



# **NYC Program Quality Assessment Scale (NYC-PQAS)**

**THE PROGRAM QUALITY ASSESSMENT SCALE**

*© January, 2014*

**NYC ADMINISTRATION FOR CHILDREN'S SERVICES EARLY CARE & EDUCATION**

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**INTRODUCTION**

**Background**

In early 2006, the City of New York Administration for Children’s Services (ACS) and Department of Education (DOE), with support from the Child Care and Early Education Fund, jointly commissioned a team of consultants to create a uniform and comprehensive performance measurement system for publicly-funded early care and education programs, including center, school, and home-based care in the City of New York. The consultancy group consisted of top professionals in the early childhood education field -- Janice Molnar, Anne Mitchell, Kathy Modigliani, and Peggy Ball -- and was charged with recommending a set of assessment tools that would accomplish this task. As a result of intensive work with ACS and DOE administrative and program staff, the consultancy group recommended the use of the *Environmental Rating Scales* (ERS) -- created by the Frank Porter Graham Child Development Center at the University of North Carolina. Since no one single tool was identified to adequately assess the structural quality of administrative and other ACS-relevant practices and policies not measured by the ERS, the working groups developed the NYC Supplemental Rating Scale (NYC-SRS) which has evolved to become the New York City Program Quality Assessment Scale (NYC-PQAS). The development of a new tool required that workgroups of experts in early childhood education conduct a crosswalk of the *Environmental Rating Scales* and the *Program Assessment Instrument* (PAI) -- the tool used for over 20 years to assess Child Care programs – and the Office of Head Start’s current Monitoring Protocol to identify overlapping measures. At a later date, workgroups consisting of both Child Care and Head Start administrative and program staff gathered to review and revise the preliminary tool to ensure that areas, items, indicators, and/or standards relevant to both program modalities were represented in the new scale. The new tool was called the *New York City Supplemental Rating Scale (NYC SRS)*. In 2010, the *NYC SRS* was revised by Child Care and Head Start early childhood professionals to reflect recent changes in policies and practices.

**NYC-PQAS Process**

With the inception of NYC EarlyLearn, the *NYC SRS* was revised to include additional standards and regulations. This tool became the NYC Program Quality Assessment (NYC PQA), a tool that used a point system as a scoring mechanism. In response to feedback from ACS EarlyLearn programs the tool has been further updated to return it to the use of the 7 point scale similar to the scoring mechanism used in the NYC-SRS, ERS and CLASS instruments. Standards that inform this update are also listed by each Item in the tool. The standards that inform this update are: the *Quality Stars New York* (QSNY) items; the *OHS Monitoring Protocol 2014* and the NYC Department of Education (DOE) *Quality Review*. The tool is also aligned with Article 47 of the NYC Health Code and Parts 413-418 of Title 18 of the (NYCRR). This revised tool is now called the *New York City Program Quality Assessment Scale (NYC-PQAS)* and consists of content areas listed as four (4) subscales divided into 8 Items:

PROGRAM DESIGN & MANAGEMENT (PDM) Pages 5-12	1) Governance: Structure, Training, & Responsibilities
	2) Program Administration and Planning
	3) ERSEA (Eligibility, Recruitment, Selection, Enrollment, and Attendance)
	4) Human Resources: Leadership, Supervision, & Qualifications
EDUCATION & DISABILITIES (E&D) Pages 13-16	5) School Readiness, Curriculum Selection & Implementation
	6) Curriculum, Individualization and Quality Teaching & Learning
FAMILY & COMMUNITY ENGAGEMENT (FCE) Pages 17-18	7) Family & Community Engagement
HEALTH, MENTAL HEALTH & NUTRITION (HMHN) Pages 19-20	8) Health, Mental Health & Nutrition

**Rationale**

The *New York City Program Quality Assessment Scale (NYC-PQAS)* was designed to serve as an easy-to-administer structural quality tool to measure the quality of administrative and other NYC EarlyLearn-relevant practices that are not included in the *Environmental Rating Scales* (ERS). As previously stated, it is a 7-point rating scale with descriptors for 1 (inadequate), 3 (adequate), 5 (good), and 7 (excellent). The rating levels were determined by early care and education experts in late 2006 and have recently been reviewed, revised, and vetted by NYC EarlyLearn professionals. This thorough review and consensus-reaching process among experts in the field confers the *NYC-PQAS* with high content validity. It is currently intended for program self-assessment.

- o Level 1 – inadequate – indicates that the program does not meet all the basic NYC EarlyLearn requirements;
- o Level 3 – adequate – indicates that the program meets all the basic NYC EarlyLearn requirements;
- o Level 5 – good – indicates that the program operates at a quality level above the basic NYC EarlyLearn requirements
- o Level 7 – excellent – indicates that the program operates at a quality level above the basic NYC EarlyLearn requirements.

In addition to providing a useful measure of program quality, the NYC-PQAS also enables programs to appreciate areas in which they are strong and in which they need improvement. Thus, it is also a useful tool for the development of program improvement plans. Therefore, for purposes of program improvement, it is strongly recommended that the evaluator continue to administer the scale beyond the items that define the score, in order to glean additional information regarding program strengths and weaknesses.

### Administration

The NYC-PQAS is a document-driven self-assessment tool that is intended for use by the program administrator and his/her team. Required documents are listed at the end of each Item, in the section entitled **Notes / Document Checklist**. It is important that the program administrator/designated team members collect these documents as they conduct the assessment as evidence of compliance. Also, these documents must be available and filed according to the corresponding subscales and items, in the event that the self-assessment is validated by an EarlyLearn Program Development Specialist.

### Scoring System

1. Read the entire scale carefully, including the indicators and *Notes / Document Checklist* section. Take note of the documents that are required for your program modality. In order to be accurate, all scores have to be based as exactly as possible on the indicators provided in each Item.
2. The scale should be kept readily available and consulted frequently during the entire assessment to make sure that the scores are assigned accurately. Scores should be based on the current situation and not on future plans. The section for recording each Item's score is on the lower right corner of each Item.
3. When scoring an Item, always start reading the indicators in level 1 (inadequate) and progress upward until the correct score is reached. Ratings are to be assigned in the following way:
  - A rating of 1 must be given if any indicator under 1 is scored *Yes*.
  - A rating of 2 is given when all indicators under 1 are scored *No* and at least half of the indicators under 3 are scored *Yes*.
  - A rating of 3 is given when all indicators under 1 are scored *No* and all indicators under 3 are scored *Yes*.
  - A rating of 4 is given when all indicators under 1 are scored *No*, all indicators under 3 are scored *Yes*, and at least half of the indicators under 5 are scored *Yes*.
  - A rating of 5 is given when all indicators under 1 are scored *No*, and all indicators under 3 and 5 are scored *Yes*.
  - A rating of 6 is given when all indicators under 1 are scored *No*, all indicators under 3 and 5 are scored *Yes*, and at least half of the indicators under 7 are scored *Yes*.
  - A rating of 7 is given when all indicators under 1 are scored *No*, and all indicators under 3, 5, and 7 are scored *Yes*.
4. *Several subscales have indicators that are marked as "Head Start only." Child Care centers that not affiliated with Head Start may consider these optional, skip these items or indicators and not take them into account when scoring the Item.*
5. Once the administration is complete, check the highest rating for each Item on the **New York Program Quality Assessment Scale (NYC-PQAS) Program Profile** form (Appendix A) and record the corresponding numerical score in the shaded "score" column. Add up the Item scores to obtain a **Total NYC-PQAS Subscale Score**. To calculate the **Average NYC-PQAS Score** on the NYC-PQAS Program Profile form, divide the Total Score obtained above by 8 (the number of Items). Scores are computed to the nearest hundredths<sup>\*</sup>.
6. Record the **Total Subscale Score** (sum of subscales) and the **Average NYC-PQAS** score in the spaces provided for this on the *NYC-PQAS Program Profile* form.
7. Note that the *NYC-PQAS* subscales have been categorized into broader content areas that correspond to the areas that the program/site self-assessment teams will evaluate.

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\* The hundredths digit is the second digit after the decimal point. E.g., to round the number 3.2345 to the nearest hundredths, the thousandths digit is examined. Since this digit is 4, we round down. Therefore, 3.2345 rounded to the nearest hundredths is 3.23

GOVERNANCE (GOV) Structure, Training/Technical Assistance (TTA) & Responsibilities

Standard/Regulations	Inadequate 1	2	Adequate 3	4	Good 5	6	Excellent 7
<p><b>HS Act</b> 642(c)(1)(B)(i) 642(c)(1)(B)(ii) 642(c)(1)(B)(iii) 642(c)(1)(B)(iv) 642(c)(1)(B)(vi) 642(c)(1)(E)(iv) 642(c)(2)(A) 642(c)(2)(D) 642(d)(2)(A) 642(d)(2)(B) 642(d)(2)(C) 642(d)(2)(D) 642(d)(2)(E) 642(d)(2)(F) 642(d)(2)(G) 642(d)(2)(H) 642(d)(2)(I) 642 (d)(3)</p> <p><b>Quality Rev.</b> QR 3.1</p> <p><b>Quality Stars</b> QSNY.FAS.7 QSNY.FIS.6</p>	<p>_____1.1 Governing Board and Policy Council by-laws are nonexistent or are more than 2 years old.</p> <p>_____1.2 The program’s governance structure is limited to the existence of a Governing Board and does not engaged DAPC or PAC.</p> <p>_____1.3 There is no current evidence of training for the Governing Board or the Delegate Agency Policy Council –DAPC-(Head Start &amp; Dually Eligible) or Parent Advisory Committee –PAC-(Child Care).</p> <p>_____1.4 The DAPC/PAC &amp; Governing Board meet separately less than 4 times per fiscal year.</p> <p>_____1.5 There are no internal controls within the board structure.</p>		<p>_____3.1 Governing Board written by-laws are reviewed &amp; if necessary, updated annually. The PAC/DAPC’s written by-laws are reviewed &amp; submitted to the Governing Board for approval. <b>642(c)(1)(E)(iv)(V)(aa-cc); 642(c)(1)(E)(iv)(IX)</b></p> <p>_____3.2 There is a structure for program governance that indicates the presence of a Governing Board and a parent elected DAPC (Head Start &amp; Dually Eligible) or PAC (Child Care). Both the PAC and DAPC demonstrate the active engagement of parents of enrolled children in Classroom Parent Committees and Site Parent Committee. <b>642(c)(1)(B)(i); 642(c)(1)(B)(ii); 642(c)(1)(B)(iii); 642(c)(1)(B)(iv); 642(c)(1)(B)(vi)</b></p> <p>_____3.3 The DAPC approves and submits decisions about identified program activities to the governing body. The PAC participates in program-level decisions. <b>642(c)(2)(A); 642(c)(2)(D); QSNY.FIS.6</b></p> <p>_____3.4 The Governing Board meets at least quarterly per fiscal year to make “decisions pertaining to program administration and operations” <b>642(c)(1)(E)(iv)</b></p> <p>_____3.5 The Governing Body’s internal controls are evidenced by documents as listed in the notes below. <b>642(d)(2)(A)</b></p>		<p>_____5.1 Both the PAC/DAPC’s written by-laws are if necessary, updated annually. The DAPC/PAC bylaws are approved by both the Governing Board &amp; the DAPC/PAC annually. <b>642(c)(1)(E)(iv)(V)(aa-cc); 642(c)(1)(E)(iv)(IX)</b></p> <p>_____5.2 Program governance is structured whereby the Governing Board’s members are experienced in: fiscal matters, early childhood education, law (licensed attorney) community affairs and contains parents of currently enrolled children. <b>642(c)(1)(B)(i); 642(c)(1)(B)(ii); 642(c)(1)(B)(iii); 642(c)(1)(B)(iv); 642(c)(1)(B)(vi)</b></p> <p>_____5.3 Governance orientation and ongoing training and technical assistance is provided for the Governing Board &amp; DAPC/PAC to enable them to carry out their responsibility of program oversight and appropriate decision making. This includes but is not limited to agency policies, procedures, and personnel practices. <b>642 (d)(3)</b></p> <p>_____5.4 DAPC/PAC meet(s) at least four times a year to make “decisions pertaining to program administration and operations” <b>642(c)(1)(E)(iv)</b></p> <p>_____5.5 There is an independent review of the accounting records (reconciliation of bank statements to the general ledger) by someone who is not an employee of the organization <b>QSNY.FAS.7</b></p>		<p>_____7.1 Shared decision-making is evidenced between the PAC / DAPC &amp; the Governing Board in written by laws &amp; policies.</p> <p>_____7.2 The Governing Board DAPC/PAC members work together in active committees that oversee the delivery of high quality services to children and families by meeting and interfacing with program staff at least on a monthly basis.</p> <p>_____7.3 DAPC, PAC, and/or Governing Board members attend workshops and/or external trainings on program development and governance (i.e., program management, administration, board governance)</p>

Score: \_\_\_\_\_

**NOTES & DOCUMENTATION CHECKLIST (GOV)**

3.1 & 5.1 Evidence of written & approved by-laws:

- Copy of recent (current Fiscal Year)dated, written and approved by-laws are available
- Minutes of at least four annual meetings that involve discussions of program(s) (CC)
- Both the Governing Board and the Delegate Agency Policy Committee (DAPC) must approve the by-laws, including a description of the Policy Committee (PC) structure and composition (HS)
- By-laws describe PC composition and structure (HS)

3.2 & 3.3 Evidence of a structure for program governance:

- PAC/DAPC minutes, workshops, documented events
- PAC certification
- Classroom Committee election results
- DAPC Site Committee election results
- PAC/DAPC election results (E.g. results of election of Officers)
- DAPC/PAC meeting minutes and attendance roster

3.4 Evidence of Board meetings/participation at least four times a year (CC); or evidence that Governing Board and DAPC meet all requirements for shared decision-making and approvals related to planning and general procedure (HS):

- Meeting agendas and sign in sheets
- Minutes

3.5 Evidence of Governing Body's internal controls:

A Documentation relevant to fiduciary responsibility:

- Liability insurance is current to date
- Payroll and payroll taxes are paid on time
- State and federal taxes are paid or IRS Form 990 is files on time
- Program has a current-year operating budget related to the early care and education program showing revenues and expenses
- Program generates at least quarterly income and expense statements, comparing actual revenues and expenses to budget.

B. Documentation supporting periodic financial reports; personnel practices and policies; annual review of impasse procedures:

- Board by-laws
- Conflict of interest statement
- Financial reports/Audits
- Personnel policies
- Dated impasse policy
- Written policy upholding fiduciary & legal responsibility;
- Receiving periodic reports of financial status and program operations (including CACFP, Child Outcomes, Self-Assessment findings, Community Assessment and if applicable PIR)
- Personnel practices & policies that are in accordance with City, State, Federal, & (if applicable) union regulations;
- Documentation indicating that impasse procedures and internal dispute resolution policy are reviewed and approved annually
- A written policy that indicates board responsibility to assure the Director and all staff meet qualifications according to Early Learn requirements and to supervise all Director's tasks, the job description and oversight.

C. Documentation relevant to Board's Responsibilities:

- Minutes of meetings
- Board's personnel practices
- Director's job description (for programs enrolled in ASPIRE, please check website: <https://nyworksforchildren.org/Aspire>)
- Director's evaluations

5.2 Board Listing indicates areas of expertise.

There is evidence that the

Governing is structured in accordance with 642 ©(1) (b) (i)(ii)(iii)(iv)(v). Board's members are experienced in:

- fiscal matters
- early childhood education
- law (licensed attorney)
- community affairs
- parents of currently enrolled children

5.3 Evidence that *Orientations & trainings* include an overview of the specific roles and responsibilities of the Governing body.

- Agendas
- Training notes
- Sign-in sheets

5.4 Evidence that DAPC/PAC meets at least 4 times a year:

- Dated meeting agendas and sign-in sheets
- Dated minutes

5.5 Evidence that accounting records are reviewed:

- Financial review **AND** Statement of individual's relationship to program

7.1 Evidence of shared decision-making:

- Dated meeting agendas and sign-in sheets
- Dated minutes
- By laws

7.2 Evidence of active, joint committees:

- Dated meeting agendas and sign-in sheets
- Dated minutes

7.3 Evidence that Governing Board & DAPC/PAC Members attend training on Program development & governance :

- Dated training agendas and sign-in sheets and/or
- Copies of training certificates

**PROGRAM ADMINISTRATION & PLANNING (PAP)**

Standard/ Regulations	Inadequate 1	Adequate 3	4	6	Good 5 7
<p><b>HS Act</b> 641A(g)(1) 641A(g)(2)(B)</p> <p><b>HSPS</b> 1304.51(a)(1) 1304.51(a)(1)(i) 1304.51(a)(1)(ii) 1304.51(a)(1)(iii) 1305.3</p> <p><b>Quality Review</b> <b>QR 1.1</b> QR 1.3 QR 5.1</p> <p><b>Quality Stars</b> QSNY.FIS.7 QSNY.FIS.8 QSNY.ASA.1 QSNY.SP.1 QSNY.SP.2 QSNY.SP.3 QSNY.SP.4</p>	<p>_____ 1.1 There is no system in place for programs to evaluate their adherence to applicable regulations, e.g., federal, state, city.</p> <p>_____ 1.2 There is no appropriate technology for communication on the premises, e.g., fax capability, working copying machine, computer and printer.</p> <p>_____ 1.3 The program has no developed plans for staff absences or scheduled planning time for teaching staff.</p> <p>_____ 1.4 The program's Service Area Plans are more than one year old (Fiscal Year) and do not indicate that they are based upon any form of data.</p>	<p>_____ 3.1 An annual self-assessment is conducted utilizing all ACS approved evaluation tools. (I.e. ERS, CLASS, NYC-PQAS, Program Improvement Plan &amp; appropriate ACS Self-Assessment Appendices and informed by an annual Parent and Family program evaluation survey. <b>1304.51(a)(1); 1304.51(a)(1)(i); 1304.51(a)(1)(ii); 1304.51(a)(1)(iii); 641A(g)(1); 641A(g)(2)(B) QSNY.ASA.1</b></p> <p>_____ 3.2 There is appropriate technology for communication on the premises, e.g., fax capability, working copying machine, computer, telephone and printer. <b>QSNY.SP.4</b></p> <p>_____ 3.3 Program has a written general plan to cover planned and unplanned staff absences. <b>QSNY.SP.1</b></p> <p>_____ 3.4 Program conducts a Community Assessment every 3 years. The Assessment should include the demographics of families in the surrounding area; other early care &amp; education services in the immediate area; estimated number of children with disabilities; expression of the education, health, nutrition; social service and general child care needs of the community; community resources. <b>1305.3</b></p>	<p>_____ 5.1 Program completes a program assessment using a tool on family responsive practices such as the Center for Study of Social Policy's Family Strengthening Self-Assessment tool and the results are used for program improvement (<b>QSNY.FIS.7; 641A(g)(1); 641A(g)(2)(B)</b>)</p> <p>_____ 5.2 Administrative staff uses computer database applications for record keeping purposes, e.g. weekly WES entry inventories, purchases, etc.; and teaching staff has access to and regularly utilizes computers with internet access for planning and child outcomes data entry. <b>QSNY.SP.4</b></p> <p>_____ 5.3 Program provides at least 1 hour every other week of paid planning time for classroom staff to plan together (away from children) and one (1) hour paid planning time each week for lead teachers <b>QSNY.SP.2&amp;3</b></p> <p>_____ 5.4 Program engages in a systematic process of strategic planning that develops Annual Service/Content area plans and goals specific to each modality served. Plans are in direct response to data findings in the parent evaluation, Community assessment and Self-assessment among other forms of data. <b>1304.51(a)(1); 1304.51(a)(1)(i); 1304.51(a)(1)(ii); 1304.51(a)(1)(iii)</b></p>	<p>_____ 7.1 Program completes a self-assessment of cultural competence using a tool, such as the NAEYC Pathways to Cultural Competence Checklist, the Self-Assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Competence, or other tool. The results are used for program improvement. (<b>QSNY.FIS.8; 641 (g) (1); 641A (g) (2)(B)</b>)</p> <p>_____ 7.2 A computer based data management system is used to track all program data (e.g. COPA; EC Health Tracker; Child Plus). Program data is analyzed for findings on data patterns that inform further service area planning. E.g. Health, fiscal, family and community data, screening and child outcomes tracking.</p>	

Score: \_\_\_\_\_

**NOTES & DOCUMENTATION CHECKLIST (PAP)**

3.1 Evidence of annual program self-assessment:

- Report of self-assessment (PIP)
- Appendix A (Attestation)
- Parent and Family program evaluation survey findings

3.2 The following equipment is functional and on the premises:

- Fax machine
- Copying machine
- Computer
- Printer
- Land Line telephones

3.3 Evidence of a written plan:

- Plan
- Roster of qualified substitutes

3.4. Community Assessment document

5.1 Evidence of a completed assessment of family responsive practices/similar tool:

- Completed self-assessment
- Self-assessment report
- Program Improvement Plan (PIP)
- Family Partnership Agreement

5.2 Evidence that administrative staff and teaching staff have access to the internet and computer data base applications:

- Verification of internet connection
- Copies of data base reports available
- Staff e-mails
- Staff handbook
- Policy statement

5.3 Staff schedules reflect planning time

5.4 Strategic & Content (Service) Area Plans

7.1 Evidence of a completed self-assessment of cultural competence:

- Completed self-assessment checklist
- Program Improvement Plan (PIP)

7.2 A computer data-based management system is in place and used for tracking. Copies of data-based reports for one of the following systems:

- COPA/Child Plus
- EC Health Tracker
- Other (Please indicate: \_\_\_\_\_)



ERSEA (Eligibility, Recruitment, Selection, Enrollment & Attendance)

Standards/ Regulations	Inadequate 1	Adequate 3	Good 5	Excellent 7
<p><b>HS Act</b> 640(d)(1) 641A(h)(2)(A) 641A(h)(2)(B) 642(g) 645(a)(1)(B)(iii)(I) 645(a)(1)(B)(iii)(II) 645(a)(1)(B)(iii)(II)(aa) 645(a)(1)(B)(iii)(II)(bb)</p> <p><b>HSPS</b> 1304.50 Appendix A 1305.4(c) 1305.4(d) 1305.4(e) 1308.5(c)(1) 1308.5(c)(2) 1308.5(c)(3) 1308.5(c)(4) 1305.6 (a) 1305.6(d) 1305.8(a) 1305.8(b) 1305.9</p> <p><b>Quality Review</b> The QR holistically supports these items.</p> <p><b>Quality Stars</b> QSNY.FAS.8 QSNY.FAS.9</p>	<p>_____1.1 An unwritten ERSEA system exists or the program has no ERSEA system and plan in place.</p>	<p>_____3.1 The program devises and implements a <i>written</i> ERSEA plan and system to actively market , recruit and fill enrollment vacancies for families with children eligible according to the confines of the agency’s ELNYC contractual obligation (i.e. Head Start, Dual Eligibility, UPK, Child Care). This includes children with disabilities and (where applicable), families expecting children via adoption or pregnancy, informing them of available services and encouraging them to apply for admission. <b>1305.4(c), 1305.4(d), 1305.4(e); QSNY.FAS.8; QSNY.FAS.9</b></p> <p>_____3.2 The program enrolled 100% of its funded enrollment and maintains an active and ranked waiting list at all times, with ongoing activities and community outreach to identify underserved populations and ensure that eligible children enter the program as vacancies occur. <b>1305.6(d), 642(g)</b></p> <p>_____3.3 “Program staff verified each child's eligibility and included in each file a statement signed by a program employee identifying the child's eligibility category and the documents examined to determine eligibility.”<b>1305.4(c), 1305.4(d), 1305.4(e).</b> For Child Care &amp; DE children all documentation signifying eligibility are forwarded to the ACS Resource Area within a week of receipt for certification of eligibility.</p> <p>_____3.4 The program enrolls children who are categorically eligible (who fall within defined income-eligibility requirements). Defined Eligibility Requirements include: Family income is below the poverty line; Family or child receives public assistance (SSI and TANF); Family is homeless; Child is a foster child <b>645(a)(1)(B)(iii)(I), 645(a)(1)(B)(iii)(II)</b></p> <p>_____3.5 In Head Start, the program, if applicable, has developed formal selection criteria, approved by the DAPC. For FCC, Childcare, DE and HS the written selection criteria is represented in parent handbook or orientation. CC/FCC selection criteria is set by NYS and promulgated by ACS staff. <b>(1305..6 (a); 1304.50 Appendix A) <u>Head Start Only</u></b></p>	<p>_____5.1 Actual program enrollment consists of at least 10 percent of children with disabilities. <b>1308.5(c)(1),1308.5(c)(2), 1308.5(c)(3), 1308.5(c)(4), 640(d)(1)</b></p> <p>_____5.2 The program maintains documentation to support enrollment data, via weekly Web Enrollment System (WES) entries and updates. <b>641A(h)(2)(A), 641A(h)(2)(B)</b></p> <p>_____5.3 When monthly average daily attendance in center-based and Family Child Care programs falls below 85 percent (except in the case of illness or well-documented absences), the causes of absenteeism are analyzed, and the program initiates appropriate family support as needed. <b>1305.8(a), 1305.8(b)</b></p> <p>_____5.4 Prior to the agency selecting and enrolling children from eligible families ...the program has established and implemented outreach and enrollment policies and procedures to ensure that it meets the needs of children listed in 3.4 of this subscale. <b>645(a)(1)(B)(iii)(II)(aa), 645(a)(1)(B)(iii)(II)(bb)</b></p> <p>_____5.5 For <u>Head Start</u>, “The program ensures that no child's enrollment or participation in the Head Start program is contingent on payment of a fee”. <b>1305.9.</b> For <u>Child Care, FCC and DE</u>, the program ensures that a weekly fee is collected from each parent according to the confines of each Family’s Fee Agreement.</p>	<p>_____7.1 The program has an ERSEA Committee that meets on at least a quarterly basis to craft the ERSEA Plan; track and respond to ERSEA data.</p>

**NOTES & DOCUMENTATION CHECKLIST (ERSEA)**

3.1 ERSEA PLAN

- Report of self-assessment (PIP)
- Appendix A (Attestation)
- Parent and Family program evaluation survey findings

3.2 WES indicates 100% enrollment for center based. 1098 A ACS 1 for FCC indicates maximum FTE.

- Active waitlist in WES for center based and for FCC-copy.

3.3 Evidence that the program provides:

- Signed eligibility documents
- WES entry
- ACS records indicate timely /appropriate submission for CC and DE
- Eligibility documentation indicates eligibility/outreach and enrollment policy/ies.

3.5. Written selection criteria

5.1 WES; Recruitment materials

5.2 WES demonstrates weekly data entry

5.3. Documentation indicating family support; contact notes.

5.5. Evidence of:

- Written ERSEA policies and plan. (All programs)
- For CC and FCC-Fee agreements and ledgers/copies of receipts

7.1 Evidence of:

- Minutes and attendance from ERSEA committee meetings.

HUMAN RESOURCES (HR): LEADERSHIP, SUPERVISION & QUALIFICATIONS

Standards/ Regulations	Inadequate 1	Adequate 3	Good 5	Excellent 7
<p><b>HS Acts</b> 648A(g)(3)(A) 648A(g)(3)(B) 648A(g)(3)(C)</p> <p><b>HSPS</b> 1310.16(b)(3) 1304.52(i)(1) 1304.52(k)(1)</p> <p><b>Quality Review</b> <b>QR 1.1.</b> <b>QR 1.2</b> <b>QR 2.2</b> <b>QR 3.1</b> <b>QR 5.1</b></p> <p><b>Quality Stars</b> QSNY.CO.A.8 QSNY.CPI.6 QSNY.PP.1 QSNY.PP.2 QSNY.PP.3 QSNY.P.P.4 QSNY.P.P.7 QSNY.PP.8 QSNY.P.P.9 QSNY.P.P10 QSNY.R.1</p>	<p>___1.1 Program has no Documented orientation for new staff.</p> <p>___1.2 The Program’s HR System is not consistent with staffing and consultant qualification requirements as stipulated in the Early Learn NYC Purchase of Services Agreement.</p> <p>___1.3 Staff receives annual written evaluations but do not have an individualized PD plan; vice versa or has neither.</p> <p>___1.4 Less than 99% of all staff have an up to date initial or annual physical on file.</p>	<p>___3.1 Program provides for each new employee, an employee handbook &amp; written job descriptions for all positions that function as “written standards of conduct...that contain provisions for appropriate penalties when violations occur”[HSPS 1304.52(i)(1)] (QSNY.PP.2)</p> <p>___3.2 The Program’s HR System supports the delivery of high quality services to children and families and is consistent with staffing and consultant qualification requirements as stipulated in the Early Learn NYC Purchase of Services Agreement. E.g. All teachers/providers and all non-teaching staff meet or exceed qualification requirements as per Article 47 of the NYC Health Code and for Family Child Care, Parts 413-418 of Title 18 of the NYCRR. 1304.52(a)(1); 1304.52(a)(2)</p> <p>___3.3 All employees have formal, written performance evaluations annually ; and all new personnel receive an interim written evaluation after being on staff for at least 3 months.QSNY.PP.8</p> <p>___3.4 The program has personnel records onsite for all program personnel: An up to date health examination completed by a Physician indicating appropriate medical clearance to work with children and that they are up to date with all relevant immunization. (Tuberculosis; MMR; Tetanus) as per NYCDOHMH Article 47 (center-based) and Parts 413-418 of Title 18 of the NYCRR. 1310.16(b)(3); 1304.52(k)(1) for Family Child Care.</p>	<p>___5.1 Program provides new employees with an orientation and an annual re-orientation for continuing staff that includes: Review of job description; Regulations applicable to the program; evacuation and Emergency procedures; EEO guidelines, applicable Service Area Plan and curriculum. 1304.52(i)(1)].</p> <p>___5.2 All current employees, Substitutes, non-parent volunteers &amp; WEP workers have been screened and cleared by the NYS SCR and DOI for records. Documentation is maintained on site. 648A(g)(3)(A); 648A(g)(3)(B); 648A(g)(3)(C); 1304.52(k)(1).</p> <p>___5.3 An individualized &amp; collective professional development (PD) plan for addressing all staff’s training needs on at least a monthly basis is developed and implemented annually. It is aligned with the Core Body of Knowledge: New York State’s Core Competencies for Early Childhood Educators (CBK) competency areas. The PD Plan indicates at least 3 PD activities for the Director and the plan for Teaching staff should include but not be limited to trainings as listed in the attached notes. QSNY.P.P.9; QSNY.CO.A.8;QSNY.CPI.6</p> <p>___5.4 All staff participates in monthly staff meetings during the Fiscal year. There is evidence that staff also participates with parents and community representatives in advisory groups &amp; team meetings (e.g. School Readiness Team; Health Services Advisory; Dual Language Workgroup; Fatherhood Initiative; etc.) Notes are shared with staff. (QSNY.P.P.5-6)</p>	<p>___7.1 Program philosophy and staff recruitment strategies demonstrate commitment to diversity and having staff reflect its community (QSNY.P.P.7)</p> <p>___7.2 The overall retention rate for teaching staff is 80% or above (QSNY.R.1)</p> <p>___7.3 The director is a member of an early childhood education professional organization and participates in Professional development opportunities offered by that organization (E.g. NAFCC; NAEYC; HS Association; NBCDI; etc)</p>

Score: \_\_\_\_\_

<p>NOTES &amp; DOCUMENTATION (HR)</p> <p>1.1, 3.1,5.1 Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Job descriptions (one per position)</li> <li><input type="checkbox"/> Staff orientation checklist</li> <li><input type="checkbox"/> Orientation agenda</li> <li><input type="checkbox"/> Signed staff orientation checklist and agenda</li> </ul> <p>1.2, 2.2 Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employee handbook with signed employee receipts (at least one per job role)</li> <li><input type="checkbox"/> Hiring procedures indicating sharing of employee handbook</li> <li><input type="checkbox"/> Staff Resumes and certification</li> </ul> <p>1.3, 1.4 As per Article 47 of the NYC Health Code.</p> <p>3.3 [CC]: All employees have formal,</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> written performance evaluations annually ;</li> <li><input type="checkbox"/> all new personnel receive an interim written evaluation after being on staff for at least 3 months.QSNY.PP.8</li> </ul> <p>3.4. Current completed</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical forms</li> <li><input type="checkbox"/> Physician notes</li> </ul> <p>5.2 Documentation regarding staff training:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attendance records or copies of training certificates for all staff and volunteers including parent volunteers for:             <ul style="list-style-type: none"> <li>o NY-State Approved Mandated Reporter” Training within 90 days of hire/service and every 2 years thereafter, There is written evidence of annual CA/M training for parents. (All staff/volunteers)</li> <li>o Child development, observation, screening &amp; assessment (Teaching staff)</li> <li>o Curriculum implementation(Teaching Staff)</li> <li>o CLASS Training (Teaching Staff &amp; Director)</li> </ul> </li> </ul> <p>[CC]: Documentation regarding staff qualifications:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Certifications;</li> <li><input type="checkbox"/> Evidence of fire prevention training;</li> <li><input type="checkbox"/> Food handling certificate for the kitchen;</li> <li><input type="checkbox"/> A facility that has a food preparer or uses kitchen facilities for food preparation has a designated person in the facility with a valid certificate in food preparation from the New York City Health Academy; All staff are provided opportunities to receive training in the areas of medical, dental, nutrition, and mental (1304.40 (F)(1); 1304.52 (K)(3));</li> <li><input type="checkbox"/> NYC Fire Department certificate of fitness.</li> </ul> <p>[CC]: Documentation regarding supervision of non-teaching staff:: Evidence of staff observations and evaluation</p>	<p>5.4, 7.2 As evidenced by dated certificates of training, agendas, attendance sheets, letters of acknowledgement.</p> <p>5.3 Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Core Body of Knowledge Professional Development Plans (one completed with identifying information removed for each teaching and supervisory position)</li> <li><input type="checkbox"/> Other Professional Development Plan</li> <li><input type="checkbox"/> A statement of how Plan(s) refer to the CBK competencies</li> </ul> <p>5.4 Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dates staff meeting attendance lists</li> <li><input type="checkbox"/> Program calendar indicating staff meetings</li> <li><input type="checkbox"/> Dated meeting notes</li> <li><input type="checkbox"/> Meeting notes from at least 2 meetings within current year are shared with staff, via email, memo, of picture referencing notes</li> <li><input type="checkbox"/> Dated meeting agendas</li> </ul> <p>7.1 Documents:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Philosophy or policy statement</li> <li><input type="checkbox"/> Recruitment strategy statement</li> </ul> <p>7.2 Retention calculations may be done manually or automatically based on staff information in ASPIRE</p> <p>7.3 Membership cards (e.g., NAEYC, BCDI, etc.); registration certificates from Professional Development.</p>
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SCHOOL READINESS, CURRICULUM SELECTION & IMPLEMENTATION (SR)

Standards/ Regulations	Inadequate 1	2	Adequate 3	4	Good 5	6	Excellent 7
<p><b>HS Act</b> 642(f)(3)(C) 642(f)(3)(E)</p> <p><b>HSPS</b> 1307.3(b)(1)(i) 1307.3(b)(1)(ii) 1307.3(b)(1)(iii) 1307.3(b)(2)(i) 1307.3(b)(2)(ii)</p> <p><b>Quality Review</b> QR 1.1 QR 1.2 QR 2.2 QR 3.1</p> <p><b>Quality Stars</b> <b>QSNY.CO.A.1</b> QSNY.CO.A.5 QSNY.CO.A.6 QSNY.CO.A.9 QSNY.CO.A.10 QSNY.CO.A.11 QSNY.CPI.1 QSNY.CPI.2 QSNY.CPI.3 QSNY.CPI.4 QSNY.CPI.5</p>	<p>_____1.1 The program has no School Readiness Team (SRT)</p> <p>_____1.2The program has selected a curriculum that is not scientifically validated evidenced based and/or research based or does not use/implement a curriculum.</p> <p>_____1.3 The program does not collect, analyze or aggregate child assessment data to determine school readiness progress.</p>		<p>_____3.1 The program has a School Readiness Team (SRT) comprised of program staff, parents and community representatives. <b>1307.3(b)(2)(i); 1307.3(b)(2)(ii)</b></p> <p>_____3.2 The program’s curriculum is scientifically validated, evidenced-based and research based. It demonstrates a linguistically and developmentally appropriate educational approach designed to promote school readiness in the 5 domain areas as represented in the Head Start Child Development and Early Learning (HSCDEL) Framework. It is aligned with the NYS Pre-K Foundation for the Common Core (<b>642(f)(3)(E); QSNY.CPI.1; QSNY.CPI.2-3; QSNYCPI.4</b>).</p> <p>_____3.3The program has systemized a process for aggregation and analysis of progress made on school readiness goals inclusive of entry of all online child assessment data on or prior to the three NYC ACS predetermined checkpoints. <b>1307.3(b)(2)(i); 1307.3(b)(2)(ii)</b></p>		<p>_____5.1 The SRT engages in a process of ensuring alignment of the program’s school readiness goals with the NYS Pre-K Foundation for the Common Core and the Head Start Child Development and Early Learning (HSCDEL) Framework by adopting and adding additional goals as appropriate to the NYC School Readiness Goals in accordance with the needs of the program’s population served. <b>1307.3(b)(1)(i); 1307.3(b)(1)(ii); 1307.3(b)(1)(iii);QSNY.CO.A.11</b></p> <p>_____5.2 The curriculum is used in conjunction with and linked to a valid and reliable ongoing child assessment instrument. Three times a year these instruments are used to document and plan for child outcomes in all areas of development and learning. These instruments can also be used to make referrals as needed (<b>642(f)(3)(C); QSNY.CO.A.5; QSNY.CO.A.6; QSNY.CO.A.10 &amp; QSNY.CPI.3</b>)</p> <p>_____5.3The following variables are analyzed for patterns of progress in the program’s child assessment data set after each of the 3 checkpoints:</p> <ul style="list-style-type: none"> <li>• Individual and child-level (all children served), classroom level data, program level data.</li> <li>• Dual Language Learners and children with Disabilities’ rate of progress on an individualized level (<b>QSNY.CO.A.9</b>)</li> </ul> <p>_____5.4 Findings from the analyzed data, demonstrated patterns of progress and the program’s planned response to data for the program are shared with all parents, in adherence to the PFCE Framework; the Governing Board and the general community at least bi-annually. <b>1307.3(b)(2)(i); 1307.3(b)(2)(ii); QSNY.CO.A .1</b></p>		<p>_____7.1 The SRT meets after each checkpoint to discuss aggregated and analyzed child assessment data and at the start of the school year prior to/in September to plan programming in response to child outcomes trends and patterns of progress seen in the data. (<b>QSNY.CO.A.10</b>)</p> <p>_____7.2 The curriculum is culturally sensitive and appropriate. It allows for the incorporation of linguistically and culturally sensitive books, themes, and projects (<b>QSNY.CPI.5</b>)</p>

Score: \_\_\_\_\_

<p>Notes and Documentation (SR)</p> <p>1.1, 3.1, 5.1, 7.1-SRT meeting agendas. Document provided by NYC as part of the NYC School Readiness Guidelines.</p> <p>1.3, 3.3, 5.3-Evidence of:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Child Assessment analysis report</li><li><input type="checkbox"/> Copy of online assessment reports indicating 100% data entry within prescribed deadlines.</li></ul> <p>1.2, 3.2, 5.2, 7.2-Evidence based curriculum-linked to child assessment instrument.</p>	
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CURRICULUM PLANNING, INDIVIDUALIZATION & QUALITY TEACHING & LEARNING

Standards/ Regulations	Inadequate 1	2	Adequate 3	Good 5	Excellent 7
<p><b>HSPS</b> 1304.20(f)(1) 1308.19(k) 1304.20(f)(2)(i); 1304.21(a)(1)(ii) 1304.24(a)(3)(i) 1304.24(a)(2) 1304.40 (i) ( 2) 1308.19(k); 1308.6(d) 1308.18(a) 1308.18(b) 1308.20(a) 1304.20(f)(2)i); 1304.21(a)(1)(ii)</p> <p><b>Quality Review</b> QR 1.1 QR 1.2 QR 2.2</p> <p><b>Quality Stars</b> QSNY.C.4; QSNY.CO.A.2 QSNY.CO.A.8 QSNY.CO.A.9 QSNY.CO.A.12 QSNY.CPI.7</p>	<p>_____1.1 The program has assessed the ongoing progress of less than 90% of all enrolled children in all developmental domains as expressed in the HS Child Development &amp; Early Learning Framework.</p> <p>_____1.2 The program has no system for the provision of direct services for children with disabilities.</p> <p>_____1.3 There is no evidence of curriculum planning.</p> <p>_____1.4 No Information on each child’s development and learning is shared with the child’s family.</p>		<p>_____3.1 There is a system for teachers to regularly observe record &amp; assess all children’s behaviors and progress in all domain areas as well as gain insight from parents in order to respond to “each child’s individual characteristics, strengths and needs”. The ongoing assessment system utilizes an ACS sanctioned online format and includes protection of confidentiality in the manner in which results are stored &amp; shared. The system includes at least 2 parent conferences annually. <b>1304.20(f)(1); QSNY.C.4; QSNY.CO.A.8; QSNY.CO.A.9</b></p> <p>_____3.2 Services provided for children with disabilities are specific to the expressed goals in their IEPs and IFSP. 1308.19(k); <b>1304.20(f)(2)(i); 1304.21(a)(1)(ii); QSNY.CPI.7</b></p> <p>_____3.3The program’s approach to curriculum planning and pedagogy is developmentally and linguistically appropriate. It shows an understanding that children’s rates of development, interests, temperaments, languages, cultural backgrounds, and learning styles are not linear and require an individualized approach. <b>1304.21(a)(1)(i)</b></p> <p>_____3.4For <b>Head Start &amp; Dual Eligibility</b> Programs: “The program has secured the services of a mental health professional including on-site consultation for program staff and families that provides for timely identification and interventions to address children’s mental health concerns” For <b>Child Care &amp; FCC</b> the program has a formalized partnership with an organization that provides mental health services to children and families. <b>1304.24(a)(3)(i); 1304.24(a)(2)</b></p>	<p>_____5.1 The ongoing assessment cycle for each child begins at enrollment, where the program collects information on children’s development including social emotional concerns, dominant language, preferences and any special needs. The child is screened in 3 key areas (See Health) within 45 days of entry to the program. The child is then observed monthly in all domains and an assessment is recorded in an ACS sanctioned online assessment system at least 3 times <b>(QSNY.CO.A.2)</b></p> <p>_____5.2 The program has assigned a staff member/consultant to the function of coordinating services for children with disabilities. This includes orchestrating collaboration with other program coordinators (i.e., Education, Mental Health, and Nutrition) and other staff. <b>1308.6(d); 1308.18(a); 1308.18(b); 1308.20(a)</b></p> <p>_____5.3 Teaching staff in pre-school classrooms (3-5 year olds) are observed bi-annually using the Classroom Assessment Scoring System (CLASS) by a certified CLASS observer in the areas of Emotional Support; Classroom Organization &amp; Instructional Support. Where scores fall below a 4.99, teachers are provided with documented coaching support.( <b>QSNY.CO.A.12)</b></p> <p>_____5.4 Staff conducts home visits to share information and seek input from parents about the program and children’s learning and social development. <b>(1304.40 (i) (2) Head Start Required; Child Care Optional)</b></p>	<p>_____7.1 Child outcomes information is shared with the child’s new school environment for the transitioning child</p>

Score: \_\_\_\_\_

Notes / Document Checklist

1.1, 3.1 There is written evidence that teachers regularly observe record & assess all children’s behaviors and progress in all domain areas as well as gain insight from parents in order to respond to “each child’s individual characteristics, strengths and needs”. The ongoing assessment system utilizes an ACS sanctioned online format and includes protection of confidentiality in the manner in which results are stored & shared. The system includes at least 2 parent conferences annually. Teachers conduct regular, on-going observations of each child that are recorded bi-weekly. There is evidence of formal progress reports on children and documented discussions of director/staff regarding individual children.

Documentation:

- Documented observations (CC: bi-weekly; HS: periodic);
- Formal progress reports on children;
- Director/staff documented discussion of individual children.

Individual parent-teacher conferences are held twice a year to discuss children’s progress and provide written reports; Progress reports are dated and signed by teachers and parents indicating follow-up.

**1304.20(f)(1); QSNY.C.4; QSNY.COA.8; QSNY.COA.9**

1.2, 3.2 “Sound” developmental principles are embedded in a philosophy shared by the program and the parents, and a planned, organized, and consistently implemented curriculum supports child development and learning, provides experiences to meet such goals, identifies the roles of staff members, and identifies appropriate materials and equipment.

[CC]: The educational program is not explicitly referred to as a “curriculum”. Documentation: statement of goals; lesson plan books; classroom activity plans; written daily schedules.

[HS]: The educational program is referred to as a “curriculum” and explicitly identifies the roles of parents.

1.3, 3.3 A developmentally and linguistically appropriate educational model is one that recognizes that children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds, and learning styles.

[CC] There is a written statement of goals promoting a developmentally appropriate approach and evidence of a comprehensive program plan that supports the model (Documentation: lesson plan book and written goals).

[HS]: In addition, an explicit focus on language is required and parents are integrally involved in the development of the curriculum and approach to Child Development and Education. Weekly classroom activity plans and written daily activity schedules are both reviewed and approved by the Director/Education Director. There is a weekly lesson plan for each group served; the weekly plan is reviewed and initialed by the director/education director; weekly lesson plans are posted and written schedules are in a child-friendly format; there is written evidence that the Director/Educational Director and teaching staff are in regular dialogue about the quality of the lesson plans.

1.4, 3.4 **For Head Start and Dually Eligible programs** there is evidence that the program utilizes the services of a Mental Health Professional that includes a written schedule of onsite consultation for program staff and families and timely identification and intervention to address children’s mental health needs. **For Child Care and Family Child Care**, there is evidence of a formalized partnership with an organization that provides mental health services to children and families in accordance with HSPS 1304.24(a)(3)(i) and HSPS1304.24(a)(2)

3.3 Goals for improving school readiness are aligned with the Head Start Child Outcomes Framework, State early learning standards, as appropriate and the requirements and expectations of the schools the children will be attending.

5.1 E.g., Creative Curriculum, High/Scope, Montessori, Reggio Emilia, etc.

A standards-based curricula is linked to an assessment tool (e.g., for the Creative Curriculum, the Creative Curriculum Developmental Continuum; for High Scope, the Child Observation Record); others use independent assessment instruments (e.g. Work Sampling System).

5.2, 5.3 Documents:

- Proof of current CLASS certification
- Completed CLASS instrument

5.3 There is evidence of staff conducted home visits to include observations and discussions with families regarding the children’s learning and social development in accordance with HSPS 1304.40 (i)(2)

7.1 Documents:

- There is evidence of written documentation to the new school environment.
- Program-level school readiness goals and strategies.



FAMILY & COMMUNITY ENGAGEMENT						
Standards/ Regulations	Inadequate 1	2	Adequate 3	4	Good 5	6 Excellent 7
<p><b>HSPS</b> 1308.21(a)(6) 1308.21(a)(10) 1304.24 (a)(1)(i-iv) (1304.24 (a)(3) (ii)) 1304.40(a)(1) 1304.40(a)(5) 1304.40(b)(1) 1304.40(b)(2) 1304.40(i)(2) 1304.40(e)(5) 1304.40 ( e)(2) 1304.40 ( e)(3) 1304.40(e)(4)(i) 1304.40 ( a) (1, 5) 1304.41 ( c) (2)</p> <p><b>Quality Review</b> QR 3.1 QR 3.4 QR 5.1</p> <p><b>Quality Stars</b> QSNYC.3 QSNY.T.3 QSNY.FIS.3 QSNY.FIS.1 QSNY.C3 QSNY.FIS.2 QSNY.C6 QSNY.FIS.6</p>	<p>___1.1 Program has no documented evidence of demonstrated partnership building with families. (e.g. Goal-setting, FPA, Family Assessment.</p> <p>___1.2 Program provides no opportunities for parenting skills and knowledge. (E.g. Breast-feeding, Health and Safety, Behavior management.)</p> <p>___1.3 Program has not invited parents to fewer than 2 Parent Teachers conference (HS and Childcare) and 2 Home Visits (Head Start required; Child care optional)</p> <p>___1.4 Transitions are not supported by program for families into and out of the program.(e.g. Written transition plan, school readiness goals, student record transfer)</p> <p>___1.5 Program has not developed collaborative relationships with Community Partnerships for families.(Health Care Services, Mental Health Services, Nutritional, Disability Services, Family Preservation/Support Services, Child Protective Services, Educational/Cultural Instructions, Child Care Providers, and Other :Homeless shelters)</p>		<p>___3.1. Program provides opportunities to all parents in shared partnership building. (e.g. PFCE, Respect for family’s cultural, ethnic and linguistic diversity, create mutual trust, identify family goals &amp; strengths). <b>(1304.40 (a) (1), 1304. 40 (a) (5); QSNY.FIS 8)</b></p> <p>___3.2. Program provides opportunities for parenting skills and knowledge that includes: Expectant parenting and pre-natal health, strategies to support child’s development, health and safety of children, and responses to children’s behavior. <b>(1304.40 ( e) (2), 1304.40 ( e) (3), 1304.24 (a) (1) (i-iv); QSNY.FIS.1</b></p> <p>___3.3. Program encourages parents to be partners in their children’s education; Parents are invited to no fewer than two Parent Teachers conferences (HS and Childcare) and two Home Visits (Head Start required; Childcare optional) per year.<b>(1304.40 (i) (2); 1304.40 ( e) (5), QSNY.C3, QSNY.C6)</b></p> <p>___3.4. Program supports transitions for children and families both into and out of the program. (e.g. Records are transferred to child’s next class or school, Build relationships with program staff and discussing developmental progress of students with parents.) <b>(1304.40 (h)(1,3), 1304.41 ( c) (1), QSNY.T.2)</b></p> <p>___3.5. Program coordinates with and has current written Community partnerships with Local Education Agencies to establish ongoing collaborative relationships with Community organizations. (e.g. Health Care Providers, Mental Health Providers, Nutritional service providers, Support services, Providers of child care services.) Community Partnerships Agreements are updated annually <b>( 1304.41 (a) (2,4), 1308.4 (l) (3, 4, 5, 7)</b></p>		<p>___5.1. Program works with families to provide referrals, resources, and services that address family needs and conducts follow-ups to determine accuracy of services received. <b>(1304.40 (a) (1, 5)</b></p> <p>___5.2. Program makes provisions for Mental Health services for parents and staff. ( e.g. Staff and parent education on mental Health issues) <b>(1304.24 (a) (3) (ii))</b></p> <p>___5.3. Program increases families’ access to materials, services and activities critical to family literacy development. (e.g. Literacy activities for families, Training on school-home connection, and education on self-sufficiency and financial literacy.)<b>(1304.40 ( e) (4) (i); QSNY .FIS 3)</b></p> <p>___5.4. Program begins transition planning for Infants, Toddlers and Family Child Care families enrolled at least 6 months prior to child’s third birthday to ensure appropriate placement. <b>(1304.41 ( c)(2); QSNY. T. 1-2)</b></p> <p>___5.5. Program has established and Maintained a Health Services Advisory Committee that meets a minimum of two times a year (HS only). <b>(1304.41 (b))</b></p>	<p>___7.1.Program offers family gatherings that intentionally include other family members, in addition to parents <b>(QSNY.FIS.2)</b></p> <p>___7.2.Program communicates With families in writing about program and child activities and other pertinent information. <b>(QSNY.C.3)</b></p> <p>___7.3 Parents participate in city-wide and program level advocacy activities on behalf of the children and the program. <b>(QSNY.FIS.6)</b></p> <p>___7.4. Families complete a program evaluation or survey annually and results are used for program improvement. <b>(QSNY.FIS.5)</b></p> <p>___7.5. Program completes a program assessment using a tool on family responsive practices such as the Center for the Study of Social Policy’s Family Strengthening Self-Assessment tool and results are used for program improvement. <b>(QSNY.FIS.7)</b></p>

Score: \_\_\_\_\_

<b>Notes / Document Checklist</b>	
<p>3.1 E.g., through contact notes, or a Family Partnership Agreement demonstrating that the family goal-setting process has been initiated, as well as documented progress towards achieving family goals, including indication of follow-up. Also, parents have the option of not participating in additional activities, but there needs to be documentation that families have been invited (e.g., flyers, e-mails, notices sent Home).</p> <p>3.2. Transitions are communicated and documented for families in the program.</p> <p>3.3. Evidence of at least 2 Parent Teachers conferences and 2 Home Visits</p> <p>3.5. Written evidence of Community Partnerships between program and community liaison.</p> <p>5.1.The program demonstrates a basic commitment to family support needs by:</p> <ul style="list-style-type: none"><li>• Having social service referral and follow-up records.</li><li>• Utilizing and/or accessing a social service resource guide (i.e., <a href="http://www.nyc.gov/accessnyc">www.nyc.gov/accessnyc</a>).</li></ul> <p>5.2. Evidence of Mental Health consultant</p>	

**HEALTH & MENTAL HEALTH & NUTRITION**

Standards/ Regulations	Inadequate 1	Adequate 3	Good 5	Excellent 7
<p><b>HSPS</b> 1304.20(a)(1)(iii) 1304.20(a)(1)(iv) 1304.20(c)(3)(ii) 1304.20(a)(1)(ii) 1304.20(a)(1)(ii)(A) 1304.20(a)(1)(ii)(B) 1304.20(a)(2) 1304.20(a)(1)(ii)(C) 1304.23 (b) (1) 1304.20 (e) (1) 1304.23(b)(1)(vii) 1304.24(a)(2) 1304.24(a)(3) 1304.40(f)(1) 1304.52(d)(4); 1304.52(d)(2); 1304.52(d)(3); 1304.40(f)(1)</p> <p><b>Quality Review</b> QR 1.1 QR 1.2 QR2.2</p> <p><b>Quality Standards</b> QSNY.CO.A.7 QSNY.PH.3 QSNY.PH.4 QSNY.PH.5 QSNY.PH.6</p>	<p>___ 1.1 Children’s medical records are missing or incomplete.</p> <p>___ 1.2 The program has not ensured that all enrolled children have received required screenings.</p> <p>___ 1.3 Program has not established procedures for tracking the provision of health services.</p> <p>---- 1.4 Program provides no opportunities for daily physical activity and/or allows children to watch TV/video/visual recordings.</p> <p>___ 1.5 The program has not met all NYC Agency Food Standards &amp; CACFP requirements.</p> <p>___ 1.6 There is no Relationship with a qualified Nutrition and Health Professional/Consultant (HS/DU Required)</p> <p>___ 1.7 There are no resources for mental health support. For HS/DU no qualified Mental Health Professional/Consultant</p>	<p>___ 3.1 The program obtains a determination from a health care professional as to whether each child is up to date on a schedule of primary and preventive health care, (including dental) assists parents in bringing their children up to date as needed. <b>1304.20(a)(1)(iii); 1304.20(a)(1)(iv); 1304.20(c)(3)(ii);1304.20(a)(1)(ii);1304.20(a)(1)(ii)(A); 1304.20(a)(1)(ii)(B); 1304.20(a)(2)</b></p> <p>___ 3.2 Program in collaboration with the parents/legal guardian and appropriate professionals, must perform or obtain linguistically and age appropriate screenings within 45 calendar days of entry into the program. <b>1304.20 (b)(1-3), 1304.20 (a) (2); QSNY.CO.A.7, 3</b></p> <p>___ 3.3 Uses a health tracking system that is maintained and complete to ensure effective and efficient record keeping. 1304.20(a)(1)(ii)(C); 1304.51(g)</p> <p>___ 3.4 Each child care setting provides opportunities for age and developmentally appropriate physical activity. No TV/video for children under 2 years. For children over 2 years TV/video/visual recordings-no more than 60 minutes per day and only educational or engaging children in movement. <b>47.71(a); 47.71(d)(1) &amp;(2)</b></p> <p>___ 3.5 Program adheres to all NYC Food Standards and CACFP requirements. <b>(QSNY-PH-4), 47.61 B, 1304.23(b)(1)(v)</b></p> <p>___ 3.6 Services are supported by staff or consultants by qualified Nutrition professional and qualified Health professional. (HS/DU required). <b>1304.52(d)(2); 1304.52(d)(3);</b></p> <p>----- 3.7 Services are supported by a NYS licensed/certified mental health professional/resource who assists the program with providing timely and effective identification and intervention of children with mental health concerns. {HS/DU: Required} 1304.52(d)(4);1304.24(a)(2).</p> <p>___ 3.8. Program’s equipment &amp; facilities used for center- based program options, or Family Child Care comply with State and local licensing requirements. <b>(1306.30 (c); 1306.35 (d))</b></p>	<p>___ 5.1 The program takes steps to ensure that each child with a known, observable, or suspected health, dental, or developmental problem receives: Further diagnostic testing; examination; treatment from a licensed or certified health care professional and follow up plan. <b>1304.20(a)(1)(iii);1304.20(a)(1)(iv);1304.20(c)(3)(ii); 1304.20(a)(1)(ii); 1304.20(a)(1)(ii)(A);1304.20(a)(1)(ii)(B) 1304.20(a)(2)</b></p> <p>___ 5.2 Program is involving parents/legal guardians to ensure that children with identified concerns have been referred and are receiving the appropriate services, if needed. 1304.20(e) (1); 1304.20(e)(2)</p> <p>___ 5.3 Health Tracking system is being used to ensure that children are kept up to date with on-going health services. 1304.20(a)(1)(ii)(c)</p> <p>----- 5.4 Programs provide infants daily opportunities to move freely under adult supervision including tummy time when awake. Children ages 12 months or older receive at least 60 minutes, with at least 30 minutes structured, of physical activity daily. <b>47.71(a)(1);(QSNY.PH.1-2)</b></p> <p>___ 5.5 Program has designed and implements a Nutrition Program that meets the individual needs and feeding requirements of each child. (Dietary, medical and disability needs.) <b>1308.20;1304.23(b)(10)</b></p> <p>--- 5.6 Program is able to demonstrate through documented evidence that they are utilizing a Health and Nutrition staff/consultant to supports the program in the respective content areas. 1304.51(g) (HS/DU required*).</p> <p>___ 5.7 Mental Health program services includes a regular schedule of on-site mental health consultation. (HS/DU Required) 1304. 24(a)(3)</p> <p>___ 5.8 Program ensures children are released only to a parent, legal guardian, or other individuals as designated in writing by parent or legal guardians. <b>(1310.10 (g))</b></p>	<p>___ 7.1 Staff and Parents receive information and training on health prevention and identified health concerns.</p> <p>___ 7.2 The program has established partners which have provided training or assist with the provision of required screenings</p> <p>___ 7.3 A computer based system is used to track health data (e.g. COPA; EC Health Tracker; Child Plus).</p> <p>___ 7.4 Program provides opportunities for Toddlers/Preschool children to have at least 15 minutes of developmentally appropriate structured and unstructured physical activity during <b>every hour</b> while they are in care. <b>(QSNY.PH.2)</b></p> <p>___ 7.5 Program adopts a formal obesity prevention program and provides training as a part of that program.. <b>(QSNY.PH.5-6)</b></p> <p>___ 7.6 Consultants have contracts or if on staff a job description which indicates the content area (Health, Nutrition) specific support provided to the program. (HS/DU required*).</p> <p>___ 7.7 MH program services includes direct mental services (treatment) for children and parents.</p>

Score \_\_\_\_\_

<b>Notes / Document Checklist</b>	
<p>1.1, 3.1 Evidence of children’s health records from Health physician. Documentation includes written consent from parents/legal guardians prior to performing health and developmental procedures including emergencies.</p> <p>1.2; 3.2 Required screenings include Developmental, Social Emotional and Sensory(Vision and Hearing). Children have received age-appropriate developmental, sensory (visual and hearing), and behavioral screenings within 45 calendar days of the child’s entry in the program.</p> <p>3.1 5.1 Children are up to date with necessary dental follow-up and treatment; the program has established an ongoing system of communication with the parents of children with identified health needs to assist in the follow-up plans.</p> <p>1.5, 3.5 All programs, including Family Child Care, must comply with CACFP requirements. Center-based programs must also comply with the NYC Food Standards.</p> <p>5.5 Including accommodating children with food allergies/intolerances.</p> <p>7.4. For example a program operating <b>more</b> than 4 hours/day would have <b>more</b> than 1 hour of physical activity per day.</p> <p>7.5 Evidence of adoption of an obesity prevention program such as program assessment, action plans, timeline, policies or goal statements.</p> <p>1.6, 3.6, 5.6, 7.6, 3.7, 5.7, 7.7 Are for agencies with HEAD START AND DUAL ELIGIBLE centers only.</p>	

## New York City Program Quality Assessment Scale (NYC-PQAS)

### Program Profile

Program Name: \_\_\_\_\_ Fiscal #: \_\_\_\_\_

Date: \_\_\_\_\_ Tel. #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Subscales	Items	√ level							Score
		1	2	3	4	5	6	7	
<b>Program Design &amp; Management</b>	<b>1. Governance: Structure, Training, &amp; Responsibilities</b>								
	<b>2. Program Administration &amp; Planning</b>								
	<b>3. ERSEA (Eligibility, Recruitment, Selection, Enrollment and Attendance)</b>								
	<b>4. Human Resources: Leadership, Supervision, &amp; Qualifications</b>								
<b>Education &amp; Disabilities</b>	<b>5. School Readiness and Curriculum Selection</b>								
	<b>6. Curriculum Planning &amp; Assessment</b>								
<b>Family &amp; Community Partnerships</b>	<b>7. Parent Engagement &amp; Family Partnerships</b>								
<b>Health</b>	<b>8. Health, Mental Health &amp; Nutrition</b>								
<b>TOTAL SUBSCALE SCORE = SUM OF ITEMS</b>		<b>TOTAL =</b>							

Total Subscale Score \_\_\_\_\_ ÷ 8 (# Items) = Program Score: \_\_\_\_\_

Site Director's Name: \_\_\_\_\_ Site Director's Signature: \_\_\_\_\_

FCC Director's Name: \_\_\_\_\_ FCC Director's Signature: \_\_\_\_\_