mentioned by parents included learning environment, interactions between staff and children, child satisfaction, health and safety, cleanliness, staff/child ratios, and, staff qualifications. Many parents valued recommendations from others (word-of-mouth) as a reliable measure of quality.
- Parents felt that the state is not doing enough to inform parents about quality and help them find child care.

***Quality for ME* Perceived Value/Incentives**

- Many providers trying to move through the steps asked if it was worth the time and effort because of what they saw as a lack of incentives.
- Providers questioned why tax breaks go to parents instead of providers and why incentives for providers are limited only to those who serve children receiving subsidies.
- Some providers complained that even with the increase in subsidy for step 4 programs, the total received for a child on subsidy is still less than what a provider typically receives for a private pay child. In their opinion, this discourages providers from taking the children who need high quality child care the most.
- Other providers, however, felt that the rating system was important because it opens the door for providers to take children using subsidies which is important in an impoverished area.
- Some providers, when asked about the incentives to participate, stated that participation in *Quality for ME* held an intrinsic value for them – participation enhanced their reputation and gave them a greater sense of professionalism.

Accountability, Documentation and Support for Providers Moving through the Steps

- Many providers reported concerns over the amount of documentation required (e.g. portfolios, daily observations of each child, meeting agendas, parent and staff manuals) and felt these requirements should be simplified.
- Providers expressed concern over a lack of accountability- they are required to keep portfolios but no one ever comes to look at them. “I could write a document saying that every 3rd Tuesday of the month I have staff meetings. I could write it but I would be lying. We could be a level 3 by lying my way to the top. I don’t want to do that.”
- Providers expressed the need for more support (e.g. training sessions on the rating system, availability of coaches for one-on-one support) to help them move through the steps. Providers, particularly in the southern regions, expressed regret at losing the Resource Development Centers (RDC) as a source for this support. “It started out pretty good. We were held accountable. Now we don't have resources; it is just stalled. I would be willing to do more if there were more incentives. There was a spark & now it is in limbo.”
- Other providers praised the responsiveness of MRTQ-PDN staff in answering questions about the rating system when they called and said this was a positive change from several years ago.

Training and Parental Involvement Requirements

- Training and parental involvement requirements received the most criticism, largely focused on the time and cost involved. Family child care providers in particular, expressed concern about meeting these requirements– they work alone and may be in the business only temporarily.
- Providers expressed frustration that they could move up until the *Quality for ME* standards required staff to reach level 5 on the MRTQ-PDN Career Lattice. That has proved to be a barrier to making any further advancement through the *Quality for ME* steps.
- Staff turnover was a particular challenge in meeting training requirements. If new staff did not get trained in time, providers lost a step. This was a particular concern for school aged programs because they typically have high rates of turnover and staff often works only part-time.
- Some providers wished credit was given for experience and positive testimonials from parents in establishing a program's rank.
- Requirements for parental involvement were seen as a barrier to moving up the steps. Providers complained that they were unable to get parents to serve on parent boards. School Aged providers, in particular, expressed this concern because children are only there for a few hours per day.

Structure/Process

- Participants felt that the Infrastructure to support the ranking system is inadequate.
- Providers stated that enrollment in *Quality for ME* was easy but that moving up was hard.
- Retention in the system is a challenge. Providers enroll initially or reach a higher step but then allow their status to lapse.

Online Survey Feedback from Parents and Providers

Methodology

The *Quality for ME* Revision team felt it was important to make the process of developing recommendations as transparent as possible. The team was also particularly concerned about how to provide more convenient ways for parents to provide input given the weather-related challenges we were experiencing in getting parents to the focus groups. Accordingly, an opportunity was offered to providers and parents to provide comments online regarding *Quality for ME* during the revision process.

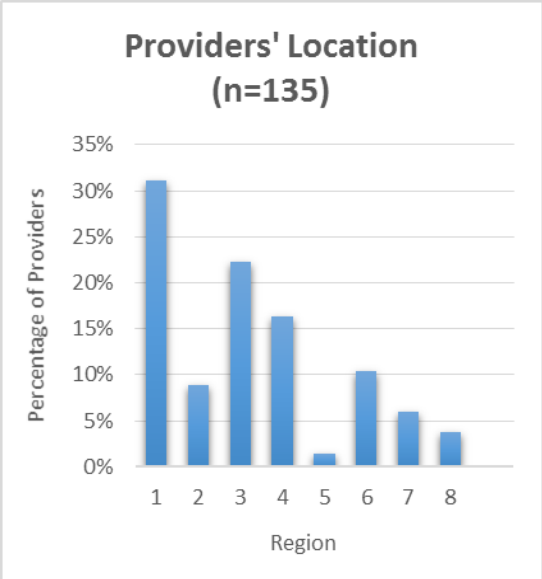
A survey providing a space to leave open-ended comments in response to key questions was posted on the Child Care Choices web site (for parents) and the *Quality for ME* web site (for providers). The survey also asked questions regarding the demographics of those who provided feedback regarding their location, type of care provided/used, etc. Availability of the opportunity and links to the protocol were publicized through the MRTQ-PDN newsletter, the MRTQ-PDN Facebook page, email to all MRTQ-PDN Registry members with online access, and other stakeholder communication vehicles. Emails were also sent to all licensed providers providing a link to the online survey and asking them to inform parents about the opportunity for providing feedback online. These protocols were available online until the last focus group was held on March 2, 2015. Parent responses to this online opportunity increased significantly as a result of publicity in the media about the availability to parents of licensing information on the Child Care Choices web site. A total of 96 parents and 137 providers participated in the online survey.

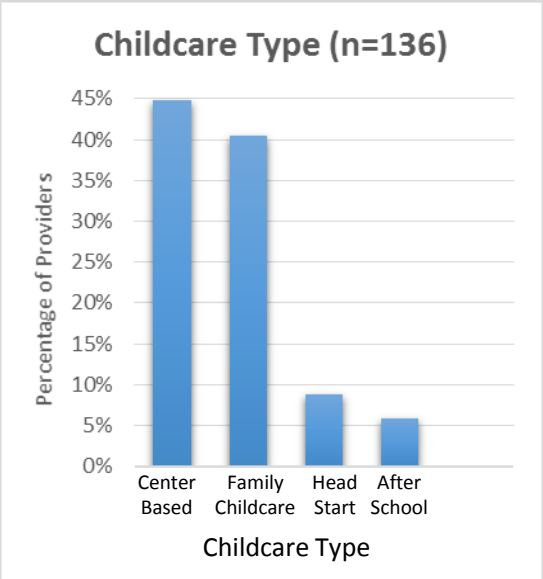
Limitations

The online survey provided an opportunity for anyone to provide open-ended comments in response to key questions regarding *Quality for ME*. Since anyone could respond by going on the web sites, those who participated were not selected at random. Those who were knowledgeable enough to know to go to one of the web sites, and were motivated enough to provide comments, may have had very different responses and opinions from those who did not. Accordingly, these results, like the focus group findings, should not be seen as necessarily representing the opinions and perspectives of any larger population of providers or parents.

Profile of Providers who responded to the Online Survey (N=137)

Total respondents (the "n") may vary because not all of those who provided feedback online answered every question regarding demographics.





Most of the providers who responded to the online survey were from Region 1 (31%). Many fewer providers participated from the northern regions of the state.

The majority (60%) of providers were from Center-Based programs (including Head Start and after school programs).

Online Provider Survey Findings

Benefits/strengths of *Quality for ME*

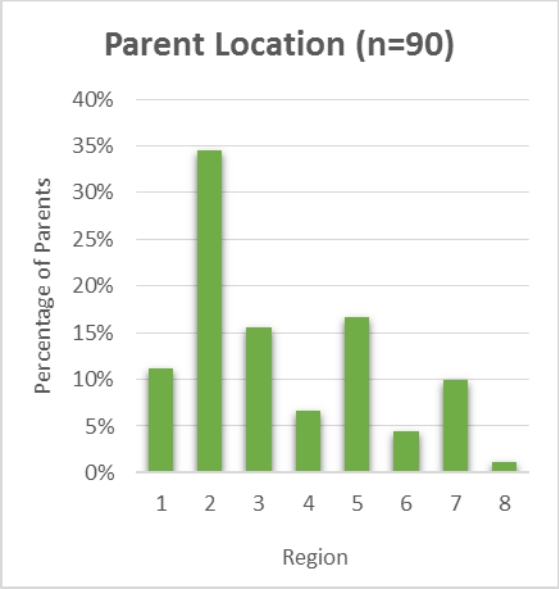
- The benefit most frequently cited by providers was that *Quality for ME* provides standards, goals, monitoring and accountability.
- Other frequently mentioned benefits: incentivizes programs to improve quality, helps parents find a quality program, encourages and provides training/professional development.
- Less frequently mentioned benefits: the system demonstrates effort and quality to the community, provides a tax credit to parents and increases grant and funding possibilities, including subsidies.

Challenges/barriers to participation in *Quality for ME*

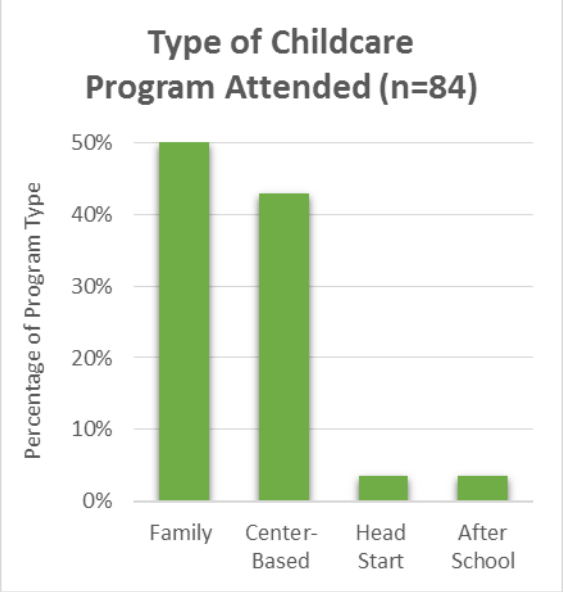
- The most frequently cited barriers were:
  - Too much required documentation; too many policies & procedures (including observations); portfolios
  - Limited financial resources
  - Time constraints
  - Hiring/keeping staff with degrees - they are expensive and usually prefer a position with benefits – difficult to hire staff with degrees while keeping program affordable for parents
  - Accreditation
- Other responses:
  - Need different guidelines/requirements for different types of child care programs (e.g. Family Child Care vs. Center-Based, Montessori)
  - Scheduling conflicts and travel time/costs for attending required training
  - Hours and certifications required
  - Not enough assistance/support for respondents attempting to move up

Profile of Parents who responded to the Online Survey (n=96)

Total respondents (the "n") may vary because not all of those who provided feedback online answered all questions regarding demographics.



About one-third (34%) of parents who responded to the online survey were from Region 2. The smallest proportion (1%) were from Region 8.



Parents were evenly split between reported use of Family Child Care and Center-Based care (including Head Start and after school programs). Note: Where parents had multiple children in child care, parents were asked to respond for the child who spent the most hours in child care.

Online Parent Survey Findings

Parents' Awareness of *Quality for ME*

- Most parents who responded said they were aware of *Quality for ME*.
- Most parents were unaware, however, of the step levels of their providers.

How parents found out about *Quality for ME*

- Most parents who reported having heard of the program, learned about it from their current child care provider, or from the media (TV and web versions)
- A few parents mentioned finding out about the program during their search for a provider, or from the "web" in general.

***Quality for ME* ratings as a factor in child care decision making**

- Most parents reported that their provider's step level was not a factor in their choice of a child care program.

Parents' Perceptions of Quality

- The elements of quality most frequently cited by parents were cleanliness, staff/provider training, education and experience, safety, activities/programs offered and staff/child interaction.
- Curriculum, reputation, licensing history, staff/child ratio, nutrition, amount of screen time and communication with families were also mentioned.

Summary of Providers' and Parents' Suggestions for Improvement to *Quality for ME*

Table 2 and Table 3 are comprehensive lists of suggestions made by participants for improving *Quality for ME* and are not presented in any order of priority.

Table 2 – Suggestions from Focus Group Participants

Providers and Parents	
Marketing to Raise Awareness	• Do local forums about licensing, MRTQ-PDN, *Quality for ME.* • Bring back the RDCs to help parents with the search for child care. • Do more to inform parents about what constitutes quality. • Send information about quality and choosing child care home in the totes new parents receive when they go home from the hospital. • Provide an electronic, up-to-date list of providers with any licensing violations in the last five years, their level of education, overview of program, parent testimonials. • Provide a web-based system of star ratings laid out on a graph and allowing comparisons among programs.
Incentives to Increase Participation	• Increase financial and other incentives for programs to participate and move through the steps. • Provide loan forgiveness for providers seeking education. • Provide financial assistance in the form of mini-grants to help meet the costs of going through the steps. • If parents get a double tax credit for enrolling their child in a step 4 program, providers should also receive that benefit for being a step 4 program. • Provide health insurance and discounts as incentives. • More mechanisms for acknowledging providers' progress through the steps (banquets, more colorful, engaging certificates, online information about ranking that provides the context for what each step means and progress made toward achieving the next step).

Providers and Parents	
Improvements in Infrastructure and Standards	• Make *Quality for ME* mandatory so that newly licensed providers are automatically enrolled. • Allow programs to get their step one status right away instead of waiting until they have been in operation for a year. • Instead of a four step system, use five stars to be in line with other rating systems more familiar to parents (e.g., Amazon). • Allow longer intervals before a program has to renew. • Allow parent testimonials to count toward ranking. • Provide credit for years of experience and for having related degrees such as psychology or social work. • Provide a grace period for new staff to get trained or grandfather them in before impacts step level. • If a program doesn't operate in the summer, lower the requirements for the number of child assessments they have to do. • When programs serve multiple ages (e.g. infant toddler, preschool, after school), have separate rankings for each age group so a lapse in one doesn't affect the ranking for the other parts of the program. • Provide more flexibility in the ways programs can demonstrate parent involvement. • Better align the *Quality for ME* system with licensing and MRTQ-PDN. • Streamline and align the paperwork involved in all the systems. There's a lot of repetition.
Supports to providers in moving through the steps	• Provide more explanation/support to figure out the system-why it is worth doing, how to sign up, how to move through the steps. • Each step should have a separate book so when you reach one step, you get the next book. Having a big book of requirements for all steps at once is too overwhelming. • Have regular site visits where someone comes and examines the portfolios. • Provide one-on-one coaches to help providers move through the steps, particularly for family child care providers. • Bring back the RDCs to support providers in moving up or establish some other local support system for technical assistance and support.

Table 3 – Suggestions from Online Survey Respondents

Providers and Parents	
Most Frequently Mentioned Improvements	• More flexibility in how experience and training is counted toward the ratings (e.g. allowing experience and education to count toward Step 4 in place of accreditation; accepting/acknowledging degrees other than those in ECE). • More face-to-face training; free trainings; easier access to and more opportunities for training; more training online and on weekends; more offerings in remote areas. • Financial and other incentives for participation and improvement. • Providing more support for participants; simplifying the process; making advancement through the program easier to understand; revising and better defining standards.
Other Responses	• Get rid of the portfolio; allow NAEYC portfolio instead of *Quality for ME* portfolio. • Take the average of step ratings instead of using the lowest; weight standards or acknowledge when respondents are working towards higher steps. • Send certificates to the state automatically when respondents participate in trainings • More publicity/awareness (for parents and providers). • Grace period for new staff (ranking is not affected while they are participating in the training process).

Recommendations for Revisions to *Quality for ME*

Strategy: Develop and provide project deliverables: develop/refine an inclusion self-assessment tool; recommendations for revisions of Quality for ME standards; and an implementation/sustainability plan.

The following draft recommendations are the result of feedback and information gathered from a variety of sources: best practices in the literature; focus groups of parents and providers; online surveys of parents and providers; targeted input from stakeholder work groups; and input from the Advisory Committee regarding specific standards and the overall implementation of *Quality for ME* system. The Advisory Committee twice reviewed and offered feedback on all draft recommendations.

> "I enjoy having the *Quality for ME*, maybe not in its current form. But the idea is a good one. It differentiates providers; I know I have no openings because I am a Step 4. The current system needs to be tweaked."
>
> -Provider Focus Group Participant

Proposed Revisions to *Quality for ME* System

As project staff, the Advisory Committee, and the standards work groups reviewed best practices and identified revisions to the *Quality for ME* standards, they identified system issues and supports to be addressed that will make the standard revisions more effective. Below we have included these system recommendations and the rationale behind them.

Table 4 – *Quality for ME* System Recommendations

<table>
<tr><th>Goal</th><th>Recommendation</th><th>Rationale</th></tr>
<tr>
<td>To offer stronger financial incentives for providers to participate…</td>
<td>We recommend:
Implement steeper tiered reimbursements to incentivize child care programs to enroll in Quality for ME and move up to higher quality
• Consider additional financial resources, such as mini-grants, increased scholarships for tuition, or college loan forgiveness.</td>
<td>Tiered reimbursements among sample states from QRIS Compendium

<table>
<tr><th></th><th>Step 1</th><th>Step 2</th><th>Step 3</th><th>Step 4</th><th>Step 5</th></tr>
<tr><td>No. Carolina</td><td></td><td>4%</td><td>33-47%</td><td>40-52%</td><td>47-67%</td></tr>
<tr><td>Delaware</td><td></td><td></td><td>23%</td><td>38%</td><td>54%</td></tr>
<tr><td>Indiana</td><td></td><td>10%</td><td>20%</td><td>30%</td><td></td></tr>
<tr><td>Ohio</td><td>5%</td><td>10%</td><td>15%</td><td>20%</td><td>25%</td></tr>
<tr><td>Minnesota</td><td></td><td></td><td>15%</td><td>20%</td><td></td></tr>
<tr><td>Montana</td><td></td><td>5%</td><td>10%</td><td>15%</td><td>20%</td></tr>
<tr><td>Massachusetts</td><td></td><td>0-15%</td><td>0-15%</td><td>0-15%</td><td>0-15%</td></tr>
<tr><td>Georgia</td><td>3%</td><td>5%</td><td>10%</td><td></td><td></td></tr>
<tr><td>New Hampshire</td><td></td><td>5%</td><td>10%</td><td></td><td></td></tr>
<tr><td>Maine</td><td></td><td>2%</td><td>5%</td><td>10%</td><td></td></tr>
</table>

Feedback from Focus Group Participants
Participants were clear about the need for more incentives. They affirmed that there was a lack of incentive for moving up through the levels in Quality for ME so it did not seem worth the effort involved. They felt that the incentive offered for the subsidy program was insufficient and that other types of incentives also need to be offered to providers who are not serving children receiving subsidies.

Costs to Provide Mini-Grants for Movement through Stars
We have calculated the potential costs starting at Year 1 for providing mini-grants to programs moving to higher quality levels (see Appendix F.) We have identified three scenarios over several years: baseline, high take-up, and the most realistic medium scenario.</td>
</tr>
</table>

Goal	Recommendation	Rationale
To further incentivize programs to participate more fully in *Quality for ME*…	**We recommend:** **Expand low-cost supports offered to programs to participate in Maine's QRIS** • Examples of additional supports include an Annual Raffle, an annual recognition dinner, gift cards for books, a Teacher of the Year/month profile, and/or "star" providers showcased on the website.	Many articles from the literature link supports[1] and incentives that encourage participation; many states (e.g. Georgia, Pennsylvania, and Louisiana[2]) are offering multiple supports, including enhanced Technical Assistance (TA) for moving through the steps. **Feedback from Focus Group Participants** Participants expressed the need for more support from the state to help them move through the steps. They felt that the process of joining was relatively easy but that when they tried to move up they often became overwhelmed with the volume of paperwork and were not sure who they could contact for help. Focus group participants also offered many suggestions for additional supports (See page 24.)
To further encourage participation in *Quality for ME*…	**We recommend:** **Open eligibility for *Quality for ME* to programs as soon as they become licensed, thus eliminating the 1-year waiting period**	**Feedback from Focus Group Participants** Participants suggested that the system should allow programs to get their level one status immediately rather than waiting until they have been in operation for a year. Otherwise, new programs will not be provided with as much support and parents will mistakenly think that the programs are not participating in the rating system.

[1] https://qrisguide.acf.hhs.gov/index.cfm?do=section&sid=5&tid=33

[2] https://qualityrated.decal.ga.gov/
http://www.pakeys.org/pages/get.aspx?page=Programs_STARS
http://www.qrslouisiana.org/child-care-providers/incentives

Goal	Recommendation	Rationale
To promote accountability for *Quality for ME*…	**We recommend:** **Reinvigorate the on-site portfolio review of programs**	**Best Practice from Other States** According to QRIS Compendium, 34 QRISs either gather information for a QRIS application at an on-site review or include on-site review of information submitted by the provider. Only four QRISs do not include any on-site review (though, like Maine, they might include verification of information via professional development registry). **Feedback From Focus Group Participants** Many participants expressed frustration that they keep the portfolios required for *Quality for ME* but no one ever visits to review them and provide feedback. They would like to see this support and method for accountability reinstated in *Quality for ME*. "I could write a document saying that every 3rd Tuesday of the month I have staff meetings. I could write it, but I would be lying. We could be a level 3 by lying my way to the top. I don't want to do that." -Provider Focus Group Participant
To reduce the confusion between *Quality for ME* and MRTQ-PDN…	**We recommend:** **Change the name of *Quality for ME* as part of a larger re-branding and marketing effort**	MRTQ-PDN staff continually field questions about the difference between MRTQ-PDN and *Quality for ME*, demonstrating the need for brand clarity for both. **Feedback from Focus Group Participants** Many participants hadn't heard of QRIS or *Quality for ME*. Even among those who had heard of it, participants often confused *Quality for ME* with licensing, MRTQ-PDN Registry, accreditation, old rating system, and the MRTQ-PDN Career Lattice.

Goal	Recommendation	Rationale
To reduce confusion between the *Quality for ME* "steps" and the MRTQ-PDN Career Lattice levels…	**We recommend:** **Change from a "steps" framework to a "stars" framework** • Most people are familiar with a "star" rating system in other areas • Consider moving to a 5-star system, with Star 1 for licensed programs able to receive the subsidy, eliminating the need for a waiver	Of 39 QRIS systems from 37 states listed at the QRIS Compendium on 6/1/2015: sixteen had the word "Star" in their title; three had the word "Step" in their title; one had both "Step" and "Star" in their title. **Feedback from Family Child Care Work Group** Many states are using STARS to delineate quality levels. Stars are used by many organizations to denote quality – e.g., grocery store guiding stars. Parents are already accustomed to seeing STARS as meaning quality. STEPS have no established meaning. This makes it harder to educate parents about how to assess a providers' progress in improving quality which is a goal of the program. **Feedback from Focus Group Participants** Both parents and providers suggested a star system citing the public's familiarity with other star systems such as Amazon and Trip Advisor.
To effectively recognize quality programs and enable programs to engage parents seeking quality child care…	**We recommend:** **Establish greater visibility of a program's star rating online** • Utilizing a "certificate" or "status page" emphasizing a program's commitment to quality and showing its progress across all the standards will help providers market their program more effectively.	**Feedback from Focus Group Participants** Parents suggested that the star system be accessible online when parents search for child care. The web site should display progress toward each star and also enable parents to do side by side comparisons of the programs they select. The web site should also include a summary of the program offerings and any licensing violations in last five years. See **Appendix G** for an example of a program's star status page.

Goal	Recommendation	Rationale
To avoid duplication, conserve resources, and advance a comprehensive, coherent ECE system for parents, providers, and the public…	**We recommend:** **Integrate and align the policies/practice of all components of the ECE system – licensing, *Quality for ME*, MRTQ-PDN, CDS, Head Start, Public Preschool, etc.** • Ensure that licensing is able to support and answer questions about *Quality for ME* • Familiarize all staff with mission and practice of other programs	Ensuring that all systems partners align/coordinate efforts, share common language, and have a common understanding of each other's work will allow for a more seamless experience for providers and parents. **Feedback from Focus Group Participants** Participants expressed a desire to prevent duplication of effort and confusion by ensuring that the various licensing and quality improvement systems are aligned with each other so that the requirements are integrated and each system acts as a way for providers to learn about the other systems.

Goal	Recommendation	Rationale
To improve provider confidence and competence in providing inclusive practices…	**We recommend:** **Embed the use of the Inclusion Self-Assessment Checklist into *Quality for ME* standards; ensure that additional coaching support is available to facilitate the application of inclusive practices.**	Best practices from other states support practices of inclusion and diversity in their standards. **Feedback from Family Child Care Work group** The Division for Early Childhood/National Association for the Education of Young Child (DEC/NAEYC) joint position statement offers a definition of inclusion. It also includes recommendations for how the joint position statement can be used to improve early childhood services for all children. ***Definition of Early Childhood Inclusion*** *– Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.* **Feedback from Focus Group Participants** When asked about what constitutes quality in a child care program, a number of parents mentioned inclusion of, and support for, children with special needs. **Feedback from Previous Validation Study** 86-90% of staff felt unprepared to work with children with disabilities.

Goal	Recommendation	Rationale
To support ongoing continuous improvement for *Quality for ME*...	**We recommend:** **Establish a process for ongoing revision to the standards based on stakeholder feedback, continuously developing scientific evidence, and national best practice.**	Best practices support the importance of keeping up with the evolution of practice in the field and updates to the federal block grant. Reconvening the former QRIS Subcommittee would foster a planned, purposeful approach toward continuous improvement.
To ensure communication and broader stakeholder engagement…	**We recommend:** **Continue the statewide *Quality for ME* Advisory Committee convened during this project to offer feedback and guide the implementation process**	Implementation of best practice emphasizes the need for multiple avenues of stakeholder engagement and continuous communication between field practice and policy levels.
To ensure the new system is at least as valid as the current *Quality for ME*…	**We recommend:** **Re-validate the system after 2-3 years of implementation** • Accomplish the re-validation through structured observation of programs (consider CLASS, ECERS-3, or other observational tools) • Link to child outcome data *It may be possible to solicit external funds (possibly including funding from the Administration for Children and Families) to fund a thorough validation*	• Re-validation will allow for ongoing changes to be incorporated based on results • Re-validation will allow for evaluation of the effectiveness of the steeper tiered reimbursement, guiding decision-making about whether to continue tiered reimbursements at the same level or to adjust these tiered incentives. • Experience has taught us the importance of communicating well and often about the purpose of the observation during re-validation and how to offer feedback about the results • We would like to align with measures currently being used by Maine Department of Education in Public Preschool expansion grant (CLASS, ECERS-3, and child outcome data).

Goal	Recommendation	Rationale
To ensure ongoing involvement of programs in continuous quality improvements…	**We recommend:** **Establish an annual (rather than the current 3-year period) update of the program's quality application** • This update could easily be accomplished by providers' self-report online	Other states such as Virginia have begun annual updates as part of their QRIS revisions.[3]
To advance parent, provider, and public awareness of the *Quality for ME* program…	**We recommend:** **Implement public relations/marketing strategy that includes robust online resources for both parents and providers** • Enhancements to the Child Care Choices and *Quality for ME* websites • Sustained engagement of marketing and communications professionals	Recent study by Child Trends, *Elevating Quality Rating and Improvement System Communications: How to Improve Outreach to and Engagement with Providers, Parents, Policymakers, and the Public*[4] cites the critical role that marketing and communications strategies play in engaging providers and informing parents, policymakers, and the public about the need for and value of quality early child care and education. **Feedback from Focus Group Participants** Focus Group participants emphasized how difficult it is to find information about child care.
To support the proposed revisions to *Quality for ME* standards…	**We recommend that:** **MRTQ-PDN create new training modules/workshops to help programs meet new standards and increase support to provide consultation to programs engaged in *QRIS* process.**	**Feedback from Focus Group Participants** Providers cited the need for greater variety in the trainings currently offered, especially for more seasoned staff. Some providers also felt that there were not enough classes offered, creating problems when the classes their staff needed to meet requirements were full.

[3] http://www.smartbeginnings.org/Portals/5/PDFs/VSQI/Virginia%20QRIS%202.0%20Standards_73115.pdf
[4] http://www.childtrends.org/wp-content/uploads/2015/07/2015-30QRISComm.pdf

Proposed Revisions to Standards

Besides the previous recommendations to the overall system of quality improvement in *Quality for ME*, project staff worked with the Advisory Committee and work groups to identify specific changes to the standards themselves that would align with current best practices in QRIS programs across the country, while customizing quality improvements to be Maine-specific.

We recommend:

- Revising the standard categories (names) and requirements for each child care setting. (See **Appendix H** for revised standards.) These recommendations represent an incremental process of improving program quality, moving toward program accreditation at the top level.
- Establishing nine standards and changing the names. Revised or new categories are based on current best practices and updated terminology, as well recommendations from the previous validation study:
  1. Compliance History/Licensing Status
  2. Learning Development/Developmentally Appropriate Practice
  3. Program Evaluation
  4. Staff Qualifications and Professional Development (revised name)
  5. Administration and Business Practices (revised name)
  6. Family Engagement and Partnership (revised name)
  7. Child Assessment (revised name)
  8. Health and Safety (new category)
  9. Nutrition and Physical Activity (new category)
- Combining standards for Head Start and Center-based settings
- As part of implementation, identifying supportive resources and examples throughout the standards that a user can find by *"hovering over"* an online version of standards for each setting. This will need updating on an ongoing basis.

Rationale for Changing/Combining Categories from Previous Validation Study

For two sub-areas (*Administrative Policies & Procedures* and *Family Resources*), providers in the validation study all tended to score extremely high. These two dimensions thus did not distinguish among quality levels effectively. If they are retained in a QRIS, they should be amended to better distinguish among the quality of different programs.

- Exploring points of partnership, collaboration, and alignment between *Quality for ME* and the Public Preschool system.
    - During this revision process, a work group of providers served on a work group to identify recommendations for integrating the Department of Education (DOE) Preschool standards with *Quality for ME*. (See **Appendix I** for recommended Preschool standards.) Beginning in 2015 all new and expanding Public Preschool programs must meet program standards outlined in Chapter 124. By 2017 all Public Preschool settings must meet new DOE standards. The implementation period of revising the *Quality for ME* program provides an excellent opportunity to seek out ways to include Public Preschool as part of the Early Care and Education system, building on the many partnerships that currently exist between preschool, Head Start, and child care centers across Maine.
    - Next steps include identifying ways that training/professional development resources can be shared across school systems and other community-based providers.
- Embedding the use of Inclusion Self-Assessment Checklist in revised standards
    - Staff consulted the literature and best practices from other states to develop an Inclusion Self-Assessment Checklist (**See Appendix J**). Project staff and work group members decided to embed the use of the Checklist throughout the standards to better integrate inclusion practice with overall best practice and quality improvement in all child care settings.
- As part of implementation, exploring the use of Classroom Assessment Scoring System (CLASS) in the requirements for *Quality for ME* (or an equally validated measure of classroom quality)
    - The scientific literature indicates that CLASS scores are related to year-end growth in children's math, prereading, language, and social skills (Sabol, Soliday Hong, Pianta, & Burchinal, 2013). CLASS is better at predicting these outcomes than other quality measures, including Environment Rating Scales, staff quality, ratio and group size, and family partnership.
    - Head Start already uses CLASS for accountability purposes.
    - The Maine Department of Education is already using CLASS in their pre-K expansion grant.

The following table represents an overview of the recommended changes and/or additions to the current standards. Please see **Appendix H** for a full listing of all recommended standards.

Table 5 – Overview of Recommended Standard Revisions

Standard Category	Change	Notes
Compliance History/Licensing Status	**Step 1** **Eliminate**: 1 year delay in joining *Quality for ME* **Add:** A copy of the DHHS-Division of Licensing monitoring report is available.	To encourage programs to apply as soon as they become licensed in order to reach more programs
Learning Development/ Developmentally Appropriate Practice	**Step 1** **Add:** Activities and experiences based on understanding of developmental domains and children's interests, skills, and abilities. **Add:** Post a daily schedule (moved from Step 2)	Our goal is to emphasize the importance of quality learning environments for ALL children and the importance of teachers who have a basic understanding of the age group they serve.
	Step 2 **Eliminate:** Post a daily schedule (moved to Step 1) **Add:** Training (MELD or ITLG) for Director (Center-based/Head Start [CB/HS] only) **Add:** Materials and equipment are developmentally appropriate **Add:** Documents methods for curriculum planning (from Step 3) (CB/HS and FCC only)	We seek to build continued improvement across the steps at each program to meet small improvement goals in curriculum development and staff training in Maine Early Learning Development Standards (MELDS) or Infant Toddler Learning Guidelines (ITLG), with the end result being an accredited program.

Standard Category	Change	Notes
Learning Development, continued	**Add:** Curriculum includes infant/toddler routines (CB/HS and Family child care [FCC] only) **Add:** Supports for children with social-emotional & developmental needs to avoid expulsions.	Expulsions, suspensions and other exclusionary disciplinary practices have far reaching implications to children, families, and the early childhood workforce. To support children and families, increase training and support to providers.
	Step 3 **Eliminate:** Methods for curriculum planning (moved to Step 2) (CB/HS and FCC only) **Add:** Training (MELDS or ITLG) for director (FCC only) **Add:** Expand balanced curriculum and activity planning to support children's positive social and emotional development	
	Step 4 **Eliminate:** Training (Curriculum Implementation) **Add:** Language about curriculum based on accrediting body standards (or HS performance standards)	
Program Evaluation	**Step 1** **Add:** Annual review of licensing rules	
	Step 2 **Add:** Staff and family survey (FCC & CB/HS only) **Add:** Inclusion Self-Assessment Checklist (3 categories) **Add:** Monthly staff meetings for feedback on program improvement plan	To build incremental movement through the steps for program improvement based on evaluating the program strengths and weaknesses including use of the Inclusion Self-Assessment Checklist.

Standard Category	Change	Notes
Program Evaluation, continued	**Step 3** **Add:** Self-Assessment tools should be based on national accreditation standards. **Add:** Inclusion Self-Assessment Checklist (all categories)	
Staff Qualifications and Professional Development	**Revised title** from "Staffing and Professional Development"	Increased training requirements for leadership and Personal Growth Points for staff. Added employee supervision. Added diversity/inclusion training for employees.
	Step 1 Add: New staff orientation	
	Step 2 **Add:** Career lattice level requirements for director (CB/HS only) **Add:** Leadership training for directors/owners (CB/HS and SA only) **Add:** Inclusion training for directors/owners **Add:** Monthly employee supervision	
	Step 3 **Add:** 25% of teachers trained in disability/diversity topics (CB/HS & SA only) **Add:** Owner/Operator has to complete disability/ diversity training (in FCC only)	

Standard Category	Change	Notes
Staff Qualifications and Professional Development, continued	**Step 4** **Add:** Program Director level requirement (in SA only) **Add:** 50% of educators at level 3 (in SA only) **Add:** Director must meet inclusion credential (in CB/HS & SA) **Add:** Direct care staff need to meet requirements for approved accreditation	
Administration and Business Practices	**Revised title** from "Administration Policy and Procedures"	Added basic business practices such as employee manual, job descriptions, and employee evaluations. Improved consistency across all settings.
	Step 1 **Add:** Employee handbook (policy and procedures)-moved from Step 2	
	Step 2 **Eliminate:** Employee handbook-moved to Step 1 **Eliminate:** Parent handbook-moved to Step 1 in Family Engagement **Add:** Release time for staff professional development	
	Step 3 **Add:** Program measures business and professional practices (in FCC only) **Add:** Staff offered opportunities to develop program policies (in SA only)	
	Step 4 **Add:** Program coordinates with other providers	

Standard Category	Change	Notes
Family Engagement and Partnership	**Revised title** Combined two standards ("Parent/Family Involvement" and "Family Resources") into one revised title	Increased consistency across all settings and increased communication with families.
	Step 1 **Add:** Family handbook	
	Step 2 **Eliminate:** Written philosophy (include in family handbook in Step 1) **Add:** Program provides regular updates to family about the program and resources	
	Step 3 **Eliminate:** 'daily written communication' for infants and toddlers **Eliminate:** language about RDCs **Eliminate:** Parent involvement (changed to parent input and moved to Step 4) **Eliminate:** Moved parent survey to Program Evaluation-Step 2 **Add:** Parent conferences twice a year (FCC) **Add:** Service plan participation	Written daily communication is in licensing regulations
	Step 4 **Add:** Parent input (changed from parent involvement from S3)	

Standard Category	Change	Notes
Child Assessment	**Revised title** from "Authentic Assessment"	Increased consistency across all settings and changed to incremental increases and added more child development areas.
	Step 1 **Add:** Introduction to observation and curriculum development training **Add:** Individual instruction focused on children's learning styles, abilities, language and culture.	
Health and Safety	Added new standard category	Integrated health and safety goals into the Assessment, Program Improvement Plan, Evaluation, and Family Handbook. Encouraged use of Caring for Our Children Guidelines to set goals.
Nutrition and Physical Activity	Added new standard category	Integrated nutrition and physical activity goals into the Assessment, Program Improvement Plan, Evaluation, and Family Handbook Added language about inclusion

Implementation Overview

Marketing Strategy

Results of focus groups and consultation with two separate marketing firms confirmed the need to market Maine's QRIS program to parents, providers, and the public. In addition to lack of awareness on the part of parents, many providers continually confuse the program with licensing, Maine Roads to Quality Registry, or older ratings programs. Even those providers who are involved in *Quality for ME* spoke in focus groups about seeing little incentive to move through the QRIS program to higher levels.

Even though child care providers in Maine participate in QRIS at a higher rate than in most states, the rate of participation even in Maine is only 48-50%. This means that half of licensed child care facilities in Maine are un-rated. To ensure that all children have the opportunity to be enrolled in a quality child care program, we recommend working with an external marketing firm to develop and implement a strategy over the next several years focused on:

1. Raising statewide awareness of Maine's QRIS among parents, child care providers, partners, state agencies and other stakeholders
2. Increasing the participation rate of providers in all settings

> "You can find out a lot more about a restaurant than you can a child care program."
>
> -Parent Focus Group Participant

The marketing strategy should seek to educate parents about the importance of high quality child care, creating a demand for providers to show continuous improvement in quality. A series of brand development and social marketing activities should focus on the primary audience of parents, ages 21-45, including married, single, working, non-working, expecting parents, and extended family members/friends with a child care role. The secondary audience is all of Maine's nearly 2,000 licensed child care providers, especially those not currently participating in QRIS and those participating at lower levels.

Activities that are part of any successful PR/marketing strategy include:

1. Creating messaging points for both primary and secondary audiences
2. Developing a strategic branding approach, including a name change that more clearly reflects just what the QRIS program is and a move to a "star" system, something that is widely accepted as a rating method in other fields
3. Designing a logo based on the new name for administrative, communications, and social media marketing materials

4. Developing mass media (television/radio), digital media (e.g., Internet advertising, Google display ads), and social media (Facebook) advertising campaigns
5. Expanding and enhancing the current website presence for both Child Care Choices and Maine's QRIS program; website presence will offer the opportunity for easier distribution of materials that can be easily updated
6. Seeking out public relations opportunities to announce a new social media campaign for Maine's QRIS
7. Implementing a comprehensive direct mail campaign to all Maine's child care providers
8. Designing and distributing printed materials that providers can use to market their programs, such as wall signs, posters, or door decals

Projected Expenses for Marketing Strategy

Projected expenses for the above activities for the first year would be between $250,000 and $300,000. Some costs, such as messaging and branding/logo development would only occur in the first year.

Implementation Plan

The following section contains guiding principles to successful implementation, based on our knowledge of implementation science and lessons learned from our experience in various sectors. More specific action items tailored to implementing changes in *Quality for ME* would be included in future plans and proposals.

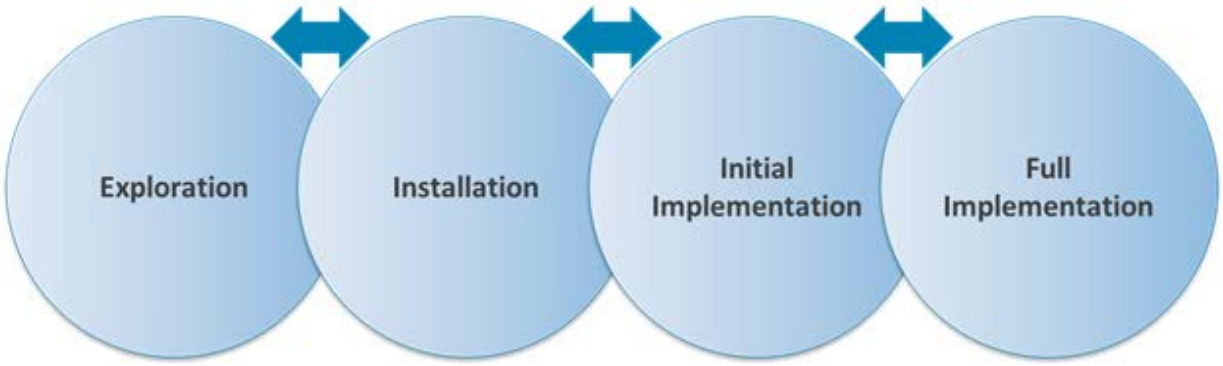
The National Implementation Research Network (NIRN) defines implementation as a "specified set of activities designed to put into practice an activity or program of known dimensions." Many plans for organizational change run into difficulties when it comes to operationalizing the plans. It can be a challenge to put in place an innovation that means *real change* for how an organization does business in a way that will have a *tangible effect* on the consumer or client.

For real change to happen, the implementation cannot be just on paper or just re-arranged processes. Our experience has also taught us about the importance of leadership commitment in implementing a change initiative. Leaders guide the organization in focusing on outcomes that will make a difference.

Implementation that produces actual benefits to consumers, organizations, and systems requires careful and thoughtful efforts.

Stages of Implementation

The NIRN outlines four stages of implementation: Exploration, Installation, Initial Implementation, and Full Implementation



It is important to remember that the stages of implementation are not a recipe; it is helpful to think of implementation as an iterative process, not necessarily a linear one. For instance, in our experience, once you begin to implement, you will sometimes find that you need to return to design – e.g., there will be agreements or supports that need to be strengthened before implementation can begin in earnest.

It can take up to four years, depending on the complexity of the change initiative, to get to full implementation and make the organizational changes needed that will integrate and sustain the new way of doing business. Organizational leaders are often surprised about the need to take time to pay attention to readiness, design, resources, communication, staff & stakeholder engagement, pilot testing, and evaluation.

Implementation Plan Recommendations

We have learned that implementation is most successful when it is designed, planned, and executed in a thoughtful way that engages a broad range of system, organizational, and consumer partners. We envision a four year implementation of changes to the current QRIS system in Maine.

Below are the Guiding Principles of Implementation that we will follow at every stage.

Year 1: Exploration Stage

Are we ready for change?

How do we get ready for and plan for change?

We understand the importance of taking the time to set up the infrastructure and readiness for change. If this isn't accomplished successfully, one will need to keep turning back to this task in subsequent stages. Recommended activities:

→ Engage leaders and broad range of stakeholders

→ Engage & convene Implementation Team, committees, and work groups to design a plan, serve as champions, and implement an organizational readiness assessment

→ Identify, collect, analyze data (existing or new to be collected)

→ Engage marketing firm; develop marketing strategies

→ Develop/implement communication plan, feedback loops – set expectations for field!

→ Conduct readiness assessment and find areas ready for implementation

→ Build on "bright spots"; identify "low hanging fruit", & implement some changes quickly

→ Design evaluation: establish measures of success; link to outcomes

→ Embed evaluation activities into design and infrastructure

Exploration Stage

It is in this stage that you explore the readiness and capacity of the organization for change. During this stage, you might conduct an organizational readiness assessment, gather/analyze data, ensure the commitment of leaders and champions, develop a communication plan, and find/build on "bright spots."

Year 2: Installation Stage

Do we have a clear plan for implementation?

Have we pilot-tested & refined the plan?

Do we have the structure & resources in place for implementation?

Recommended activities:

→ Ensure ongoing stakeholder participation

→ Develop detailed work plan

→ Plan & test marketing strategy

→ Plan & conduct usability/pilot test in 1-2 regions – implement "low hanging fruit"

→ Evaluate/revise based on pilot test

→ Prepare technology for both pilot test & roll out

→ Conduct ongoing communication & feedback

→ Embed evaluation: revise measures of success; link to outcomes

→ Embed evaluation activities

Installation Stage

During installation, you acquire or repurpose the resources needed to do the work ahead, identify evaluation/measures of success, test out and refine your plan, prepare/develop needed technology, and develop a detailed roll out plan. Communication continues throughout to build momentum and set expectations.

Year 3: Initial Implementation

What is the planned roll out? Who should implement first, second, third…?
Does the design/work plan need revision as we encounter barriers?
Are leaders on board, do staff have the competencies they need, are supports in place for providers & parents?

Recommended activities:

→ Ensure ongoing stakeholder participation through committees, work groups, etc.
→ Implement roll out in phases, including marketing strategy
→ Review milestones during roll out
→ Revise work plan as needed
→ Trouble shoot issues/barriers that arise
→ Revise marketing strategy, as needed
→ Conduct ongoing communication & feedback among stakeholders
→ Embed evaluation: revisit measures of success; link to outcomes
→ Embed evaluation activities

Initial Installation Stage
During this stage the change is being used for the first time across the organization. This can be a challenge when there might be resistance to change or real barriers; it is important to ensure ongoing communication & feedback, as well as supports.

Full Implementation Stage
Have the changes been operationalized?
Have structures, policies, procedures been realigned?

Recommended Activities:

→ Ensure stakeholder participation is institutionalized
→ Ensure staff are supported to sustain new QRIS standards
→ Ensure structures & policies are in place to sustain new QRIS standards
→ Ensure that new QRIS standards are how we now do business
→ Ensure ongoing communication & feedback
→ Ensure marketing strategy is sustained
→ Integrate monitoring and revision, link to outcomes
→ **Re-validate the new QRIS standards framework now in place**
→ **Revise program based on re-validation results**

Full Implementation Stage
Full implementation is achieved when the change is integrated into daily practice and sustained beyond the implementation period. The organizational change has become routine.

Conclusion

Our aim throughout this revision process was to recommend changes to the *Quality for ME* program that:

- Would have the support of the early care and education community
- Were responsive to families' and providers' needs
- Were understandable and helpful to the State, providers, and families
- Would measure key aspects of quality
- Were amenable to a validation study
- Could be realistically implemented

> "It started out pretty good; we were held accountable. Now we don't have resources; it is just stalled. I would be willing to do more if there were more incentives."
>
> -Provider Focus Group Participant

While every attempt was made to conduct an inclusive and transparent revision process, we believe the continued involvement of the early care and education community is essential to successful implementation. The need for a robust communication and marketing strategy, as well as a system of incentives and provider supports, was identified by every stakeholder group we spoke with – Advisory Committee, Work Groups, and Focus Group participants. We look forward to working with the State to continue this ongoing dialogue with the field as decisions are made about the revisions, plans are put in place, and implementation of the changes to *Quality for ME* are initiated.

References

Arnett, J. (1989). Caregivers in day-care centers: Does training matter? *Journal of Applied Developmental Psychology, 10,* 541-532.

Austin, Lea, J. E., Marcy Whitebook, Maia Connors & Rory Darrah. (2011). *Staff preparation, reward, and support: Are quality rating and improvement systems addressing all of the key ingredients necessary for change?* Executive Summary. Berkeley, CA: Center for the Study of Child Care Employment, University of California at Berkeley.

Boller, K., Paulsell, D., Del Grosso, P., Blair, R., Lundquist, E., Kassow, D. Z., Kim, R., & Raikes, A. (2015). Impacts of a child care quality rating and improvement system on child care quality. *Early Childhood Research Quarterly, 30,* 306-315. doi: 10.1016/j.ecresq.2014.10.001

Burchinal, M. R., Roberts, J. E., Nabors, L. A., Bryant, D. M. (1996). Quality of center child care and infant cognitive and language development. *Child Development, 67,* 606-620.

Burchinal, M. R., Kainz, K., Cai, K., Tout, K., Zaslow, M., Martinez-Beck, I., & Rathgeb, C. (2009). *Early care and education quality and child outcomes.* (OPRE Research-to-Policy Research-to-Practice Brief No. 2009-15). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services.

Caronongan, Pia, Gretchen Kirby, Lizabeth Malone, and Kimberly Boller. *Defining and Measuring Quality: An In-Depth Study of Five Child Care Quality Rating and Improvement Systems the Child Care Quality Rating System (QRS) Assessment.* (2011, August). Report prepared for Office of Planning, Research and Evaluation. http://www.qrisnetwork.org/sites/all/files/resources/gscobb/2011-09-28%2014:01/Report.pdf

Center for the Study of Social Policy's Strengthening Families. *State Approaches to Integrating Strengthening Families into Quality Rating and Improvement Systems.* http://www.dhhs.nh.gov/dcyf/cdb/documents/sf-article.pdf

Cleveland, Jennifer, Amy Susman-Stillman, and Tamara Halle. (2013) *Parental Perceptions of Quality in Early Care and Education.* http://www.childtrends.org/wp-content/uploads/2013/12/2013-44ParentalPerceptionsofQuality.pdf

Cobo-Lewis, A. B., Lahti, M., Dean, A., Michaud, K., Song, Q., Bhuvanagiri, S., Mason, C. A. (under revision). *Validation of online child care quality rating and improvement system using Environment Rating Scales.*

Connors, M., & Morris. P. A. (2015). Comparing state policy approaches to early care and education quality: A multidimensional assessment of quality rating and improvement systems and child care licensing regulations. *Early Childhood Research Quality, 30,* 266-279. doi: 10.1016/j.ecresq.2014.05.006

Early, D., Barbarin, O., Bryant, D., Burchinal, M., Chang, F., Clifford, R., . . . Barnett, W. S. (2005). *Pre-kindergarten in eleven states: NCEDL's multi-state study of pre-kindergarten & study of state-wide early education programs (SWEEP): Preliminary descriptive report.* Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina. Retrieved March 5, 2014, from http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/NCEDL_PreK-in-Eleven-States_Working-Paper_2005.pdf.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231)

Georgia's Quality Rating and Improvement System. *Georgia's Quality Rating and Improvement System*. N.p., n.d. Web. 14 Aug. 2015. https://qualityrated.decal.ga.gov.

Harms, T., Cryer, D., & Clifford, R. M. (2003). Infant/Toddler Environment Rating Scale-Revised edition (ITERS-R). New York, NY: Columbia University, Teachers College Press.

Harms, T., Cryer, D., & Clifford, R. M. (2007). Family Child Care Environment Rating Scale-Revised edition (FCCERS-R). New York, NY: Columbia University, Teachers College Press.

Harms, T., Cryer, D., & Clifford, R. M. (2005). *Early childhood environment rating scale* (Revised, updated ed.). New York, NY: Teachers College, Columbia University.

Heifetz, R., Grashow, A., & Linsky, M. (2009). The *Practice of Adaptive Leadership*. Boston. MA: Harvard Business School Publishing.

Horowitz, Michelle and Jim Squire (2014). *QRIS and inclusion: Do state QRIS standards support the learning needs of all children?* (CEELO FastFact). New Brunswick, NJ: Center on Enhancing Early Learning Outcomes.

Howes, C. (1988). Relations between early child care and schooling. *Developmental Psychology, 24, 53-57.*

Isner, Tabitha, Kathryn Tout, Martha Zaslow, Meg Soli, Katie Quinn, Laura Rothenberg, and Mary Burkhauser. (2011, January). *Coaching in Early Care and Education Programs and Quality Rating and Improvement Systems (QRIS): Identifying Promising Features*. Report submitted to Children's Services Council of Palm Beach County. http://www.buildinitiative.org/TheIssues/DiversityEquity/Toolkit/ToolkitResourceList/ViewToolkit/tabid/224/ArticleId/194/Coaching-in-Early-Care-and-Education-Programs-and-Quality-Rating-and-Improvement-Systems-QRIS-Identi.aspx

Johnson-Staub, Christine. (2011). *Meeting the Early Learning Challenge: A Checklist for High Quality QRIS.* http://www.clasp.org/resources-and-publications/files/Meeting-the-Early-Learning-Challenge-A-Checklist-for-a-High-Quality-QRIS.pdf

Karoly, L. A., ghosh-Dastidar, B., Zellman, G. L., Perlman, M., & Fernyhough, L. (2008). *Prepared to learn: The nature and quality of early care and education for preschool-age children in California.* (Technical Report No. TR-539-PF/WKKF/PEW/NIEER/WCJVSF/LAUP). Santa Monica, CA: RAND Corporation.

Keystone STARS. *Keystone STARS*. N.p., n.d. Web. 14 Aug. 2015. http://www.pakeys.org/pages/get.aspx?page=Programs_STARS

Kotter, J. P. (2012). *Leading change* (2nd ed.). United States: Harvard Business Review Press.

Lahti, M., Cobo-Lewis, A., Dean, A., Rawlings, S., Sawyer, E., & Zollitsch, B. (2011, December). *Maine's Quality for ME – Child care quality rating and improvement system (QRIS): Final evaluation report.* Report submitted to Maine Department of Health and Human Services. http://muskie.usm.maine.edu/maineroads/pdfs/QRISEVALRPRT_FINAL.pdf

Lahti, M., Elicker, J., Zellman, G., & Fiene, R., (2015). Approaches to validating child care quality rating and improvement systems (QRIS): Results from two states with similar QRIS type designs. *Early Childhood Research Quarterly, 30B,* 280-290. doi:10.1016/j.ecresq.2014.04.005

Lahti, M., Sabol, T., Starr, R., Langill, C., & Tout, K. (2013). *Validation of quality rating and improvement systems (QRIS): Examples from four states.* (Research-to-Policy, Research-to-Practice Brief No. OPRE-2013-036). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, US Department of Health and Human Services.

La Paro, K. M., Pianta, R. C., & Stuhlman, M. (2004). The Classroom Assessment Scoring System: Findings from the prekindergarten year. *Elementary School Journal, 104,* 409-426. doi: 10.1086/499760

Mitchell, Anne. (2012) *Considerations for an Efficient, Inclusive and Implementable Quality Rating and Improvement System*. QRIS National Learning Initiative. BUILD Initiative, QRIS National Learning Network. http://qrisnetwork.org/resource/2012/considerations-efficient-inclusive-and-implementable-quality-rating-and-improvement-sy

National Implementation Research Network. http://nirn.fpg.unc.edu/

National Institute of Child Health and Human Development Early Child Care Research Network. (2000). The relation of child care to cognitive and language development. *Child Development, 71,* 960-980.

National Institute of Child Health and Human Development Early Child Care Research Network. (Ed.) (2005). *Child care and child development: Results from the NICHD study of early child care and youth development.* New York, NY: Guilford.

Peisner-Feinberg, E., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., & Yazejian, N. (2001). The relation of preschool child-care quality for children's cognitive and social developmental trajectories through second grade. *Child Development, 72,* 1534-1553. doi: 10.1111/1467-8624.00364

Pianta, R. C., La Paro, K. M., & Hamre, B. K. (2008). *The Classroom Assessment Scoring System. Manual, Pre-K.* Brookes: Baltimore, MD.

Poister, T. H., Pitts, D. W., & Edwards, L. H. (2010). Strategic management research in the public sector: A review, synthesis, and future directions. *The American review of Public Administration, 40*(5), 522-545.

QRIS Resource Guide. *Provider Incentives and Support*. N.p., n.d. Web. 14 Aug. 2015. https://qrisguide.acf.hhs.gov/index.cfm?do=section&sid=5&tid=33

Quality Start Louisiana. *Quality Start Louisiana*. N.p., n.d. Web. 14 Aug. 2015. http://www.qrslouisiana.org/child-care-providers/incentives

Sabol, T. J., & Pianta. R. C. (2015). Validating Virginia's quality rating and improvement system among state-funded pre-kindergarten programs. *Early Childhood Research Quarterly, 30B*, 183-198. doi: 10.1016/j.ecresq.2014.03.004

Sabol, T. J., Soliday Hong, S. L., Pianta, R. C., & Burchinal, M. R. (2013). Can rating pre-K programs predict children's learning? *Science, 341,* 845-846. doi: 10.1126/science.1233517

Tout, Kathryn, Nina Chien, Laura Rothenberg, and Weilin Li. (2014). *Implications of QRIS Design for the Distribution of Program Ratings and Linkages between Ratings and Observed Quality.* OPRE Research Brief #2014-33. Washington DC: Child Trends.

Tout, Kathryn, Martha Zaslow, Tamara Halle, and Nicole Forry. (2009). *Issues for the next decade of Quality Rating and Improvement Systems*. OPRE Issue Brief #3, Publication #2009-014. Washington DC: Child Trends.

Tout, K., Starr, R., Soli, M., Moodie, S., Kirby, G., & Boller, K. (2010). The child care quality rating system (QRS) assessment: Compendium of quality rating systems and evaluations. Washington, DC: US Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation. Retrieved February 9, 2014, from http://www.acf.hhs.gov/sites/default/files/opre/qrs_compendium_final.pdf

U.S. Department of Education and U.S. Department of Health and Human Services. (2014). *The Race to the Top – Early Learning Challenge Year Two Progress Report.* Washington, DC. http://www2.ed.gov/programs/racetothetop-earlylearningchallenge/rtt-aprreportfinal112614.pdf

Walter, Frank, Alicia Torres, and August Aldebot-Green. (2015). *Elevating Quality Rating and Improvement System Communications: How to Improve Outreach to and Engagement with Providers, Parents, Policymakers, and the Public.* #2015-30. Washington DC: Child Trends.

Yazejian, N., & Iruka, I. U. (2015). Associations among tiered quality rating and improvement system supports and quality improvement. *Early Childhood Research Quarterly, 30,* 255-265. doi: 10.1016/j.ecresq.2014.05.005

Appendices

Appendix A – *Quality for ME* Revision Project – Project Team and Advisory Committee Members
Appendix B – *Quality for ME* Revision Project – Work Group Members
Appendix C – Recruitment materials for Focus Groups
Appendix D – Focus Group protocols
Appendix E – Focus Group Findings
Appendix F – Cost Calculations for Mini-Grant Incentives
Appendix G – Sample *Quality for ME* Program Star Status Page
Appendix H – Revised Standards
Appendix I – Public Preschool Standards (DRAFT)
Appendix J – Inclusion Self-Assessment Checklist

Appendix A – *Quality for ME* Revision Project – Project Team and Advisory Committee Members

Name	Organization
Project Team:	
Alan Cobo-Lewis (Co-Principal Investigator)	CCIDS, UMaine
Sonja Howard (Co-Principal Investigator)	Maine Roads to Quality, USM
Linda Labas (Co-Principal Investigator)	CCIDS, UMaine
Maggie Vishneau (Project Director)	Muskie School, USM
Priscilla Armstrong	Muskie School, USM
Jill Downs	CCIDS, UMaine
Tracey Meagher	Muskie School, USM
Erica Sawyer	Muskie School, USM
Helen Ward	Muskie School, USM
Advisory Committee:	
Angie Bellefleur	DHHS-OCFS
Priscilla Armstrong	Maine Roads to Quality, USM
Jodelle Austin	South Portland Public Pre-K
Amanda Beaudette	Alfond Youth Center
Shena Bellerose	Maine Roads to Quality, USM
Karen Campbell-Sawyer	ACAP Family Services
Michelle Cyr	Auburn-Lewiston YMCA
Sue Dionne	Gilbert Elementary School
Tammy Dwyer	Mammy's Child Care & Preschool
Verna Eldridge	Maine DOL
Alice Engelhardt	Division of Licensing and Regulatory Services
Erin Frati	Maine Afterschool Network
Bob Gauthier	Division of Licensing and Regulatory Services
Jonathan Leach	Division of Licensing and Regulatory Services
Peter Lindsay	Children's Growth Council
Lee Lingelbach	Maine Roads to Quality, USM
Dawn Littlefield	Maine CDC
Laurie Lizotte	Winslow Before & After Care
Lyn Ludington	OCFS-CACFP Program
Catherine Martin	Winfield Children's House
Kris Michaud	Maine CDS
Doug Orville	Head Start Representative
Sara Padgett	Southern Kennebec Child Development Center
Jessica Powell	KVCAP
Pam Prevost	Maine Roads to Quality, USM
Carolee Shepherd	Hall Dale After School Program
Pam Soucy	Maine Roads to Quality, USM
Michelle Vogel	Winfield Children's House
Cheryl Walker	ME Assoc for the Education of Young Children

Appendix B – *Quality for ME* Revision Project – Work Group Members

Work Group	Name	Organization
School Age	Pam Prevost	Maine Roads to Quality, USM
	Laurie Lizotte	Winslow Before and After Care
	Amanda Beaudette	Alfond Youth Center
	Erin Freti	Maine Afterschool Network
	Carolee Shephard	Hall Dale After School Program
Center-Based & Head Start	Lee Lingelbach	Maine Roads to Quality, USM
	Cheryl Walker	ME Association for the Education of Young Children
	Michelle Cyr	Lewiston-Auburn YMCA
	Amy Carter-Boynton	PenBay Creative Learning Center
	Michelle Vogel	Winfield Children's House
	Shena Bellerose	Maine Roads to Quality, USM
	Doug Orville	Maine Head Start
	Karen Campbell-Sawyer	ACAP Family Services
	Sara Padgett	Southern Kennebec Child Development Center
	Kristen Holzinger	KVCAP
Family-Based	Pam Soucy	Maine Roads to Quality, USM
	Tammy Dwyer	Parent Representative
	Robert Gauthier	Div. of Licensing & Regulatory Services
	Alice Engelhardt	Div. of Licensing & Regulatory Services
	Deb Arcaro	Family Child Care provider
	Priscilla Armstrong	Maine Roads to Quality, USM
Health & Safety	Dawn Littlefield	Maine CDC
	Pam Morin	Child Care Services Team Leader
	Jonathan Leach	Div. of Licensing & Regulatory Services
	Karen White	Central Maine Community College
	Robert Steinberg	Community Representative
	Lyn Ludington	OCFS-CACFP Program
Public Preschool	Sue Reed	ME Department of Education
	Peter Lindsay	United Way of Midcoast Maine
	Jodelle Austin	DOE Preschool Representative
	Kris Michaud	Maine CDS

Appendix C – Recruitment materials for Focus Groups

Regional Representative Recruitment Checklist

Ongoing:

- ☐ Reserve sites for 4:00pm-8:00pm

ASAP:

- ☐ Contact practitioners on the **Practitioner List** by phone. Use **Talking Points** to explain the Focus Groups.

If they agree to attend the Focus Group:

- ☐ Gather their contact information on the **Focus Group Contact List**
- ☐ Fill in logistic information and send the **Follow-up Email to Practitioners**

If they agree to recruit parents:

- ☐ Attach the **Parent Talking Points, Parent Email,** and **Parent Focus Group Flyer**
- ☐ Ask the practitioner to provide parent contact information (those that agreed to attend) to fill out **Focus Group Contact List** (reminder: we can only have up to 15 people at each Focus Group, so it's important for the Practitioners to get back to you with the parent(s) contact information)

If they can't attend the Focus Group:

- ☐ If you get five 'No' responses (or can't reach people), contact Tracey Meagher for additional names of Practitioners to contact (include in your email the name of person and child care type (Family-based or Center-based)).

1 Week Prior to the Focus Group:

- ☐ Send **Reminder Email to Practitioners**
- ☐ Send **Reminder Email to Parents**
- ☐ Follow-up with practitioners about parent recruitment if you don't have at least 10 (15 max) parents confirmed.

1

1 Day Prior to the Focus Group:

- ☐ Send Reminder Email to Practitioners
- ☐ Confirm site
- ☐ Pre-order pizza?

Day of Focus Group:

- ☐ Pick up Pizza

2

Talking Points to Recruit Practitioners for Focus Groups

Begin with a phone call, then follow-up with a confirmation email.

What: I am calling to ask you to participate in a Focus Group with other child care practitioners in your area. Participants will provide input into potential changes to the Quality for ME rating system. In addition to attending a Focus Group, I would like to ask you to bring/recruit parent(s) to attend a parent Focus Group on the same night.

Why: Regional Focus Groups will allow practitioners (and parents) to offer feedback, input, suggestions, and recommendations about the Quality for ME revision. The Focus Groups will include all types of practitioners who work at programs that are already participating in Quality for ME (at all Steps), as well as those who are not enrolled, in order to better understand the benefits and the challenges of the current Quality for ME rating system. In addition, we will get input from parents about their views of quality care, and how they think the state of Maine could help improve child care quality.

Why it's Important to Participate:

- This is a rare opportunity to get your voice heard about revising the Quality for ME program.
- The State of Maine is asking for provider and parent input **BEFORE** making changes to the rating system.
- The format of the focus group (rather than a survey for example) will allow us to uncover in-depth information about the rating system and recommendations to improve it.

Who: Practitioners were chosen randomly to include the number of Family Child Care providers and Center-based providers that match the numbers in our region (for example, Aroostook County has 81% of Family Child Care providers and 19% of Center-based providers, thus the selection reflects that). We also included those participating in Quality for ME at all steps and included those that are not participating in the rating system.

Background Information: In July of 2014, the State of Maine contracted with the University of Maine in partnership with the University of Southern Maine's Muskie School of Public Service, to conduct a yearlong study of Quality for ME, Maine's quality rating and improvement system (QRIS). The goal of

1

this study is to make recommendations to the Office of Child and Family Services (OCFS) for revisions to this system.

When and Where:

(Insert Date, Time, Location)

The Focus Group will be made up of 10-15 other practitioners from your area. A list of questions will be asked by the group leader/facilitator. Another person will take notes on a computer to capture what is said. The Focus Group will take 1 hour. There will be pizza and beverages provided and children's book will be given to each participant as a token of appreciation.

Confirm Attendance:

Ask: Will you participate in a focus group on (insert date/time) at (insert location) yes or no?

If YES:

- ☐ Confirm all contact information-use **Focus Group Contact Form.**
- ☐ Tell practitioner he/she will receive **Follow-up and Reminder Emails** with logistic information.
- ☐ Tell practitioner he/she will receive information to use to recruit parents (**Parent Talking Points, Parent Emails, Parent Focus Group Flyer).**
- ☐ Ask practitioner to get parent information back to you by (insert date) (name, email address, and phone number)-use **Focus Group Contact Form** to record information.
- ☐ Keep in touch with Practitioner about parent recruitment and any changes.

If NO:

- ☐ If you get more than five 'nos', contact Tracey Meagher for additional names of Practitioners to contact.

QUALITY CHILD CARE

FOCUS GROUP

How do you tell if child care is good quality?

What do you think the state of Maine should do to help parents choose good quality child care?

We want to hear from you!

Insert Date and Time

Insert Location

Pizza and Beverages will be provided

Each participant will receive a children's book

Contact your childcare provider if you will attend!

The Focus Group will be led by people who work at USM and UMaine who have been asked by the State of Maine to talk with parents about how to help parents choose good quality child care. They will also talk to child care providers about what they need to give better care to children. At the end, they will write a report about what parents and child care providers told us, and give the State of Maine some advice about how they can help improve child care.

Appendix D – Focus Group protocols

Practitioner Demographic Information

ID Number: _____

Please fill out this form and give it to the focus group facilitators prior to the Focus Group

What is your first name?_____*(please give us your first name only)*

1. Do you work as a:
   - ☐ Family Child Care Provider
   - ☐ Center-Based Provider
   - ☐ Head Start Provider
   - ☐ Other (*please specify*)_____

2. How old are the children in your program? *(check all that apply)*
   - ☐ infant (under 12 months old)
   - ☐ toddler (12 months-2 years old)
   - ☐ preschool (3-5 years old)
   - ☐ Kindergarten
   - ☐ Elementary school (1st to 5th grade)
   - ☐ Middle School (6th-8th grade)
   - ☐ Prefer not to answer

3. Do **any** of the children you provide care for have a **special educational, developmental, or medical need**?
   - ☐ Yes
   - ☐ No
   - ☐ Not sure
   - ☐ Prefer not to answer

4. Do you currently accept **child care subsidies** from parents in your program?
   - ☐ Yes
   - ☐ Yes, but not now (in the past)
   - ☐ No
   - ☐ Not sure
   - ☐ Prefer not to answer

5. What is your program's current step with Quality for ME?
   - ☐ Do not participate in Quality for ME
   - ☐ Step 1
   - ☐ Step 2
   - ☐ Step 3
   - ☐ Step 4

6. Is your program currently working towards the next step with Quality for ME?
   - ☐ Yes
   - ☐ No
   - ☐ Not sure

Focus Group Introduction: Practitioners

Before beginning, make sure:

- *Each provider has a nametag, first name only and an ID number.*
- *Also make sure that each provider has filled out a* demographic information sheet*.*

Thank you for coming to our Provider Focus Group on Child Care Quality

We appreciate the time you are taking to talk to us about the Quality for Maine or Quality for ME rating system. We expect this "focus group" (a guided discussion of a group of people) – to last an hour.

I am Tracey, I work for the University of Southern Maine and this is Jill, she works at the University of Maine. We are part of a team of folks that have been asked by the state of Maine to talk with providers statewide to ask what they think about the Quality for Maine rating system. We are also talking with parents throughout the state and looking at the current research on child care quality. We will then report back to the state our findings and recommendations for improving the Quality for Maine rating system that may include possible revisions to standards and suggestions for implementation of changes.

Throughout our conversation, I will make references to "the state of Maine or the state". I will be referring to the Office of Child and Family Services in DHHS that tracks the quality for child care providers, NOT the licensing office - are there any questions about that?

We will not identify you in our report, or what you say – so the information you provide will stay anonymous. You are free to answer questions, or skip questions, or leave the group at any time. We hope that what is said in this room stays in this room, but we can't guarantee that. So we encourage you to take that into account as you decide how to answer our questions.

In order to maintain continuity with all the focus groups statewide, I will ask the questions verbatim.

To help us take notes, we'd like to tape record our conversation. This is for us to make sure our notes are accurate – no one else will hear it and it will be destroyed as soon as we have finished. Is tape recording okay with everybody in the room?

- *If no objections,* ***turn on tape recorder now***
- *if anyone objects, turn take written notes*

Before we begin, do you any questions?

Parent Demographic Information

ID Number: _____

Please fill out this form and give it to the focus group facilitators prior to the Focus Group

What is your first name?_____*(please give us your first name only)*

1. How old are the children in your household, who **currently attend** child care, or **whom you are currently looking for** child care? *(check all that apply)*
   - ☐ infant (under 12 months old)
   - ☐ toddler (12 months-2 years old)
   - ☐ preschool (3-5 years old)
   - ☐ Kindergarten
   - ☐ Elementary school (1st to 5th grade)
   - ☐ Middle School (6th-8th grade)
   - ☐ Prefer not to answer
   - ☐ Other:_____

2. Do **any** of the children you describe above have a **special educational, developmental, or physical/medical need**?
   - ☐ Yes
   - ☐ No
   - ☐ Not sure
   - ☐ Prefer not to answer

3. Do you currently receive a **child care subsidy** that helps you pay for child care for any of the children described above?
   - ☐ Yes
   - ☐ Yes, but not now (in the past)
   - ☐ No
   - ☐ Not sure
   - ☐ Prefer not to answer

Focus Group Introduction: Parents and Guardians

Before beginning, make sure:

- *Each parent/guardian has a nametag, first name only and ID number.*
- *Also make sure that each parent/guardian has filled out a* demographic information sheet*.*

Thank you for coming to our Parent/Guardian Focus Group on Child Care Quality

We appreciate the time you are taking to talk to us about the topic of child care quality. We expect the "focus group" (a guided discussion of a group of people) – to last an hour.

I am Tracey, I work at the University of Southern Maine and this is Jill, she works at the University of Maine. We are part of a team of folks that have been asked by the state of Maine to talk with parents to ask what they think a good quality child care program looks like. We are talking with parents throughout the state. We are also talking with child care providers, and looking at research on child care quality. We will then write a report for the state, giving them some advice on rating child care providers in terms of quality.

We know that there are other very important issues that parents face with when looking for child care – such as finding child care you can afford, or that is close to you, or that has space for your children.

But for today, we are interested in your thoughts about what you look for when you try to figure out if a child care program is of good quality?

We will not identify you in our report, or what you say – so the information you provide will stay anonymous. We will not take any last names of parents who come to speak with us, and will not know what town you live in. You are free to answer questions, or skip questions, or leave the group at any time. Although we hope that what is said in this room stays in this room, we can't guarantee that. So we encourage you to take that into account as you decide how to answer our questions.

Your child care provider won't know what you said here in this group. No matter what you say, your child care services won't be affected. Whether or not you speak with us also won't have any effect on whether or not you receive child care subsidies to help you pay for child care.

In order to make sure I ask the questions the same way for each focus group, I will read the questions word for word.

To help us take notes, we'd like to tape record our conversation. This is just for us to make sure our notes are accurate – no one else will hear it and it will be destroyed as soon as we have finished using them. Is tape recording this okay with everybody in the room?

- *If no objections,* ***turn on tape recorder now***
- *if anyone objects, take written notes*

Before we begin, do you any questions about what kind of information you will be asked for, or how it will be used – or anything else?

Focus Group Protocol: Parents and Guardians

I'd like to start with introductions. Could each of you say your first name only, and also the ages of your children that you have in child care now?

1. **If you visited a child care program tomorrow, how would you judge whether the program was of good quality?**

2. **How do you think other parents that you know decide whether or not a program is of good quality?**

3. **How do you think that the state of Maine assesses whether or not a program is of good quality?**

4. **The next few questions are about the Quality for Maine standards that Maine uses to rank the quality of child care providers (it's also referred to as Quality for ME):**
   a) **If you have ever heard of the Quality for Maine standards, can you raise your hands?**
   b) **For those of you who have heard about Quality for ME standards, how did you find out about them?**
   c) **For those of you who have heard about Quality for ME standards, do you know the Quality Ranking of the child care programs you use?**
   d) **For those of you who have heard about Quality for ME standards, how much do you pay attention to the rating when choosing child care?**
   e) **Finally, for those of you who have heard about Quality for ME standards, do you have ideas about how these standards can be improved?**

5. **What do you think the role of the state of Maine should be in rating child care quality?**

6. **What information do you wish was available to you to help make your decisions about whether or not a child care is a good quality program?**

7. **What impact on your life does the quality of your child care have?**

8. **Is there anything else that you would like to share about quality child care in Maine that we have not covered?**

Focus Group Protocol: Providers

I'd like to start with introductions. Could you each introduce yourselves by your first name only, and then tell us whether you are a family-based or center-based provider and what are the ages of children that your program serves?

1. **What do you know about the Quality for ME child care rating system? How did you find out about it?**

2. **What do you think are the major incentives for programs to increase their quality, as measured by the Quality for ME rating system? What are the major barriers?**

3. **You've just shared your opinions on the major incentives and barriers for programs to increase their quality as measured by the Quality for ME rating scale. Thinking of other providers, do you think they would they say the same thing?**

4. **What do you think the state's current role is in helping providers move through the steps? What should the role of the state be?**

5. **Do you have suggestions for changes that can be made so that the process of joining Quality for ME is easier for providers?**

6. **Do you have suggestions for changes that can be made so that the process of moving through the steps is easier for providers?**

7. **What is missing from the Quality for ME rating system? If there were one or two things that you could add, what would they be?**

8. **Is there anything else that you would like to share about the Quality for ME rating system that we have not covered?**

Appendix E – Focus Group Findings

Topic Areas	Themes	Suggestions for Improvement made by Focus Group Participants
Parents		
Overall Awareness	• Many, particularly in the northern regions, hadn't heard of QRIS or *Quality for ME* • Confused *Quality for ME* with licensing, MRTQ-PDN Registry, accreditation, old rating system, and MRTQ-PDN Career Lattice • Parents don't ask, or don't know to ask, about steps when looking for child care. • "You can find out a lot more about a restaurant than you can a child care program."	• Do local forums about licensing, MRTQ-PDN, *Quality for ME* • Provide loan forgiveness for providers seeking education • Fulfilling program standards shouldn't cost providers time and money • Make *Quality for ME* mandatory, part of licensing. • There should be a way to recognize experience rather than just formal education • Qualifications should be not only education but parent testimonials.
What does a quality child care program look like?	• Comfort of children –is everyone happy and having a good time? • Interactions between teacher and child • Structure, safety, healthy food • Appearance, environment, toys, learning materials, no TV. • No religious instruction • Staff training, knowledge of child development • Confidential parent support • Child/staff ratios, group size • Communication about my child's day • Policy regarding requiring sick children to stay	• Need a way to get feedback from other parents about a program • Bring back the RDCs to help with search for child care. • Parents need to be better informed about what constitutes quality • Send information about quality and choosing child care home in the totes parents get when they go home from the hospital with a new baby. • Electronic, up-to-date list of providers with any licensing violations in last 5 years, their level of education, overview of program, parent testimonials

Topic Areas	Themes	Suggestions for Improvement made by Focus Group Participants
	at home • Parents hear about a quality program through word-of-mouth. • Have to weigh parents' opinions about programs with parents' and children's personalities. • "As long as there is a 'sparkle in the eyes' when I pick him up. It's a gut feeling."	• Web-based system of star ratings laid out on a graph and allowing comparisons among programs. • "Unannounced visits. I want to see you at your worst and it's still a good day." • Kids should be asked for their opinions • Need an Angie's List for child care!
Impact of Quality on Parents' Lives	• Huge impact. If child is unhappy causes stress, affects parenting, child behavior at home • Quality child care is critical to mental health, peace of mind • Can't concentrate at work if have misgivings about quality • Having good quality is the difference between night and day. • Getting tips from teachers to help with parenting • Being excited that my children are in a good program	
Role of State	• Support for role of state in shutting down programs that are unsafe. • A few parents felt that relying on their "gut feeling" rather than information from the state was the best way to judge quality. • Other parents liked seeing their provider hang	• Conduct surveys of parents and use the feedback to rate programs • Would like the state to provide more information about programs to help them search for child care programs

Topic Areas	Themes	Suggestions for Improvement made by Focus Group Participants
	certificates and diplomas on the wall – it reassured them that staff was working to improve themselves.	
Providers		
Overall Awareness, Perceived Value of Rating System	• Many hadn't heard of QRIS or *Quality for ME* • Among those who knew about it, reported sources were word-of-mouth, previous job, MRTQ-PDN, mailings, previous RDCs, current Child Care Options • Participants often confused *Quality for ME* with licensing, MRTQ-PDN, Registry, accreditation, old rating system, and Career Lattice (MRTQ-PDN) • Not surprisingly, those who reported the most confusion were not participating in *Quality for ME.* • Those who reported being at steps 2, 3, or 4 had the highest levels of awareness and provided the most detailed assessments of the system. • Some providers felt that a program could still be quality even though they are not participating in *Quality for ME* or have a lower step (1 or 2) • Barriers cited by providers had much more to do with training requirements, documentation, paperwork and process than specific quality	

Topic Areas	Themes	Suggestions for Improvement made by Focus Group Participants
	standards (other than training). • Some providers praised the rating system – a good way for the state to show what they value as a quality program. • Split of opinion about government's role. Ranged from belief that it's the program supervisor's role to ensure quality to belief that it's the government's job to protect children because "there are real horror stories out there." • Most don't currently know/understand role of OCFS. • Some providers said they liked the rating system although they felt it needed tweaking. "Idea is a good one – it differentiates providers. Forces providers to evaluate their philosophies and how they run their programs." • Praise was expressed for the focus group themselves – provider input is needed to improve the system.	
Incentives to Increase quality through Quality for ME	• Able to accept vouchers • Double tax credit for Step 4 parents but tax time is the only time when parents ask about rating • Rating system is good for reputation, pride, professionalism. Intrinsic value for provider. • Rating system important because opens door for providers to take children using subsidies which is important in an impoverished area	

Topic Areas	Themes	Suggestions for Improvement made by Focus Group Participants
	• Having a certificate on your wall • Parents can search and see that you're higher on the scale…parents are probably going to go first to higher rated programs. • Providers expressed appreciation for MRTQ-PDN's grants to help defray the cost of meeting professional development and other requirements. • Providers praised MRTQ-PDN's efforts to provide support to programs seeking accreditation.	
Barriers to Increasing Quality through Quality for ME ***Lack of Financial Incentives***	• Participating and moving up should be a way of making more money but it's really not. • Providers complained that subsidy rates, even with incentive for Step 4, still means getting less than for a private pay child. Discriminates and discourages provider from taking the children who need quality the most. • Providers also cited delays in getting paid by DHHS for children on subsidy as well as delays in finding out that a child is no longer receiving subsidies.	• Increase financial and other incentives for programs to participate • If parents get double tax credit for step 4, so should providers who reach that level. • DHHS should have a provider line that providers can call with questions about subsidy payments. • A good incentive would be health insurance and discounts. • With the possibility of state budget cuts some providers questioned whether they could rely on financial incentives to remain stable.
Structure/Process/ Documentation Issues	• The state has a process for rating but infrastructure to support it is inadequate. • Enrollment is easy; it's moving up that's hard. • Rating is not accurate: step 1 looks low; would rather not advertise a low step • Some providers reported that they enrolled	• Allow programs to get their level one status right away instead of waiting until they have been in operation for a year. • Allow longer intervals before a program has to renew. • National accreditation should automatically make

Topic Areas	Themes	Suggestions for Improvement made by Focus Group Participants
	initially but didn't maintain enrollment when paperwork was required again. • Accredited providers asked 'how system would know if a program's accreditation had lapsed?' • Providers felt they weren't getting recognition for positive things parents say about them. • Observations of children take time away from caring for other children. • Parents don't know about rating, don't ask providers about it. If business is successful and has a waiting list and parents don't ask about it, why participate? • Requirements too onerous for family child care providers who work alone and have to work so many hours. Many are only doing it temporarily, not as long-term career, so it isn't worth it to them. • Some providers cited parental involvement as a barrier to moving up the steps. They are unable to get parents to serve on parent boards. • Too time consuming to have to write employee and parent handbooks. • "I could write a document saying that every 3rd Tuesday of the month I have staff meetings. I could write it but I would be lying. We could be a level 3 by lying my way to the top. I don't want to do that."	you a step 4. • Need more explanation/support to figure out the system-why it's worth doing, how to sign up, how to move through the steps; it is overwhelming • Having a big book of requirements for all steps is too overwhelming. Each step should have a separate book so when you reach one step, you get the next book. • Streamline the paperwork. There's a lot of repetition. • The step listed on your certificate is out of context – doesn't mean anything because don't know how many steps there are. Should show row of stars and how many you have. • Switch from steps to stars and have highest be 5 stars to be in line with other rating systems parents are familiar with (e.g. Amazon). • We should be able to be a level 4 without being accredited. • We have to keep portfolios, they take up a huge amount of time, but no one comes to look at them. • If a program only operates during the academic year, difficult to fit four assessments into the year. • Some providers urged that on-site assessments be conducted so they don't have to do all the paperwork involved in self assessments. However, others who were part of the pilot and had on-site assessments, said the process was discouraging, disruptive and difficult.

Topic Areas	Themes	Suggestions for Improvement made by Focus Group Participants
		• Portfolios and parent teacher conference requirements may not make sense for school aged care where children only there a few hours. Parents in school aged programs are more focused on availability and convenience than quality. • Break down standards by number of hours children are in care. • Documentation/paperwork requirements should be more flexible to reflect realities, time constraints of family child care providers. • Could we have flexibility on parent involvement? Show different ways we connect with the community instead of a parent board? • If serve multiple age groups should be rated separately. Otherwise if don't meet requirements for school age (e.g. portfolios, parent/teacher conferences) doesn't matter how well you do with preschool, it affects your rating. • Align program with licensing and accreditation to reduce duplication of effort • Licensing approval shouldn't be seen as bottom of the barrel. Should integrate it better with rating system • Participation in rating system should be required as part of licensing • Use parent testimonials as part of rating • We need recognition and Governor on TV saying something nice. • Should count how long a program has been in

Topic Areas	Themes	Suggestions for Improvement made by Focus Group Participants
		operation with no licensing violations • Offer recognition for programs joining or moving through the steps - MRTQ-PDN used to hold celebratory dinners. • Now that there is a way through Child Care Choices to see licensing reports there should be an opportunity there for providers to explain why they are at a particular level – e.g. level 2 because will be retiring in five years.
Training/Education	• Need varied trainings - have to repeat the same ones to meet requirements and stay up to date • Training needs to be meatier, more in-depth • Nice to have online training option, but face-to-face is important too • The meetings are important – always learn something at them, chance to network with other providers • Classes take time away from job/children • Look for natural ability with children and that doesn't always mean the person has the educational qualifications. • Training is too expensive, time consuming • School-age program staff are often college students working part time so training requirements are difficult to comply with. • Staff turnover is a problem in meeting professional development requirements. If new staff don't get training in time, lose a step • Don't know how to find out training level of	• Providers, especially in the southern regions, expressed a desire to have the RDCs brought back. There is no one locally to provide technical assistance and support. "When we get something good, they pull it out from under us!" • The RDCs used to educate parents about quality and the importance of asking providers about their rating when they look for child care. • Provide credit for years of experience and for having related degrees such as psychology, social work, recreation. • Provide a grace period for new staff to get trained or grandfather them in before impacts step level. • Directors should be notified when staff reaches a new level of training. • "We're stuck at a QRS level because we're stuck at MRTQ-PDN! They should be separate because I can't get to a level 5 [in MRTQ-PDN] and I'm not going to."

Topic Areas	Themes	Suggestions for Improvement made by Focus Group Participants
	staff. • "Major barrier is getting staff to a level 5. It is a huge problem. I hear this from everyone." • There's a lack of variety in the training offered and often it's the same classes you have if you're in a degree program. Too repetitive and seasoned staff get bored. • There aren't enough classes. They are always full. • Some providers praised the responsiveness of MRTQ-PDN staff in answering questions about the rating system when they called. This was a positive change from several years ago.	

Appendix F – Cost Calculations for Mini-Grant Incentives

To cost out mini-grants, we consider two extreme scenarios and one more realistic scenario:

If Number of Programs Moving Up to Higher Quality Remains Same as FY 2014
Baseline Scenario (low cost, ineffective incentives): If mini-grants and other revisions are ineffective in changing the rate at which providers move up to higher quality (so numbers moving up are *exactly as occurred in state FY 2014*), then the Year 1 cost of the mini-grants would total $75,000 (see Table F.1).

If Number of Programs Moving Up to Higher Quality Dramatically Increases
High-Take-up Scenario (high cost, highly effective incentives): If mini-grants and other revisions *dramatically increase* the rate at which providers move up to higher quality (so that, every year, two-thirds of programs at each quality below the maximum moving up a step—roughly double the rates seen in a review of the quality improvement seen in Miami-Dade's QRIS; Yazejian and Iruka, 2014), then the Year 1 cost of the mini-grants would total $463,500 (see Table F.1).

Most Realistic: If Number of Programs Moving Up to Higher Quality Increases to Miami-Dade Rates
Medium Scenario (medium cost, effective incentives): If mini-grants and other revisions increase the rate at which providers move up to higher quality so that, every year, one-third of programs at each quality level below the maximum move up a step (roughly equivalent to the rates seen in Miami-Dade's QRIS), then the Year 1 cost of the mini-grants would total $231,750 (see Table F.1).

Table F.1

		Baseline Scenario		Medium Scenario		High-Take-up Scenario	
	Incentive	#	Y1 Cost	#	Y1 Cost	#	Y1 Cost
Joining at Star 1	$250	62	$15,500	307.0	$76,750	614.0	$153,500
Move to Star 2	$500	34	$17,000	168.3	$84,167	336.7	$168,333
Move to Star 3	$750	22	$16,500	48.7	$36,500	97.3	$73,000
Move to Star 4	$1,000	26	$26,000	34.3	$34,333	68.7	$68,667
Total			$75,000		$231,750		$463,500

Cost Over Time
As programs move up to higher quality, they become eligible for larger incentives—until they reach Star 4, at which point they have "maxed out" and no longer need incentives to move up. The costs of the "medium scenario" and "high-take-up scenario" thus change over time. These calculations will be affected to some degree by turnover, particularly among Family Child Care programs. Table F.2 presents scenarios for different rates of turnover followed by an explanation of these calculations.

Table F.2. Potential Multi-Year Costs for Mini-Grant Incentives

	0% Turnover		15% Turnover	
	Medium Scenario	**High-Take-up Scenario**	**Medium Scenario**	**High-Take-up Scenario**
Year 1	$231,750	$463,500	$231,750	$463,500
Year 2	$263,972	$592,389	$247,151	$549,081
Year 3	$293,250	$697,722	$260,460	$614,184
Year 4	$314,574	$699,352	$269,199	$616,358
Year 5	$323,942	$549,360	$273,084	$557,559
Year 6	$320,395	$362,298	$273,152	$495,243

Assuming 0% turnover

- For the high-take-up scenario, the no-turnover costs increase to almost $700,000 per year in Years 3 and 4 before falling down to $362,298 in Year 6.
- For the medium scenario, the no-turnover costs increase to $323,942 in Year 5 before declining.

Assuming a high turnover rate (15% per year)

Now assume that every year 15% programs at each step—and 15% of licensed unenrolled programs—closed, replaced by an equal number of new programs all opening as licensed and unenrolled (a somewhat pessimistic assumption regarding the willingness of new providers to enroll in *Quality for ME*). With this high-turnover assumption:

- The major effect of turnover is to smooth out the costs over time, with incentives gradually improving overall quality until a steady-state is reached, whereby the incentives serve to maintain the achieved distribution of quality in the system as a whole.
- Costs in the medium scenario are roughly constant at an average of $259,133 per year
- Costs in the high-take-up scenario are roughly constant at an average of $549,321 per year.

Appendix G – Sample *Quality for ME* Program Star Status Page

Standard	Star 1 ☆	Star 2 ☆☆	Star 3 ☆☆☆	Star 4 ☆☆☆☆	Notes
Compliance History/Licensing Status	☆	☆	☆	☆	
Learning Environment/Developmentally Appropriate Practice	☆	☆	☆	☆	
Program Evaluation	☆	☆	☆		
Staff Qualifications & Professional Development	☆	☆			
Administration & Business Practices	☆	☆	☆		
Family Engagement	☆	☆			
Child Assessment	☆	☆			
Health & Safety	☆	☆	☆		
Nutrition & Physical Activity	☆	☆			

Appendix H – Revised Standards

Center-Based & Head Start Programs

Center-Based & Head Start Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Compliance History/ Licensing Status	1. Program is in compliance with licensing regulations. A copy of the DHHS-Division of Licensing monitoring report is available.			

Center-Based & Head Start Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Learning Environment/ Developmentally Appropriate Practice	2. The program's activities and experiences are guided by a general understanding of developmental domains. 3. The method for planning activities and experiences is based on all children's interests, skills, and abilities. 4. The program posts and follows a daily schedule within a welcoming learning environment that supports child-centered play and exploration both indoors and outdoors and is responsive to the interests and developmental needs of the children and youth.	1. The program director has completed the training for MELDS or ITLG. 2. The MELDS and or ITLG are available to educators and are referred to during curriculum planning (guidelines in hover). 3. The program documents in writing its method for curriculum planning (sample in hover). 4. If the program serves infants and toddlers, the curriculum is individualized to their routines and rhythms. 5. Materials and equipment are developmentally appropriate, accessible, and reflect all children's interests, skills, abilities and represent the children and families they serve. 6.Each program site has at least 1 teacher in each child age group who has completed the Maine Early Learning Guidelines (MELDS) or Infant Toddler Learning Guidelines (ITLG) 7. The program accesses and coordinates with community resources to address the needs of children with social-emotional and behavioral health needs to support their continued participation and learning.	1.The program must have an articulated approach to learning and development (choose 1): This could be either an approved, purchased curriculum (such as High Scope, OWLS, or Creative Curriculum) -Or- Follows a particular philosophy (such as Montessori, Waldorf, Lifeways, or Reggio) and has a clearly stated written curriculum framework -Or- Meets standards of a pre-school curriculum that aligns with the Head Start Child Development and Learning Framework 2. MELDS or ITLG are consistently used to guide the implementation of an age appropriate curriculum for children. 3. 50% of direct care staff have completed (choose 1): The training on implementing curriculum based on MELDS or ITLG 4. The activity planning shows evidence of supporting children's positive social and emotional development, using strategies with all children that include: providing choices; using redirection, reflection, and problem solving; and clear rules and expectations.	1. The program meets the criteria for curriculum based on the appropriate accrediting body standards and/or Head Start performance standard.

Center-Based & Head Start Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Program Evaluation	4. The program staff annually review the Maine Child Care licensing rules/regulations.	8. The program annually completes a Staff and Family Survey that includes input from staff, administrators, and families to determine its strengths and weaknesses (tools in hover). 9. The program annually completes the Quality for ME Inclusion Self-Assessment Checklist for the following categories: -Compliance History/ Licensing Status, -Administration and Business Practices and -Health and Safety 10. The program writes a Program Improvement Plan based on the results from both the Staff and Family Survey and the Q4Me Inclusion Self-Assessment checklist. 11. Programs hold monthly meetings that provide opportunities to discuss the Program Improvement Plan.	5. The program conducts an annual comprehensive assessment based on national accreditation standards (sample in hover). 6. The program annually completes all categories of the Quality for ME Inclusion Self-Assessment Tool. 7. The program includes results from the comprehensive assessment (see #5) and all categories of the Inclusion Self-Assessment tool (see #6) in their Program Improvement Plan.	2. The program holds current accreditation from the appropriate accrediting body for child and youth development.

Center-Based & Head Start Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Staff Qualifications and Professional Development	5.100% of permanent/regular educators are registered in Maine Roads to Quality-Professional Development Network (MRTQ-PDN) Registry. 6. Before working with children and youth, new staff are given an orientation to the program which includes an introduction to child/youth development appropriate for the ages, abilities and culture the program serves, an overview of confidentiality guidelines, and program code of ethics.	12. At least 50% of teachers and the program director/coordinator are at a level 5 or above on the MRTQ Direct Care Career Lattice. 13.The program director/coordinator completes at least one of the following training: "MRTQ Foundations of Center-Based Care" OR "MRTQ Child Care Leadership Institute" 14. The program director/coordinator has completed the ADA training: MRTQ Foundations of Inclusion. 15. The program provides monthly opportunities for individual employee supervision.	8. At least 50% of all direct care staff are at least a level 5 on MRTQ-PDN Direct Care Career Lattice. -Or- The program meets NAEYC candidacy requirements and provides appropriate documentation verifying candidacy status. 9. All direct care staff have 10 points of professional growth activities per year in addition to training required by licensing. 10. 25% of all direct care staff have completed training about working with children including children with disabilities and from diverse cultures, religions, social-economic classes, and English language learners and/or training in social and emotional development/ positive supports to support their use of effective strategies to address behavior challenges and reduce or eliminate unplanned transitions (expulsions). 11. All direct care staff have an annual professional development plan.	3.The program director/coordinator is at a level 5 or above on the MRTQ Administrative/Management Coordination Career Lattice -Or- At a level 6 or above on the MRTQ Direct Care Career Lattice 4. The program director has obtained MRTQ-PDN Inclusion Credential. 5. 50% of teachers are at level 6 or above on MRTQ Direct Care Career Lattice 6. All direct care staff have met the requirements for their approved accreditation. 7. Head Start staff maintain Head Start staffing requirements for credentialing.

Center-Based & Head Start Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Administration and Business Practices	7. The program gives each employee an up-to-date Staff Policies and Procedures Manual (content in hover).	16. All staff have a written job description defining job responsibilities. 17. All staff are evaluated at least annually by a supervisor to refine their skills through feedback and guidance. 18. Programs will provide opportunities for release time for professional development activities.	12. Staff with curriculum planning responsibilities are provided with at least 1 hour of dedicated time per week for curriculum planning. 13.Programs that employ staff offer a benefit package including, at least two of the following: reduced child care rates for children of staff, tuition reimbursement, paid training, mileage reimbursement for training and education, health insurance, dental insurance, disability insurance, access to staff wellness/ employee assistance programs, retirement plan, paid vacation, paid sick time, paid personal time, paid holidays. 14. Programs that employ staff offer them the opportunity to participate in the development and /or revision of program policies.	7. In an effort to reduce staff turnover, the program has a plan to offer the best possible wages and working conditions. The program bases its salary scale upon professional qualifications, specialized training, length of employment, and performance evaluations. 8. The program coordinates with other providers in the community to maximize resources, services, and professional development opportunities.

Center-Based & Head Start Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Family Engagement and Partnership	8. The program gives each family an up-to-date Family Handbook (content and communication method and examples of program philosophy in hover).	19. The program provides staff and families regular communication and updates on the program, in ways that support varied literacy levels, abilities, family culture, and home language. 20. The program makes families aware of local and state resources available to meet individual child and family needs.	15. The program offers families at least 2 conferences a year to discuss the child's developmental and learning progress, social, emotional, behavioral and physical needs. 16. Appropriate program staff participates in IEP/IFSP /other Plan of Service meetings if applicable.	9. In addition to parent survey (Program Evaluation), the program provides opportunities for parent input into program planning and evaluation.

Center-Based & Head Start Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Child Assessment	9. All staff attend training: MRTQ-PDN Introduction to Child Observation and Curriculum Planning 10. The program individualizes instruction for children with diverse learning styles, abilities, languages and cultures.	21. Twice a year, the program collects and summarizes evidence of the children's development in the following areas: • Social/Emotional • Cognitive, • Physical (gross and fine motor; self-help skills) • Language/Communication Skills • Approaches to Learning -AND- Incorporates this evidence into curriculum planning.	17. Three times a year, the program collects and summarizes evidence of the children's development in the following areas: • Social/Emotional • Cognitive, • Physical (gross and fine motor; self-help skills) • Language/Communication Skills • Approaches to Learning -AND- Incorporates this evidence into curriculum planning.	10. Program uses a variety of assessment methods that consider children's abilities, methods of communicating, family culture, and experiences to collect evidence and inform curriculum and instruction summarized 4 times per year* in the following areas: • Social/Emotional • Cognitive, • Physical (gross and fine motor; self-help skills) • Language/Communication Skills • Approaches to Learning -AND- Incorporates this evidence into curriculum planning. *3 times per year for part year programs.

Center-Based & Head Start Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Health and Safety	11. Providers will install carbon monoxide detectors (Caring for our Children [CFOC] 5.2.9.5) 12. Provider will retain and make available all safety inspections applicable to their town/city (e.g. fire inspection, well inspection, building permit). 13. Alcohol, nicotine products, and drugs will be secured by lock if located within area that children have access (Amended CFOC 3.4.1.1) 14.Firearms will be secured by lock if located with area that children have access (CFOC 5.5.0.8) 15. Include the following health and safety topics in the Staff Policies and Procedures Manual in "Administration and Business Practices": • Routine Cleaning, Sanitizing, and Disinfecting (CFOC 3.3.0.1) • Preventing and Identifying Shaken Baby Syndrome/Abusive Head trauma (CFOC 3.3.0.1) • Sun Safety including sunscreen (CFOC 3.4.5.1) • Training of Caregivers/teachers to administer medication (CFOC 3.6.3.3) • Integrative Pest Management (CFOC 5.2.8.1)	22. Provider will inform all families of existing Firearms on property (Amended CFOC 5.5.0.8) **Star 1 Continued** 16. All staff complete an annual MRTQ Health and Safety training/webinar that includes the following topics: • Routine Cleaning, Sanitizing, and Disinfecting (CFOC 3.3.0.1) • Training of Caregivers/teachers to administer medication (CFOC 3.6.3.3) • Safe Sleep Practices and SIDS Risk Reduction (CFOC 3.1.4.1) • Firearms (locked) and (parent notification piece in Step 2) (CFOC 5.5.0.8) • Interior temperature of vehicles (CFOC 6.5.2.4)	18. Safety Covers and shock protection for electrical outlets-for all new construction (CFOC 5.2.4.2)	11. The program will meet appropriate accreditation standards in health and safety.

Center-Based & Head Start Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Nutrition & Physical Activity		23. Facility/provider/program completes one of the following: • The Go NAP SACC self-assessment • The Let's Go self-assessment • The Let's Move CC Checklist Quizzes Then develops and implements an action plan to achieve 2 goals for improvement per year. (Annual post assessment will indicate success and new areas will be identified to focus efforts on.) 24. 50% of must complete 3 hours of training related to obesity prevention-physical activity and/or nutrition as part of the required yearly training hours. (such as CACFP training modules) 25. Facility/provider/program promotes good nutrition and healthy eating with the following: •Evidence of current CACFP Participation that includes posting a CACFP approved menus for all ages served, including infants. •If unable to participate in CACFP, a facility/provider/program has evidence of a week's meal plan posted using CACFP approved meal patterns. 26. The program consults with a child care health consultant for support regarding nutrition and physical activity as needed. 27. The Family Handbook includes a philosophy of how they meet the dietary needs of children taking into consideration diverse food and nutrition as determined by culture, religion, and/or disabilities.	19. The facility/provider/program will use the chosen self-assessment to develop an implementation plan to achieve 3 additional nutrition/physical activity goals for improvement. 20. 75% of teachers must complete 6 hours of training related to obesity prevention-physical activity and/or nutrition as part of the required yearly training hours. 21. The program promotes a Breast Feeding Friendly environment that encourages and supports mothers who desire to provide Breast milk for their child (examples/resources in hover.)	12. The facility/provider/program will use the chosen self-assessment to develop an implementation plan to achieve 4 additional nutrition/physical activity goals for improvement. 13. 100% of teachers must complete 9 hours of training related to obesity prevention-physical activity and/or nutrition as part of the required yearly training hours. 14. The program will meet appropriate accreditation standards in nutrition and physical activity.

Family Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Compliance History/Licensing Status	1. Program is in compliance with licensing regulations. A copy of the DHHS-Division of Licensing monitoring report is available.			

Family Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Learning Environment/ Developmentally Appropriate Practice	2. The program's activities and experiences are guided by a general understanding of developmental domains. 3. The method for planning activities and experiences is based on all children's interests, skills, and abilities. 4. The program posts and follows a daily schedule within a welcoming learning environment that supports child-centered play and exploration both indoors and outdoors and is responsive to the interests and developmental needs of the children and youth.	1. The MELDS and or ITLG are available to educators and are referred to during activity planning (guidelines in hover). 2. The program documents in writing its method for activity planning (sample in hover). 3. Materials and equipment are developmentally appropriate, accessible, and reflect all children's interests, skills, abilities and represent the children and families they serve (gender, age, language, family structure, race, and culture). 4. If the program serves infants and toddlers, the activities are individualized to their routines and rhythms. 5. The program accesses and coordinates with community resources to address the needs of children with social-emotional and behavioral health needs to support their continued participation and learning.	1. Owner/Operator(s) has completed the MELD or ITLG training for all ages enrolled in the program to build appropriate learning opportunities for every child. 2. The program activities use the MELD and/or ITLG to provide children with a balance of developmentally appropriate, child-initiated, and teacher-directed activities. 3. The activity planning shows evidence of supporting children's positive social and emotional development, using strategies with all children that include: providing choices; using redirection, reflection, and problem solving; and clear rules and expectations.	1. The program meets the criteria for curriculum based on the appropriate accrediting body standards and/or Head Start performance standard.

Family Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Program Evaluation	5. The program staff annually review the Maine Child Care licensing rules/regulations.	6. The program annually completes a Staff and Family Survey that includes input from staff, administrators, and families to determine its strengths and weaknesses (tools in hover). 7. The program annually completes the Quality for ME Inclusion Self-Assessment Checklist for the following categories: -Compliance History/ Licensing Status, -Administration and Business Practices and -Health and Safety 8. The program writes a Program Improvement Plan based on the results from both the Staff and Family Survey and the Q4Me Inclusion Self-Assessment checklist. (PIP example in hover) 9. Programs with staff hold monthly meetings that provide opportunities to discuss the Program Improvement Plan. (example of meeting agenda in hover)	4. The program conducts an annual comprehensive assessment based on national accreditation standards. (sample in hover) 5. The program annually completes all categories of the Quality for ME Inclusion Self-Assessment Tool. 6. The program includes results from the comprehensive assessment (see #4) and all categories of the Inclusion Self-Assessment tool (see #5) in their Program Improvement Plan.	2. The program holds current accreditation from the appropriate accrediting body for child and youth development.

Family Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Staff Qualifications and Professional Development	6. 100% of permanent educators are registered in Maine Roads to Quality-Professional Development (MRTQ-PDN) Registry. 7. Before working with children and youth, new staff are given an orientation to the program which includes an introduction to child/youth development appropriate for the ages, abilities and culture the program serves, an overview of confidentiality guidelines, and program code of ethics.	10. The Owner/Operator is at level 3 or above on the MRTQ Direct Care Career Lattice. 11. The Owner/Operator has completed the 6hr. Foundations of Inclusion – ADA training. 12. Programs with staff provides monthly opportunities for individual employee supervision.	7. The Owner/Operator is at level 4 or above on the MRTQ Direct Care Career Lattice. 8. The Owner/Operator and staff have completed training about working with children including children with disabilities and from diverse cultures, religions, social-economic classes, and English language learners and/or training in social and emotional development/ positive supports to support their use of effective strategies to address behavior challenges and reduce or eliminate unplanned transitions (expulsions). 9. The Owner/Operator has earned 10 Professional Growth activity points per year in addition to training required by licensing. 10. The Owner/Operator and any direct care staff have an annual professional development plan.	3. The Owner/Operator holds at least one of the following: College degree in ECE or related degree -OR- a valid CDA, -OR- MRTQ State-Approved Credentials 4. The program director has obtained MRTQ Inclusion Credential.

Family Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Administration and Business Practices	8. The program gives each employee an up-to-date Employee Policies and Procedures Manual (content in hover).	13. All staff have a written job description defining job responsibilities. 14. All programs with staff are evaluated at least annually by a supervisor to refine their skills through feedback and guidance. 15. All programs with staff will provide opportunities for release time for professional development activities.	11. The program measures the overall quality of their business and professional practices (business assessment scale in hover). 12. The program ensures that children are not left with a substitute more than 20% of the time (such as 1 hour per every 5 hours, or 1 day per 5 day week, may be averaged over time) for consistency of care purposes.	5. In an effort to reduce staff turnover, for programs with employees, the program has a plan to offer the best possible wages and working conditions. The program bases its salary scale upon professional qualifications, specialized training, length of employment, and performance evaluations. 6. The program coordinates with other providers in the community to maximize resources, services, and professional development opportunities.

Family Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Family Engagement and Partnership	9. The program gives each family an up-to-date Family Handbook (content and communication method and examples of program philosophy in hover).	16. The program provides staff and families regular communication and updates on the program, in ways that support varied literacy levels, abilities, family culture and home language. 17. The program makes families aware of local and state resources available to meet individual child and family needs.	13. The program offers families at least 2 conferences a year to discuss the child's developmental and learning progress, social, emotional, behavioral and physical needs. 14. Appropriate program staff participates in IEP/IFSP other Plan of Service meetings if applicable.	7. In addition to parent survey (Program Evaluation), the program provides opportunities for parent input into program planning and evaluation.

Family Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Child Assessment	10. All staff attend training: MRTQ-PDN Introduction to Child Observation and Curriculum Planning 11. The program individualizes instruction for children with diverse learning styles, abilities, languages and cultures.	18. Twice a year, the program collects and summarizes evidence of the children's development in the following areas: • Social/Emotional • Cognitive, • Physical (gross and fine motor; self-help skills) • Language/Communication Skills • Approaches to Learning -AND- Incorporates this evidence into curriculum planning.	15. Three times a year, the program collects and summarizes evidence of the children's development in the following areas: • Social/Emotional • Cognitive, • Physical (gross and fine motor; self-help skills) • Language/Communication Skills • Approaches to Learning -AND- Incorporates this evidence into curriculum planning.	8. Program uses a variety of assessment methods that consider children's abilities, methods of communicating, family culture, and experiences to collect evidence and inform curriculum and instruction summarized 4 times per year* in the following areas: • Social/Emotional • Cognitive, • Physical (gross and fine motor; self-help skills) • Language/Communication Skills • Approaches to Learning -AND- Incorporates this evidence into curriculum planning. *3 times per year for part year programs.

Family Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Health and Safety	12. Providers will install carbon monoxide detectors (Caring for our Children [CFOC] 5.2.9.5) 13. Provider will retain and make available all safety inspections applicable to their town/city (e.g. fire inspection, well inspection, building permit). 14. Alcohol, nicotine products, and drugs will be secured by lock if located within area that children have access (Amended CFOC 3.4.1.1) 15.Firearms will be secured by lock if located with area that children have access (CFOC 5.5.0.8) 16. Include the following health and safety topics in the Staff Policies and Procedures Manual in "Administration and Business Practices": • Routine Cleaning, Sanitizing, and Disinfecting (CFOC 3.3.0.1) • Preventing and Identifying Shaken Baby Syndrome/Abusive Head trauma (CFOC 3.3.0.1) • Sun Safety including sunscreen (CFOC 3.4.5.1) • Training of Caregivers/teachers to administer medication (CFOC 3.6.3.3) • Integrative Pest Management (CFOC 5.2.8.1)	19. The program consults with a child care health consultant for support regarding health and safety as needed. 20. Provider will inform all families of existing Firearms on property (Amended CFOC 5.5.0.8) **Star 1 Continued** 17. All staff complete an annual MRTQ Health and Safety training/webinar that includes the following topics: • Routine Cleaning, Sanitizing, and Disinfecting (CFOC 3.3.0.1) • Training of Caregivers/teachers to administer medication (CFOC 3.6.3.3) • Safe Sleep Practices and SIDS Risk Reduction (CFOC 3.1.4.1) • Firearms (locked) and parent notification piece (in Step 2) (CFOC 5.5.0.8) • Interior temperature of vehicles (CFOC 6.5.2.4)	16. Safety Covers and shock protection for electrical outlets-for all new construction (CFOC 5.2.4.2)	9. The program will meet appropriate accreditation standards in health and safety.

Family Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Nutrition & Physical Activity		21. Facility/provider/program completes one of the following: • The Go NAP SACC self-assessment • The Let's Go self-assessment • The Let's Move CC Checklist Quizzes Then develops and implements an action plan to achieve 2 goals for improvement per year. (Annual post assessment will indicate success and new areas will be identified to focus efforts on.) 22. Owner/operator must complete 3 hours of training related to obesity prevention-physical activity and/or nutrition as part of the required yearly training hours. (such as CACFP training modules) 23. Facility/provider/program promotes good nutrition and healthy eating with the following: •Evidence of current CACFP Participation that includes posting a CACFP approved menus for all ages served, including infants. •If unable to participate in CACFP, a facility/provider/program has evidence of a week's meal plan posted using CACFP approved meal patterns. 24. The program consults with a child care health consultant for support regarding nutrition and physical activity as needed. 25. The Family Handbook includes a philosophy of how they meet the dietary needs of children taking into consideration diverse food and nutrition as determined by culture, religion, and/or disabilities.	17. The facility/provider/program will use the chosen self-assessment chosen to develop an implementation plan to achieve 3 additional nutrition/physical activity goals for improvement. 18. Owner/operator must complete 6 hours of training related to obesity prevention-physical activity and/or nutrition as part of the required yearly training hours. 19. The program promotes a Breast Feeding Friendly environment that encourages and supports mothers who desire to provide Breast milk for their child (examples/resources in hover).	10. The facility/provider/program will use the chosen self-assessment to develop an implementation plan to achieve 4 additional nutrition/physical activity goals for improvement. 11. Owner/operator must complete 9 hours of training related to obesity prevention-physical activity and/or nutrition as part of the required yearly training hours. 12. The program will meet appropriate accreditation standards in nutrition and physical activity.

School Age Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Compliance History/ Licensing Status	1. Program is in compliance with licensing regulations. A copy of the DHHS-Division of Licensing monitoring report is available.			
Learning Environment/ Developmentally Appropriate Practice	2. The program's activities and experiences are guided by a general understanding of developmental domains. 3. The method for planning activities and experiences is based on all children's interests, skills, and abilities. 4. The program posts and follows a daily schedule within a welcoming learning environment that supports child-centered play and exploration both indoors and outdoors and is responsive to the interests and developmental needs of the children and youth.	1. The program documents in writing its method for curriculum planning (example in hover). 2. Materials and equipment are developmentally appropriate, accessible, and reflect all children's interests, skills, abilities and represent the children and families they serve (checklist for OCFS monitors in hover). 3. The program accesses and coordinates with community resources to address the needs of children with social-emotional and behavioral health needs to support their continued participation and learning.	1. The program is able to provide curricula activities and experiences so that each child can participate and contribute to the program community. 2. The activity planning shows evidence of supporting children's positive social and emotional development, using strategies with all children that include: providing choices; using redirection, reflection, and problem solving; and clear rules and expectations.	1. The program meets the criteria for curriculum based on the appropriate accrediting body standards.

School Age Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Program Evaluation	5. The program staff annually review the Maine Child Care licensing rules/regulations.	4. The program annually completes a Staff and Family Survey that includes input from staff, administrators, and families to determine its strengths and weaknesses (tools in hover). 5. The program annually completes the Quality for ME Inclusion Self-Assessment Checklist for the following categories: -Compliance History/ Licensing Status, -Administration and Business Practices and -Health and Safety 6. The program writes a Program Improvement Plan based on the results from both the Staff and Family Survey and the Q4Me Inclusion Self-Assessment checklist. 7. Programs hold monthly meetings that provide opportunities to discuss the Program Improvement Plan.	3. The program conducts an annual comprehensive assessment based on national accreditation standards (samples in hover). 4. The program annually completes all categories of the *Quality for ME* Inclusion Self-Assessment Tool. 5. The program includes results from the comprehensive assessment (see #2) and all categories of the Inclusion Self-Assessment Checklist (see #3) in their Program Improvement Plan.	2. The program holds current accreditation from the appropriate accrediting body for child and youth development.

School Age Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Staff Qualifications and Professional Development	6. 100% of permanent/regular educators are registered in Maine Roads to Quality-Professional Development Network (MRTQ-PDN) Registry. 7. Before working with children and youth, new staff are given an orientation to the program which includes an introduction to child/youth development appropriate for the ages, abilities and culture the program serves, an overview of confidentiality guidelines, and program code of ethics.	8. 25% of teachers who work 20 hours or more are at a Level 3 or above on the MRTQ-PDN Direct Care Career Lattice. 9. The program director/ coordinator completes at least one of the following training: "MRTQ Foundations of Center-Based Care" OR “MRTQ Child Care Leadership Institute" 10. The program director/ coordinator has completed the ADA training: MRTQ-PDN Foundations of Inclusion. 11. The program provides monthly opportunities for individual employee supervision.	6. 50% of teachers who work over 20 hours are at a level 3 or above on the MRTQ-PDN Direct Care Career Lattice. 7. 50% of direct care staff who work over 20 hours have 10 points of professional growth activities in addition to training required by licensing. 8. 25% of direct care staff who work over 20 hours have completed training about working with children including children with disabilities and from diverse cultures, religions, social-economic classes, and English language learners and/or training in social and emotional development/ positive supports to support their use of effective strategies to address behavior challenges and reduce or eliminate unplanned transitions (expulsions). 9. All direct care staff have an annual professional development plan.	3. The program director/coordinator is at a level 5 or above on the MRTQ-PDN Direct Care Career Lattice. 4. The program director has obtained MRTQ-PDN Inclusion Credential. 5. 50% of educators who work 20 hours or more are at a Level 3 or above on the MRTQ Direct Care Career Lattice. 6. 50% full time staff and staff working more than 20 hours at Level 4 or above on the MRTQ-PDN Direct Care Lattice.

School Age Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Administration and Business Practices	8. The program gives each employee an up-to-date Staff Policies and Procedures Manual (content in hover).	12. All staff have a written job description defining job responsibilities. 13. All staff are evaluated at least annually by a supervisor to refine their skills through feedback and guidance. 14. Programs will provide opportunities for release time for professional development activities.	10. Staff with curriculum planning responsibilities are provided with at least 1 hour of dedicated time per week for curriculum planning. 11. Programs that employ staff offer a benefit package including, at minimum, two of the following: reduced child care rates for children of staff, tuition reimbursement, paid training, mileage reimbursement for training and education, health insurance, access to staff wellness/ employee assistance programs, dental insurance, disability insurance, retirement plan, paid vacation, paid sick time, paid personal time, paid holidays. 12. Programs that employ staff offer them the opportunity to participate in the development/revision of program policies.	7. In an effort to reduce staff turnover, the program has a plan to offer the best possible wages and working conditions. The program bases its salary scale upon professional qualifications, specialized training, length of employment, and performance evaluations. 8. The program coordinates with other providers in the community to maximize resources, services, and professional development opportunities.

School Age Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Family Engagement and Partnership	9. The program gives each family an up-to-date Family Handbook (content and communication method and examples of program philosophy in hover).	15. The program provides staff and families regular communication and updates on the program, in ways that support varied literacy levels, abilities, family culture and home language. 16. The program makes families aware of local and state resources available to meet individual child and family needs.	13. The program offers families conference time to discuss the child's developmental and learning progress, social, emotional, behavioral and physical needs. (1 conference offered per year for children attending 15 hrs. or less per week, 2 conferences offered per year for children attending more than 15 hours per week.) 14. Appropriate program staff participates in IEP/IFSP/other Plan of Service meetings if applicable.	9. In addition to parent surveys (Program Evaluation), the program provides opportunities for parent input into program planning and evaluation.

School Age Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Child Assessment	10. All staff attend training: MRTQ-PDN Introduction to Child Observation and Curriculum Planning 11. The program individualizes instruction for children with diverse learning styles, abilities, languages and cultures.	17. Twice a year, the program collects and summarizes evidence of the children's development in the following areas: • Social/Emotional • Cognitive • Physical (gross and fine motor; self-help skills) • Language/Communication Skills • Approaches to Learning -AND- Incorporates this evidence into curriculum planning.	15. Three times a year, the program collects and summarizes evidence of the children's development in the following areas: • Social/Emotional • Cognitive • Physical (gross and fine motor; self-help skills) • Language/Communication Skills • Approaches to Learning -AND- Incorporates this evidence into curriculum planning.	10. Program uses a variety of assessment methods that consider children's abilities, methods of communicating, family culture, and experiences to collect evidence and inform curriculum and instruction summarized 4 times per year* in the following areas: • Social/Emotional • Cognitive • Physical (gross and fine motor; self-help skills) • Language/Communication Skills • Approaches to Learning -AND- Incorporates this evidence into curriculum planning. *3 times per year for part year programs.

School Age Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Health and Safety	12. Providers will install carbon monoxide detectors (Caring for our Children [CFOC] 5.2.9.5) 13. Provider will retain and make available all safety inspections applicable to their town/city (e.g. fire inspection, well inspection, building permit). 14. Alcohol, nicotine products, and drugs will be secured by lock if located within area that children have access (Amended CFOC 3.4.1.1) 15.Firearms will be secured by lock if located with area that children have access (CFOC 5.5.0.8) 16. Include the following health and safety topics in the Staff Policies and Procedures Manual in "Administration and Business Practices": • Routine Cleaning, Sanitizing, and Disinfecting (CFOC 3.3.0.1) • Preventing and Identifying Shaken Baby Syndrome/Abusive Head trauma (CFOC 3.3.0.1) • Sun Safety including sunscreen (CFOC 3.4.5.1) • Training of Caregivers/teachers to administer medication (CFOC 3.6.3.3) • Integrative Pest Management (CFOC 5.2.8.1)	18. Provider will inform all families of existing Firearms on property (Amended CFOC 5.5.0.8) **Star 1** Continue 17. All staff complete an annual MRTQ Health and Safety training/webinar that includes the following topics: • Routine Cleaning, Sanitizing, and Disinfecting (CFOC 3.3.0.1) • Training of Caregivers/teachers to administer medication (CFOC 3.6.3.3) • Safe Sleep Practices and SIDS Risk Reduction (CFOC 3.1.4.1) • Firearms (locked) and parent notification piece (in Step 2) (CFOC 5.5.0.8) • Interior temperature of vehicles (CFOC 6.5.2.4)	16. Safety Covers and shock protection for electrical outlets-for all new construction (CFOC 5.2.4.2)	11. The program will meet appropriate accreditation standards in health and safety.

School Age Child Care Programs	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Nutrition and Physical Activity		19. Facility/provider/program completes one of the following: • The Go NAP SACC self-assessment • The Let's Go self-assessment • The Let's Move CC Checklist Quizzes Then develops and implements an action plan to achieve 2 goals for improvement per year. (Annual post assessment will indicate success and new areas will be identified to focus efforts on.) 20. 50% of must complete 3 hours of training related to obesity prevention-physical activity and/or nutrition as part of the required yearly training hours. (such as CACFP training modules) 21. Facility/provider/program promotes good nutrition and healthy eating with the following: •Evidence of current CACFP Participation that includes posting a CACFP approved menus for all ages served, including infants. •If unable to participate in CACFP, a facility/provider/program has evidence of a week's meal plan posted using CACFP approved meal patterns. 22. The program consults with a child care health consultant for support regarding nutrition and physical activity as needed. 23. The Family Handbook includes a philosophy of how they meet the dietary needs of children taking into consideration diverse food and nutrition as determined by culture, religion, and/or disabilities.	17. The facility/provider/program will use the chosen self-assessment to develop an implementation plan to achieve 3 additional nutrition/physical activity goals for improvement. 18. 75% of teachers must complete 6 hours of training related to obesity prevention-physical activity and/or nutrition as part of the required yearly training hours. 19. The program promotes a Breast Feeding Friendly environment that encourages and supports mothers who desire to provide Breast milk for their child (examples/resources in hover).	12. The facility/provider/program will use the chosen self-assessment to develop an implementation plan to achieve 4 additional nutrition/physical activity goals for improvement. 13. 100% of teachers must complete 9 hours of training related to obesity prevention-physical activity and/or nutrition as part of the required yearly training hours. 14. The program will meet appropriate accreditation standards in nutrition and physical activity.

Public Preschool	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
Chapters 124 & 125 Basic School Approval Maine Department of Education Statutory Authority: 20-A MRSA §4271(4)			*Alignment to Chapter 124-Basic Approval of Public Preschool Programs* **Section 1** General Objectives **Section 2** Definitions **Section 5** Instructional Time **Section 9** School Facilities 9.01 Indoor A-G 9.02 Outdoor A-F **Section 14** Transportation * **Section 15** Records & Reports **Section 16** Public Preschool Approval	*Alignment to Chapter 124-Basic Approval of Public Preschool Programs* **Section 1** General Objectives **Section 2** Definitions **Section 5** Instructional Time **Section 9** School Facilities 9.01 Indoor A-G 9.02 Outdoor A-F **Section 14** Transportation * **Section 15** Records & Reports **Section 16** Public Preschool Approval
Program Evaluation			**Section 17** Preschool Program Monitoring 17.01-17.04 Current MOU with CDS on file Current MOU with Head Start/child care partners on file as appropriate The program annually completes all categories of the *Quality for ME* Inclusion Self-Assessment Checklist Completes Family Survey.	**Section 17** Preschool Program Monitoring 17.01-17.04 Current MOU with CDS on file Current MOU with Head Start/child care partners on file as appropriate The program annually completes all categories of the *Quality for ME* Inclusion Self-Assessment Checklist and includes results from the assessment in annual program report to ME DOE Completes Family Survey and includes results in annual program report to ME DOE Ed Tech is at MRTQ-PDN Level IV
Teaching Staff Qualification & Prof Dev			**Section 6** 6.01 A (2) Certification requirements for child:staff ratios	**Section 6** 6.01 A (2) Certification requirements for child:staff ratios

Public Preschool	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
			Section 7 7.01 A,B, & C –Teacher & Ed Tech requirements ADA Training One staff member has training on working with children with disabilities	**Section 7** 7.01 A,B, & C –Teacher & Ed Tech requirements At least one of the teaching staff has Inclusion Credential (MRTQ-PDN) or 282 Certification (ME DOE) Certified Teacher evaluated with district PEPG Model and participates in PD directly related to preschool programming.
Administrative Policies and Procedures			**Section 5**. Instructional Time 5.01 & 5.02 School Year & Public Preschool Instructional Time	**Section 5**. Instructional Time 5.01 & 5.02 School Year & Public Preschool Instructional Time Principals have training in ECE
Family Engagement & Partnership			**Section 4**. Curriculum & Comprehensive Assessment System 4.01 4.03 A (3) Home Language Survey 4.03 B (3) Communicates with families regularly	**Section 4**. Curriculum & Comprehensive Assessment System 4.01 4.03 A (3) Home Language Survey 4.03 B (3) Communicates with families regularly 4.04 Child Development Reporting

Public Preschool	Star 1 ★	Star 2 ★★	Star 3 ★★★	Star 4 ★★★★
Standards	**To attain and maintain Star 1, a program must meet the following standards:**	**To attain and maintain Star 2, a program must continue to meet Star 1 standards AND meet the following standards:**	**To attain and maintain Star 3, a program must continue to meet Star 1 & 2 standards AND meet the following standards:**	**To attain and maintain Star 4, a program must continue to meet Star 1, 2, & 3 standards AND meet the following standards:**
			4.04 Child Development Reporting **Section 10**. Family Engagement **Section 8**. Nutrition D. **Section 11**. Community Engagement **Section 12**. Coordinated Public Preschool Programs 12.01 A-D 12.02 A-g **Section 13** Transition 13.01	**Section 10**. Family Engagement **Section 8**. Nutrition D. 10.01 & 10.02 **Section 11**. Community Engagement **Section 12**. Coordinated Public Preschool Programs 12.01 A-D 12.02 A-g **Section 13** Transition 13.01 & 13.02
Child Assessment			**Section 4.** Curriculum & Comprehensive Assessment System 4.03 Screening and Assessment A. Screening (1), (2), (3) 4.03 B Assessment (1)-(7) 4.04 Child Development Reporting	**Section 4.** Curriculum & Comprehensive Assessment System 4.03 Screening and Assessment A. Screening (1), (2), (3) 4.03 B Assessment (1)-(7) 4.04 Child Development Reporting
Physical Health & Nutrition			**Section 8** Nutrition 8.01 & 8.02 A-E	**Section 8** Nutrition 8.01 & 8.02 A-E

Appendix J – Inclusion Self-Assessment Checklist

Quality for ME Inclusion Self-Assessment Checklist Draft 8/12/15

The *Quality for ME* Inclusion Self-Assessment Checklist was developed by the University of Maine Center for Community Inclusion and Disability Studies for the Quality for ME Revision Project with funding from the Maine Department of Health and Human Services, Office of Child and Family Services; through a subcontract with the University of Maine.

Maine's Quality Rating and Improvement System (QRIS), called *Quality for ME*, includes specific program indicators that define and promote quality in care and education settings across nine categories. The focus is on program improvement and ensuring access to quality early care and education settings for all children.

This checklist expands on the current QRIS document with explicit indicators that focus on evidence-informed practices that support the inclusion of children with disabilities and cultural and linguistically diverse populations. It was developed to be consistent with the Early Childhood Inclusion Joint Position Statement of the Division of Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC) using the defining features of access, participation and supports to identify indicators for high quality inclusive programs and services.

It is important for professionals in any field to have a way of regularly assessing their practice. A consistent process of reflection and assessment provides an opportunity to obtain an informed picture of current practice, as well as the quality of education and care experienced by children and families. The goal of this self-assessment is to help early care and education professionals become aware of important indicators of quality.

About the Tool

The checklist can be used as part of a quality improvement planning process. The self-assessment checklist identifies and confirms strengths and areas of improvement related to inclusive practice. This checklist is not a test or pass/fail exam, but a tool that supports an intentional review of program policies and delivery of services. This self-assessment is intended to reinforce and expand upon, not replace, licensing standards.

How to Use the Tool

As a first step, it is important to become familiar with the checklist. There are nine sections that match the nine *Quality for ME* standard categories:

1. Compliance History/Licensing Status
2. Learning Environment/DAP
3. Program Evaluation
4. Staff Qualifications and Professional Development
5. Administration and Business Practices
6. Family Engagement and Partnership
7. Child Assessment
8. Health and Safety
9. Nutrition and Physical Activity

Each section has a link to the *Quality for ME* standards category for each program setting. If you are not completing this online, it will be important for you to have a copy of the standards for your setting as you go through the checklist. These standards can be found at _____. For those programs with multiple staff, using a team approach to conduct the self-assessment is key to improving practices throughout the program. Programs may also choose to work with a mentor or technical assistance consultant to complete the self-assessment.

Depending on your program's current *Quality for ME* rating, you may choose to complete the entire checklist or the categories identified in the *Quality for ME* Program Evaluation category for your Step as listed below:

Step 1: Complete the Compliance History/Licensing Status category of the *Quality for ME* Inclusion Checklist.

Step 2: Complete the Compliance History/Licensing Status, Administration and Business Practices, and Health and Safety categories of the *Quality for ME* Inclusion Checklist.

Step 3: Complete all categories of the *Quality for ME* Inclusion Checklist.

Step 4: Complete all categories of the *Quality for ME* Inclusion Checklist.

At the end of each category is a section called Program Findings. This is a place to identify areas for improvement including recommendations and resources. After completing each section, it is recommended that staff pause and reflect about how the assessment results provide a picture of current inclusive practices. This information is used in the completion of the final section called Program Profile for Action Planning. You may want to consider these questions during your reflection:

1. What impressed you about your current practices?
2. What surprised you about your current practices?
3. How effective are your current policies and practices for including all children and families?
4. What general areas do you foresee as starting points to improve inclusive practice?
5. What types of support might you need?

As a final step, complete the Program Profile for Action Planning and the Action Plan. This action planning profile is intended as a working tool for setting goals to improve current practice. Determining priorities and planning for continued self-assessment on an ongoing basis is included in the action plan. As part of the process, it is important to identify needed resources including training and technical assistance to assist in quality improvement activities.

***Quality for ME* Standard Category 1: Compliance History/Licensing Status**		
Quality for ME Family Child Care Standards (hot link to FCC compliance) *Quality for ME* Head Start and Center-Based Child Care Programs (hot link to HS-CC compliance) *Quality for ME* School Age Child Care Programs (hot link to SACC compliance) *Quality for ME* Public School Preschool Programs (hot link to PSPS compliance)		
Inclusive Indicator	**Rating**	
	Yes	**No**
1. Program admits children without regard to race, culture, ethnicity, sex, religion, national origin, special health care needs, developmental or behavioral concerns or disabilities.		
2. Facility meets accessibility requirements that are readily achievable (includes access to buildings, outdoor play areas, inside program areas, toilets and sinks, with enough room for equipment needed by people with disabilities).		
3. Program makes reasonable modifications to policies and practices to ensure they include clear non- discriminatory language and do not screen out people with disabilities.		
4. Staff is aware of the legal requirements for providing reasonable accommodations.		
5. Staff works with a child's family to assist in implementing an individualized plan of service developed with community or state agencies.		
6. Program ensures that all staff is adequately trained and/or has sufficient experience to meet the needs of all children for whom they are responsible.		
Program Findings – What was identified as needing improvement? (Include recommendations and resources.)		

Quality for ME Standard Category 1: Compliance History/Licensing Status

Supporting Documentation

Examples of Evidence for Portfolio

- ○ Environmental rating scale (i.e., CFOC 8.7.0.1 see below) shows access (simple modifications, removal of physical and structural barriers, materials accessible).
- ○ Copy of NCCIC Technical Assistance Memo: Moving Towards Americans With Disabilities Act Compliance: A Checklist and guide for privately owned child care programs (PDF)
- ○ Copy of written Inclusionary Policy for children with disabilities (required for child care centers, see licensing rules).
- ○ Policies do not exclude children who are not yet walking or toilet trained.
- ○ Policy on confidentiality.
- ○ Copies of child's individual plans are in file as appropriate.
- ○ Annual staff development includes training related to inclusion/special needs/diversity/laws, etc. (individual verification in MRTQ-PDN Registry).
- ○ Copy of staff orientation plan/materials that include information about legal requirements and reasonable accommodations.

Selected Resources for More Information

*Maine Child Care Licensing Rules - http://maine.gov/dhhs/ocfs/ec/occhs/cclicensing.htm

*Care for Our Children (CFOC3) Standards:

2.1.1.8 Diversity in Enrollment and Curriculum - http://cfoc.nrckids.org/StandardView/StdNum/2.1.1.8+

8.2.0.1 Inclusion of Children with Special Needs in Child Care - http://cfoc.nrckids.org/StandardView/8.2.0.1

8.7.0.1 Assessment of Facilities for Children with Special Needs - http://cfoc.nrckids.org/StandardView/8.7.0.1

1.4.2.2 Orientation for Care of Children with Special Health Care Needs - http://cfoc.nrckids.org/StandardView/1.4.2.2

8.3.0.1 Initial Assessment of Child to Determine His/Her Special Needs - http://cfoc.nrckids.org/StandardView/8.3.0.1

Maine Roads To Quality-Professional Development Network - http://muskie.usm.maine.edu/maineroads/

CCIDS Growing Ideas Tipsheets - http://ccids.umaine.edu/resources/ec-growingideas/

***Quality for ME* Standard Category 2: Learning Environment/DAP**			
Quality for ME Family Child Care Standards (hot link to FCC LE/DAP) *Quality for ME* Head Start and Center-Based Child Care Programs (hot link to LE/DAP) *Quality for ME* School Age Child Care Programs (hot link to LE/DAP) *Quality for ME* Public School Preschool Programs (hot link to LE/DAP)			
Inclusive Indicator	**Rating**		
	Yes	Somewhat	Not Yet
1. The environment considers lighting, noise level, visual and auditory input and the how space is arranged to ensure accessibility for all learners.			
2. Program staff provides adaptations to all activities and routines, when needed by individuals.			
3. Curriculum reflects respect for diversity and culture without stereotyping.			
4. Program staff uses a range and variety of instructional formats and strategies to promote learning across domains (e.g., use a range of auditory, visual, kinesthetic opportunities; plan hands-on activities; provide adult-led, child-initiated, small group and individual 1:1 instruction).			
5. When needed, staff use individualized accommodation strategies to support self-regulation (e.g. sitting on a beanbag chair or ball during circle time, holding a fidget toy during transitions, etc.).			
6. Program staff uses proactive strategies to prevent challenging behaviors (e.g., visual supports, consistent schedule, choice making).			
7. Instructional strategies include helping children learn how to develop and maintain constructive relationships with adults and peers.			
8. Program integrates appropriate technology into the learning environment to support individual children to access the curriculum, assessment and instruction.			
9. Specialized supports and services are provided in the natural environment with peers whenever possible/appropriate.			

Quality for ME Standard Category 2: Learning Environment/DAP
Program Findings – What was identified as needing improvement? (Include recommendations and resources.)
Supporting Documentation
Examples of Evidence for Portfolio ○ Completed environmental rating scale (i.e., CFOC 8.7.0.1, see previous page) noting simple modifications, removal of physical and structural barriers, arrangement of furniture, materials and equipment accessible. ○ Written curriculum/method of curriculum planning shows evidence of diversity, intentional teaching of social skills and friendship development. ○ Evidence of varied teaching strategies such as simplifying directions, use of concrete materials/examples, sequencing learning tasks from easy to hard, repeated opportunities to practice skills, verbal prompts and/or direct physical assistance. ○ Evidence that adaptations are used to allow for children's participation in everyday activities and routines is included in children's file. ○ Evidence of resource books and materials where staff can find examples of adaptations or modifications (Adaptation continuum). ○ Evidence of lesson planning, including completed routines and activities matrices or other tools. ○ Visual supports are evident. ○ Books, pictures, computer apps, photos, games, dress-up clothes/materials representing individuals from varied cultures, races, abilities, ages and genders are evident. ○ Program documents activities/instruction that helps support goals in a child's IFSP/IEP and is included in child's file. ○ Evidence of individual behavior support plan in child's file. ○ Evidence of specialized services provided is included in child's file.

Quality for ME Standard Category 2: Learning Environment/DAP

Selected Resources for More Information

*Office of Head Start National Center on Cultural and Linguistic Responsiveness - http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ cultural-linguistic

*Head Start Center for Inclusion - http://depts.washington.edu/hscenter/about

*Head Start National Center on Quality Teaching and Learning—Highly Individualized Teaching and Learning - http://eclkc.ohs.acf. hhs.gov/hslc/tta-system/teaching/practice/individualized

Teaching and Learning - http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/practice/individualized CCIDS Visual Supports Learning Links and Templates - http://ccids.umaine.edu/resources/visual-supports/

***Quality for ME* Standard Category 3: Program Evaluation**			
Quality for ME Family Child Care Standards (hot link to FCC program evaluation) *Quality for ME* Head Start and Center-Based Child Care Programs (hot link to HS-CC program evaluation) *Quality for ME* School Age Child Care Programs (hot link to SACC program evaluation) *Quality for ME* Public School Preschool Programs (hot link to PSPS program evaluation)			
Inclusive Indicator	**Rating**		
	Yes	**Somewhat**	**Not Yet**
1. Program's annual evaluation process includes the identification of actions taken and progress made toward inclusive practice.			
2. Program's annual evaluation process includes the identification of actions taken and progress made toward honoring child, family and staff diversity (background, language and culture).			
3. Program's annual evaluation includes opportunities for input from other collaborative partners such as those providing specialized support through Child Development Services, Maine Roads to Quality Professional Development Consultants and others, when appropriate.			
4. Professional development related to inclusion is informed by the program evaluation information.			
Program Findings – What was identified as needing improvement? (Include recommendations and resources.)			

***Quality for ME* Standard Category 3: Program Evaluation**
Supporting Documentation

Examples of Evidence for Portfolio

- ○ Copy of program evaluation includes an annual self-assessment of the program's progress toward including children with disabilities and other special populations.
- ○ Copy of completed ADA checklist to evaluate accessibility for people with disabilities.
- ○ Program data about enrollments and transition.
- ○ Program is a CDS approved program.
- ○ Evidence of communication strategies/marketing materials, both written and in other formats that support people with disabilities and those who communicate in languages other than English and who may be seeking program services.
- ○ Evidence of evaluation process that includes reviewing employee and parent handbooks, current policies, procedures and training registry information.
- ○ Copy of family surveys with questions about the program's practices related to inclusion.
- ○ Copy of feedback from other collaborators and/or stakeholders.

Selected Resources for More Information

CFOC3 Guiding Principles (PDF) **-** http://cfoc.nrckids.org/WebFiles/CFOC3_guiding_principles.pdf

CFOC3 9.2.1.3: Enrollment Information to Parents/Guardians and Caregivers/Teachers - http://cfoc.nrckids.org/ StandardView/9.2.1.3

***Quality for ME* Standard Category 4: Staff Qualifications and Professional Development**			
Quality for ME Family Child Care Standards (hot link to staff qualifications/PD)) *Quality for ME* Head Start and Center-Based Child Care Programs (hot link to staff qualifications/PD) *Quality for ME* School Age Child Care Programs (hot link to SACC staff qualifications/PD) *Quality for ME* Public School Preschool Programs (hot link to PSPS staff qualifications/PD)			
Inclusive Indicator	**Rating**		
	Yes	**Somewhat**	**Not Yet**
1. All staff and volunteers have professional development opportunities that address the unique aspects of working in an inclusive program including attitudinal and equity issues, professional standards and applicable laws and regulations.			
2. The Director/Coordinator/Owner has completed the 6 hr. training, *Foundations of Inclusion– Relevant Laws – Featuring the ADA*.			
3. When enrolling a child from another country or culture or someone with complex medical, developmental or behavioral health care needs or a disability, all staff members receive an orientation in learning about the child, her/his culture, any special instructions/supports and learning strategies.			
4. Program has information about and access to quality improvement resources that support: • Health • Early childhood mental health – Social-emotional and behavioral supports • Inclusion/disability – instructional supports, adaptations, etc. • Working with immigrant and refugee families • English Language Learners (ELL)			
5. The Director/Coordinator/Owner has obtained the Maine Inclusion Credential.			

***Quality for ME* Standard Category 4: Staff Qualifications and Professional Development**
Program Findings – What was identified as needing improvement? (Include recommendations and resources.)

Supporting Documentation

Examples of Evidence for Portfolio

- ○ Documentation of training hours or credential in MRTQ-PDN Registry.
- ○ Copies of professional development plans/portfolios.
- ○ Copies of training completion certificates.
- ○ Copies of employee handbook, orientation plan and relevant policies that include information about orientation, training, admission/enrollment, staff benefits (including access to an Employee Assistance Program (EAP) or other resources) and reflect the philosophy/mission of the program.
- ○ Community resources include listing of available consultants.
- ○ Evidence of orientation or team meeting in child's plan/file.
- ○ Evidence of staff planning meetings, team building, communication, and other collaboration and planning activities.

Selected Resources for More Information

CFOC3 1.6.0.5: Specialized Consultation for Facilities Serving Children with Disabilities - http://cfoc.nrckids.org/ StandardView/1.6.0.5

CFOC3 1.4.4.1: Continuing Education for Directors and Caregivers/Teachers in Centers and Large Family Child Care Homes - http://cfoc.nrckids.org/StandardView/1.4.4.1

Quality for ME Standard Category 5: Administration and Business Practices			
Quality for ME Family Child Care Standards (hot link to Admin/Business) *Quality for ME* Head Start and Center-Based Child Care Programs (hot link to Admin/Business) *Quality for ME* School Age Child Care Programs (hot link to SACC Admin/Business) *Quality for ME* Public School Preschool Programs (hot link to PSPS Admin/Business)			
Inclusive Indicator	**Rating**		
	Yes	**Somewhat**	**Not Yet**
1. Program has a formal statement (philosophy/mission) that reflects a commitment to inclusion/ diversity and guides all aspects of the program's operation.			
2. Program has an admissions/enrollment policy and procedure that is the same for every child and family, facilitates an exchange of information between provider and parent and is in compliance with ADA, and other relevant laws and rules (e.g., Section 504, etc.).			
3. Program has a transition/dismissal policy that reflects the philosophy/mission of the program, applies to all children, includes a procedure that describes alternatives to expulsions or suspensions, and is in compliance with ADA and other relevant laws and rules (e.g., Section 504, etc.).			
4. Staff members with curriculum planning responsibilities are provided dedicated time for planning and meeting with other professionals to provide individualized instruction.			
5. All direct service job descriptions (i.e., teachers, teacher aides, education technicians and volunteers) stress the inclusion of all children, including those with disabilities and multi- language learners.			
Program Findings – What was identified as needing improvement? (Include recommendations and resources.)			

***Quality for ME* Standard Category 5: Administration and Business Practices**
Supporting Documentation

Examples of Evidence for Portfolio

- ○ Program's inclusion/nondiscrimination statement is evident in written materials, brochures, enrollment materials, website, policies and employee/family/volunteer handbooks.
- ○ Samples of materials developed and/or shared in alternative formats (i.e., varied reading levels, abilities, cultures and languages).
- ○ Copy of written admission/enrollment policy that reflects the philosophy/mission of the program.
- ○ Written information about services provided, routines and expectations for participating in group care are provided to families as part of admissions procedures.
- ○ Copy of written policy on confidentiality.
- ○ Copy of written transition/dismissal policy or information about termination, transitions, dismissals are included in the discipline policy.
- ○ Copies of employee/parent/volunteer handbooks containing information about accommodation plans.
- ○ Copy of schedule to include planning time included in staff portfolios.
- ○ Employee handbook and other written materials include information about working and coordinating with outside consultants/ agencies.
- ○ Job descriptions.

Selected Resources for More Information

Child Care Aware - http://childcareaware.org/

Maine Shared Services Alliance - http://www.sharedservicesforme.org/default.aspx

CFOC3 2.2.0.8: Preventing Expulsions, Suspensions, and Other Limitations in Services - http://cfoc.nrckids.org/StandardView/2.2.0.8

CFOC3 9.2.1.3: Enrollment Information to Parents/Guardians and Caregivers/Teachers - http://cfoc.nrckids.org/StandardView/9.2.1.3

***Quality for ME* Standard Category 6: Family Engagement and Partnership**			
Quality for ME Family Child Care Standards (hot link to FCC Family) *Quality for ME* Head Start and Center-Based Child Care Programs (hot link to HS-CC Family) *Quality for ME* School Age Child Care Programs (hot link to SACC Family) *Quality for ME* Public School Preschool Programs (hot link to PSPS Family			
Inclusive Indicator	**Rating**		
	Yes	**Somewhat**	**Not Yet**
1. During the admissions/enrollment process, all families are invited to share information about their child and family.			
2. Program staff communicates in the method best understood by the family.			
3. In partnership with families and with their consent, program staff: 1) contribute to an individual child's IEP/IFSP or other Plan of Service; 2) provide progress information; 3) work with specialty staff; and 4) participate in team meetings.			
4. Information about local and state resources is available to families and considers family background, language and culture.			
5. Program has a written plan/policy for supporting and following up with families about referrals to other services.			
6. Families have a key role in providing input into their child's documentation and helping to define learning goals that enable their child to fully participate in the program.			
7. The program staff provides ongoing opportunities for families to share their backgrounds, traditions, interests and abilities.			

***Quality for ME* Standard Category 6: Family Engagement and Partnership**
Program Findings – What was identified as needing improvement? (Include recommendations and resources.)
Supporting Documentation

Examples of Evidence for Portfolio

- ○ Admission/enrollment policy, dismissal or transition policy, family survey form and parent handbook reflect the philosophy and practices that support inclusion and family engagement and partnerships.
- ○ Parent handbook includes information about program's role in monitoring children's development and sharing concerns with families about potential developmental or behavioral delays/issues.
- ○ Copies of written confidentiality policy and release of information.
- ○ Samples of materials developed and/or shared in alternative formats (i.e., varied reading levels, abilities, cultures and languages).
- ○ Copy of notes from parent/teacher conferences/meetings with families in child's file.
- ○ Evidence in child's file that includes information from families about child's background, experiences, likes, dislikes, home routines, customs and needs is regularly updated.
- ○ Copies of materials developed and/or shared are easy for most families to understand and contain few technical terms (i.e., little or no jargon or acronyms).

Selected Resources for More Information

CFOC3 2.3.1.1: Mutual Responsibility of Parents/Guardians and Staff - http://cfoc.nrckids.org/StandardView/2.3.1.1
CFOC3 2.3.2.1: Parent/Guardian Conferences - http://cfoc.nrckids.org/StandardView/2.3.2.1
Office of Head Start National Center on Parent, Family and Community Engagement - http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family

***Quality for ME* Standard Category 7: Child Assessment**			
Quality for ME Family Child Care Standards (hot link to FCC child assess) *Quality for ME* Head Start and Center-Based Child Care Programs (hot link to HS-CC child assess) *Quality for ME* School Age Child Care Programs (hot link to SACC child assess) *Quality for ME* Public School Preschool Programs (hot link to PSPS child assess)			
Inclusive Indicator	**Rating**		
	Yes	**Somewhat**	**Not Yet**
1. Program conducts or has a written process for obtaining developmental screening information and determining when further health, behavioral or developmental screenings and/or assessments are needed and includes parent/guardian consent and participation.			
2. Conducting authentic (or formative) assessments is an ongoing component of the services provided.			
3. Assessments are selected, designed or adapted based on individual needs to provide children multiple ways of demonstrating what they know and can do (i.e., verbally, visually, tactilely, through sign language, their home language or use of assistive technology).			
4. Information about local and state resources is available to families and considers family background, language and culture.			
5. Staff collaborate with families, other staff and service providers to gather information as well as to share children's progress data following confidentiality rules.			
Program Findings – What was identified as needing improvement? (Include recommendations and resources.)			

***Quality for ME* Standard Category 7: Child Assessment**
Program Findings (continued)

Supporting Documentation

Examples of Evidence for Portfolio

- ○ Examples of screenings, assessments and the formalized process.
- ○ Evidence that staff responsible for screening and assessments have received training in the instruments.
- ○ Evidence that there is a system of ongoing training and support/supervision to administer, interpret, report and use the information to inform curriculum, instruction, adaptations and modifications.
- ○ Evidence in children's files of screenings and assessments.
- ○ Evidence of IFSP/IEP and/or other Plans of Service/therapy notes and child-centered planning inventory (such as MAPS) that identifies strengths, interests, preferences and needs in children's files.
- ○ Copies of written confidentiality policy and release of information.
- ○ Written policy/procedure for referring families when a health or developmental screening or evaluation for a child is necessary.

Selected Resources for More Information

CFOC3 2.1.1.4: Monitoring Children's Development/Obtaining Consent for Screening - http://cfoc.nrckids.org/StandardView/2.1.1.4

***Quality for ME* Standard Category 8: Health and Safety**			
Quality for ME Family Child Care Standards (hot link to Health and Safety) *Quality for ME* Head Start and Center-Based Child Care Programs (hot link to Health and Safety) *Quality for ME* School Age Child Care Programs (hot link to SACC Health and Safety) *Quality for ME* Public School Preschool Programs (hot link to PSPS Health and Safety)			
Inclusive Indicator	**Rating**		
	Yes	**Somewhat**	**Not Yet**
1. Program provides opportunities for staff to access information, training and support to prevent and manage stress and ensure workplace health, safety and emotional well-being.			
2. Program develops with a child's family, the child's health care professional and other specialists, a care plan that addresses routine and emergency care for children with special health care needs.			
3. Staff provides positive support and instruction at the individual ability and language level of the child during toileting, handwashing and tooth brushing as well as other health and safety related activities.			
4. Program director/coordinator/staff continue to identify strategies and resources to support the inclusion of children and address safe and healthy adult/child ratios.			
Program Findings – What was identified as needing improvement? (Include recommendations and resources.)			

Quality for ME Standard Category 8: Health and Safety

Program Findings (continued)

Supporting Documentation

Examples of Evidence for Portfolio

- Documentation of training hours or credential in MRTQ-PDN Registry.
- Evidence in child record of care plan related to child's special health care needs such as diabetes, asthma, allergies, seizures, etc.

Selected Resources for More Information

CFOC3 1.1.1.3 Ratios for Facilities Serving Children with Special Health Care Needs and Disabilities - http://cfoc.nrckids.org/StandardView/1.1.1.3

CFOC3 1.7.0.5 Stress - http://cfoc.nrckids.org/StandardView/1.7.0.5

CFOC3 3.5.0.1 Care Plan for Children with Special Health Care Needs - http://cfoc.nrckids.org/StandardView/3.5.0.1

CFOC Appendix BB – Emergency Information Form for Children with Special Health Care Needs (PDF) - http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixBB.pdf

CFOC Appendix O – Care Plan for Children with Special Health Care Needs (PDF) - http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixO.pdf

CFOC Appendix P – Situations that Require Medical Attention Right Away (PDF) - http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixP.pdf

*Model Child Care Health Policies 5th Addition (252 pg. PDF) - https://healthykidshealthyfuture.org/wp-content/uploads/2015/01/AAP_Model_Child_Care_Health_Policies.pdf.pdf

Office of Head Start National Center on Health - http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health

***Quality for ME* Standard Category 9: Nutrition and Physical Activity**			
Quality for ME Family Child Care Standards (hot link to Nutrition) *Quality for ME* Head Start and Center-Based Child Care Programs (hot link to Nutrition) *Quality for ME* School Age Child Care Programs (hot link to SACC Nutrition) *Quality for ME* Public School Preschool Programs (hot link to Nutrition)			
Inclusive Indicator	**Rating**		
	Yes	**Somewhat**	**Not Yet**
1. The program has a written policy on physical activity including the following: 1) the amount of time provided; 2) teacher practices that encourage and support physical activity; 3) how children with disabilities participate; and 4) active play is not withheld as a way to manage challenging behaviors.			
2. The program's physical activity and nutrition self-assessment action plan incorporates goals that are inclusive of children with disabilities.			
3. Staff has a system in place to gather information from families who have children with disabilities related to their ability to eat or who have nutritional requirements on admission to the program.			
4. Staff develop and implement dietary and feeding plans with input from the following: 1) families; 2) the child's health care professional; 3) consultants; 4) nurses; 5) nutritionists; and 6) speech, occupational, and physical therapists as needed.			
5. The program materials promote good nutrition and healthy eating and state how they accommodate children with dietary needs or allergies and family culture and religious considerations.			
Program Findings – What was identified as needing improvement? (Include recommendations and resources.)			

***Quality for ME* Standard Category 9: Nutrition and Physical Activity**
Program Findings (continued)
Supporting Documentation

Examples of Evidence for Portfolio

- ○ Copy of the Physical Activity Policy.
- ○ Staff and Parent Handbooks.
- ○ Policies and procedures manuals.
- ○ Evidence in child's file of dietary or feeding plan.
- ○ Copy of physical activity and nutrition action plan.

Selected Resources for More Information

CFOC3 4.2.0.2 Assessment Planning and Nutrition for Individual Children - http://cfoc.nrckids.org/StandardView/4.2.0.2
CFOC3 4.2.0.8 Feeding Plans and Dietary Modifications - http://cfoc.nrckids.org/StandardView/4.2.0.8
CFOC3 4.2.0.10 Care for Children with Food Allergies - http://cfoc.nrckids.org/StandardView/4.2.0.10
CFOC Appendix O – Care Plan for Children with Special Health Care Needs (PDF) - http://cfoc.nrckids.org/WebFiles/AppendicesUpload/AppendixO.pdf
*Model Child Care Health Policies 5th Addition (252 pg. PDF) - https://healthykidshealthyfuture.org/wp-content/uploads/2015/01/AAP_Model_Child_Care_Health_Policies.pdf.pdf
Office of Head Start National Center on Health - Nutrition - http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/nutrition/nutrition.html
Go NAP SACC Self-Assessments for early care and education programs - https://gonapsacc.org/resources/nap-sacc-materials
Let's Go! Child Care Toolkits - http://www.letsgo.org/toolkits/ec-toolkits/
Center for Disease Control and Prevention (CDC) Division of Nutrition, Physical Activity and Obesity - http://www.cdc.gov/physicalactivity/basics/children/index.htm
Accommodating Special Diets in Child Care - http://www.extension.org/pages/25787/accommodating-special-diets-in-child-care#.VcuOLBNVikp

Quality for ME Inclusion Self-Assessment Checklist

Program Name: _____

Current *Quality for ME* Rating: _____

Completed by:_____

Director/Owner Signature:_____

Date: _____

Program Profile for Action Planning

Program Strengths:

Program Profile for Action Planning			
Areas for Improvement	Priorities for Action Planning		
	1 High Priority	2 Medium Priority	3 Low Priority

Action Plan				
Priority Areas for Improvement	**Steps to Address**	**Person Responsible**	**Resources or Supports Needed**	**Targeted Date for Completion**

Maine Sources for Technical Assistance and Guidance Related to Quality Improvement Activities

*Maine Roads to Quality – Professional Development Network - http://muskie.usm.maine.edu/maineroads/ta.htm

*Maine Department of Education Public Preschool - http://www.maine.gov/doe/publicpreschool/

*Maine Department of Education Child Development Services - http://www.maine.gov/doe/cds/

*Office of Head Start Training and Technical Assistance System - http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ohs-tta

*Maine Expanding Inclusive Opportunities (MEIO) Inclusion in Early Childhood Settings Toolkit – the MEIO initiative represents a collaborative effort of the Center for Community Inclusion and Disability Studies (CCIDS) at the University of Maine, the Maine Department of Education Child Development Services and the Maine Department of Health and Human Services - http://umaine.edu/expandinclusiveopp/ec-settings-inclusion-toolkit/

Child Care Regulatory Resources

*Maine Child Care Licensing Rules - http://www.maine.gov/dhhs/ocfs/ec/occhs/cclicensing.htm

*Caring for Our Children National Health and Safety Performance Standards Guidelines for Early Care and Education Programs 3rd Edition - http://cfoc.nrckids.org/

Selected Checklists and Program Assessment Tools for further exploration*

*Quality Inclusive Practices Checklist (57 pg. 2012) - http://www.heartland.edu/documents/heip/faculty/QualityInclusivePracticesChecklist.pdf

*Autism Program Environment Rating Scale-Preschool/Elementary (APERS-PE) – March 2011 Version (79 pg. PDF) - http://vtautismproject.wikispaces.com/file/view/PE+APERS+March+2011.pdf

*Program Preparedness Checklist Version 5.0 A Tool to Assist Head Start and Early Head Start Programs to Assess Their Systems and Services for Dual Language Learners and Their Families - http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/ProgramPreparedn.htm

*Office of Head Start Office (OHS) Parent, Family, and Community Engagement (PFCE) Framework - http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/framework

* Note this listing represents a few tools that can be used to further assess inclusive practices and does not represent the complete list of available resources.

Selected References for *Quality for ME* Inclusion Self-Assessment Checklist

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. (2011). *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition. Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available from http://cfoc.nrckids.org/WebFiles/CFOC3Book5-14-15Update.pdf

Cate, D., Diefendorf, M., McCullough, K., Peters, M.L. & Whaley, K. (Eds.). (2010). *Quality indicators of inclusive early childhood programs/practices: A compilation of selected resources*. Retrieved from http://www.nectac.org/~pdfs/pubs/qualityindicatorsinclusion.pdf

Center for Early Literacy Learning (CELL). (n.d.). Practice guides with adaptations. Retrieved from http://earlyliteracylearning.org/pg_tier2.php

Center on Inclusion and Early Childhood Care & Education, Oregon Early Childhood Inclusion Collaborative Professional Development Work group. (2011). *Competencies for inclusive programs*. Retrieved from http://www.centeroninclusion.org/Competency.pdf

Conn-Powers, M. (2009). *Designing effective early education programs that meet the learning needs of all children: Application of multi-tiered and universal design teaching strategies*. Retrieved from http://www.iidc.indiana.edu/styles/iidc/defiles/Universal%20Design%20in%20Early%20Ed_Draft.pdf

CONNECT: The Center to Mobilize Early Childhood Knowledge. (n.d.). Connect module 1: Embedded interventions. Retrieved from http://community.fpg.unc.edu/connect-modules/learners/module-1

Council on Accreditation. (2008). After school and youth development standards. Retrieved from http://coanet.org/standard/cyd-ayd/

Culturally & Linguistically Appropriate Services (CLAS) Early Childhood Research Institute. (2001). *Review guidelines: Inclusion.* University of Illinois at Urbana-Champaign, Early Childhood and Parenting Collaborative. Retrieved from http://clas.uiuc.edu/review/Inclusion.pdf

Delaware Stars for Early Success. (July 1, 2014). *Early care and education standards*. Retrieved from http://www.delawarestars.udel.edu/wp-content/uploads/2013/11/ECE-Standard-7.1.20141.pdf

Desired Results access Project. (2014). *Worksheet for planning for additional evidence on the (DRDP) access*. Napa County Office of Education, Research and Professional Development Center. Retrieved from http://www.draccess.org/assessors/tools/PlanningForAdditionalEvidence.html

Devard, S.K. (2010). *EIEIO inclusion toolkit: A guide to high quality inclusion of children with disabilities for families and their communities*. Retrieved from http://www.dhss.delaware.gov/dhss/dms/epqc/birth3/files/de_maps_inclusion.pdf

Division for Early Childhood (DEC). (April 14, 2014). *DEC Recommended practices in early intervention/early childhood special education 2014*. Retrieved from: http://dec.membershipsoftware.org/files/Recommended Practices/DEC 2014 Recommended Practices.pdf

Division for Early Childhood (DEC) / National Association for the Education of Young Children (NAEYC). (2009). Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC). Retrieved from http://npdci.fpg.unc.edu/resources/articles/Early_Childhood_Inclusion

ExceleRate Illinois. (2015). *Inclusion of children with special needs: Standards*. Illinois Network of Child Care Resource and Referral Agencies (INCCRRA). Retrieved from http://www.excelerateillinoisproviders.com/docman/resources/55-icsn-standards/file

Florida Department of Education. (2010). *Florida core competencies for early care and education practitioners*. Office of Early Learning, Florida Early Care and Education Professional Development Initiative. Retrieved from http://www.thechildrensforum.com/downloads/Practitioner%20Core%20Competencies.pdf

Head Start Center for Inclusion. (n.d.). Training modules. University of Washington. Retrieved from http://depts.washington.edu/hscenter/modules-overview

Horowitz, M. & Squires, J. (2014). *QRIS and inclusion: Do state QRIS standards support the learning needs of all children?* (CEELO FastFact). New Brunswick, NJ: Center on Enhancing Early Learning Outcomes.

Idaho AEYC IdahoSTARS. (n.d.). Inclusion for children with diverse abilities. Retrieved from http://www.idahostars.org/?q=Inclusion

Maine Department of Health & Human Services. (2008). *Rules for the licensing of child care facilities* (10-148 CMR Chapter 32). Retrieved from http://maine.gov/dhhs/ocfs/ec/occhs/cclicensing.htm

Maine Department of Health & Human Services. (2009). *Rules for the certification of family child care providers* (10-148 CMR Chapter 33). Retrieved from http://maine.gov/dhhs/ocfs/ec/occhs/cclicensing.htm

Maine Department of Health & Human Services. (2011). *State of Maine early care and education quality rating system: Application manual*. Retrieved from http://www.maine.gov/dhhs/ocfs/ec/occhs/qrs_application_manual.pdf

Maine's Expanding Inclusive Opportunities Initiative for Children, Families and Communities. (n.d.) Early childhood settings inclusion toolkit. Retrieved from http://umaine.edu/expandinclusiveopp/ec-settings-inclusion-toolkit/

Milbourne, S. A. & Cambell, P. H. (2007). *CARA's kit: Creating adaptations for routines and activities*. Philadelphia, PA: Warger, Eavy and Associates.

National Association for Family Child Care. (n.d.). Accreditation. Retrieved from http://www.nafcc.org/accreditation

National Association for the Education of Young Children (NAEYC). (n.d). Accreditation. Retrieved from http://www.naeyc.org/accreditation

National Association for the Education of Young Children. (2012). *Supporting cultural competence: Accreditation of programs for young children cross-cutting theme in program standards.* Trend Briefs (No. 4). Retrieved from http://www.naeyc.org/academy/files/academy/file/TrendBriefsSupportingCulturalCompetence.pdf

National Association of Child Care Resource & Referral Agencies (NACCRRA). (2009). *Comparison of quality rating and improvement systems (QRIS) with Department of Defense standards for quality*. Retrieved from http://www.naccrra.org/sites/default/files/default_site_pages/2011/army_qris_state_report_081709.pdf

National Center on Cultural and Linguistic Responsiveness. (December, 2014). *Program preparedness checklist version 5: A tool to assist Head Start and Early Head Start programs to assess their systems and services for dual language learners and their families.* Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/ProgramPreparedn.htm

National Child Care Information and Technical Assistance Center (NCCIC). (March, 2011). *Technical assistance memo: Moving toward Americans with Disabilities Act compliance: A checklist and guide for privately operated child care*

programs (No. 164). Retrieved from http://umaine.edu/expandinclusiveopp/files/2014/04/NCCICMemoADAcompliance2011.pdf

National Childcare Accreditation Council, Inc. (2008). *Writing a continuing improvement plan: Quality improvement and accreditation system*. QIAS Factsheet #10. Retrieved from http://www.owfc.com.au/_edit/rto/Writing_a_continuing_improvement_plan.pdf

National Childcare Accreditation Council, Inc. (2009). *Quality Companion: Reflecting on and evaluating practice*. Retrieved from http://www.owfc.com.au/_edit/rto/Evaluating_practice.pdf

National Professional Development Center on Autism Spectrum Disorder. (2011). *Autism program environment rating scale – preschool/elementary (ASPERS-PE*). Chapel Hill, NC: University of North Carolina at Chapel Hill, FPG Child Development Institute.

National Professional Development Center on Inclusion. (2009). *Why program quality matters for early childhood inclusion: Recommendations for professional development*. Retrieved from http://www.nectac.org/~pdfs/meetings/inclusionMtg2009/2507_Proof11_2-27-2009.pdf

National Professional Development Center on Inclusion. (2010). *Pennsylvania preschool inclusion: Self-evaluation tool*. Retrieved from http://ectacenter.org/~pdfs/topics/inclusion/PAPreschoolInclusionSelf_EvaluationFinal_7_13.pdf

National Professional Development Center on Inclusion. (2011). *Research synthesis points on quality inclusive practices*. Retrieved from http://npdci.fpg.unc.edu/sites/npdci.fpg.unc.edu/files/resources/NPDCI-ResearchSynthesisPointsInclusivePractices-2011_0.pdf

National Professional Development Center on Inclusion. (August, 2011). *Competencies for early childhood educators in the context of inclusion: Issues and guidance for states*. Retrieved from http://npdci.fpg.unc.edu/sites/npdci.fpg.unc.edu/files/resources/NPDCI-Competencies-2011_0.pdf

QRIS National Learning Network. (2013-2015). Learning Tables. Retrieved from http://qrisnetwork.org/LearningTables

Region 1 Office of Child Care and the National Infant & Toddler Initiative. (2011). *A guide to effective consultation with settings serving infants, toddlers, and their families: Core knowledge, competencies, and dispositions*. Retrieved from http://www.acf.hhs.gov/sites/default/files/assets/2011_effective_consultation.pdf

Rohrbough, S., Krajec, V. & Winton, P. (2011). *PQR(I)S: The intersection of QRIS, PD and Inclusion.* National Professional Development Center on Inclusion. Presentation at NAEYC Professional Development Institute. Retrieved from http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/presentations-and-webinars/NPDCI_NAEYC-PDI_QRIS-PD-_Inclusion_9-14-2011.pdf

Special Needs Inclusion Project (SNIPS). (2008). *Minimum and high quality standards for including children with disabilities in out of school time programs*. Retrieved from http://www.snipsf.org/wp-content/uploads/2011/08/Standards-Version-5.3_02.pdf

The Build Initiative & Child Trends. (2014). A catalog and comparison of Quality Rating and Improvement Systems (QRIS). Retrieved from http://qriscompendium.org/

University of Maine Center for Community Inclusion and Disability Studies. (n.d.). Resources across the lifespan - visual supports learning links and templates. Retrieved from http://ccids.umaine.edu/resources/ec/visual-supports/

University of Maine Center for Community Inclusion and Disability Studies. (2005). *Screening and planning guide for inclusive early care & education: Field test version 4.* Orono, ME: University of Maine Center for Community Inclusion and Disability Studies.

University of Maine Center for Community Inclusion and Disability Studies. (2011). *Admissions policies and practices that build inclusive child care communities – learning links.* Retrieved from http://ccids.umaine.edu/resources/ec-growingideas/admissionsll/

University of Maine Center for Community Inclusion and Disability Studies. (2011). *Growing ideas tipsheets: Admissions policies and practices that build inclusive child care communities (for parents and guardians)*. Retrieved from https://ccids.umaine.edu/files/2014/02/admin-parents-tip-022714.pdf

University of Maine Center for Community Inclusion and Disability Studies. (2011). *Growing ideas tipsheet*: *Admissions policies and practices that build inclusive child care communities (for providers)*. Retrieved from https://ccids.umaine.edu/files/2014/02/admiss-providers-tip-022714.pdf

University of Maine Center for Community Inclusion and Disability Studies. (2011). *Growing ideas tipsheet: Confidentiality: Respecting the privacy of all families*. Retrieved from https://ccids.umaine.edu/files/2014/02/confidentiality-tip-022714.pdf

University of Maine Center for Community Inclusion and Disability Studies. (2011). *Growing ideas tipsheet: Inclusive early childhood education*. Retrieved from http://ccids.umaine.edu/files/2014/03/inclusion-tip-031414.pdf

University of Maine Center for Community Inclusion and Disability Studies. (2011). *Growing ideas tipsheet: Laws that support early childhood education*. Retrieved from https://ccids.umaine.edu/files/2014/03/laws-tip-031414.pdf

University of Maine Center for Community Inclusion and Disability Studies. (2012). *Indicators for Quality Inclusive Practice* (field test version 1.0) Retrieved from https://ccids.umaine.edu/files/2012/09/IQuIP-form-121411-ftv1-fillable.pdf

University of Maine Center for Community Inclusion and Disability Studies. (2015). *Confidentiality: Respecting the privacy of all families – learning links.* Retrieved from http://ccids.umaine.edu/resources/ec-growingideas/confidentll/

U.S. Department of Health and Human Services, Administration for Children & Families, Office of Planning, Research & Evaluation. (2010). Child care research quality rating systems (QRS) assessment project, 2008-2011. Retrieved from http://www.acf.hhs.gov/programs/opre/research/project/quality-rating-systems-qrs-assessment-project-2008-2011

Western Oregon University, Teaching Research Institute, Center on Early Learning, Oregon QRIS. (January, 2013). *Oregon's quality rating and improvement system for center based child care programs. Program self-assessment*. Retrieved from http://www.wou.edu/tri/QRIS/Center-Based.pdf

Wills, D., Darragh-Ernst, J., Presley, D. (2012). *Quality inclusive practices checklist*. Normal: Heartland Community College, Heartland Equity and Inclusion Project. Also available from http://www.heartland.edu/documents/heip/faculty/QualityInclusivePracticesChecklist.pdf

Wisconsin Department of Children and Families, YoungStar Program. (n.d.). *Self-assessment tool – group child care.* Retrieved from http://dcf.wisconsin.gov/youngstar/pdf/ys_self_assessment_gcc.pdf