

Infants, toddlers, and young children with disabilities have the right to receive services and participate in the full array of public and private early care and education programs that are available to all young children. In order to effectively support early learning and positive child and family outcomes, these programs must be guided by agreed upon, evidence-based standards for what all young children are expected to know and be able to do (child standards), as well as agreed upon, evidenced-based standards for what constitutes quality in early care and education programs (program standards).

This component of the Framework is meant to guide Part C and Section 619 coordinators, staff, and leadership in an ongoing process of evaluating the quality of their programs and services within the context of the larger early care and education community, in order to identify areas for improvement. The Child standards subcomponent contains three critical elements of quality that are necessary for young children with disabilities (asterisked). For states that do not address these elements of quality within the broad child standards for all children, elements of quality specifically applicable to early intervention and early childhood special education are outlined. The program standards subcomponent contains a quality indicator related to the larger early care and education community, as well as a separate quality indicator specific to early intervention and early childhood special education.

Subcomponent 1: Child Level Standards

Quality Indicator QS1: The state has articulated what children under age five, including children with disabilities, are expected to know and do.

Elements of Quality
a. Child standards emphasize significant, developmentally appropriate content and outcomes. <i>State evidence (state discussion):</i>
b. Child standards are aligned from birth through age five. <i>State evidence (state discussion):</i>
c. Child standards are age anchored with specific precision to reflect that there are different expectations for children in each year of life. <i>State evidence (state discussion):</i>
d. Child standard content reflects the best available evidence on development and learning. <i>State evidence (state discussion):</i>

<p>e. Child standards are appropriate for children from diverse cultural, linguistic and socio-economic backgrounds.</p> <p><i>State evidence (state discussion):</i></p>
<p>f. Child standards are aligned with standards for K-12.</p> <p><i>State evidence (state discussion):</i></p>
<p>g. Child standards are clear and understood by early care and education practitioners, local program administrators and families.</p> <p><i>State evidence (state discussion):</i></p>
<p>h. Child standards represent multiple areas of development and learning and reflect the content of nationally recognized early childhood outcomes frameworks, including the OSEP child outcomes and the Head Start child outcomes framework. *</p> <p><i>State evidence (state discussion):</i></p>
<p>i. Child standards reflect universal design for learning, ensuring the standards are appropriate for young children with disabilities. *</p> <p><i>State evidence (state discussion):</i></p>
<p>j. Child standards are reviewed and revised periodically with input from a diverse group of stakeholders, including families of young children with disabilities, practitioners and representatives from Part C and 619 programs. *</p> <p><i>State evidence (state discussion):</i></p>

*** Note:** If the last 3 elements are not in place, then the following elements apply:

<p>k. Part C and Section 619 leadership have specified what children birth to 5 are expected to know and do, reflecting universal design.</p> <p><i>State evidence (state discussion):</i></p>
<p>l. Part C and Section 619 leadership are involved with state efforts to develop child standards appropriate for all children.</p> <p><i>State evidence (state discussion):</i></p>

Quality Indicator QS2: The child level standards are used to support the implementation of high-quality practices.

Elements of Quality
<p>a. Child standards are widely disseminated and easily accessible to practitioners, families and the general public.</p> <p><i>State evidence (state discussion):</i></p>
<p>b. Early care and education practitioners working with young children with disabilities are familiar with the child standards.</p> <p><i>State evidence (state discussion):</i></p>
<p>c. Practices (e.g. assessment, IFSP/IEP development, development and learning activities) reflect the child standards.</p> <p><i>State evidence (state discussion):</i></p>

Quality Indicator QS3: The state has an infrastructure in place to support the effective use of child level standards.

Elements of Quality
<p>a. Two and four year professional preparation programs address child standards, including their use with children with disabilities.</p> <p><i>State evidence (state discussion):</i></p>
<p>b. On-going professional development (e.g. mentoring, coaching) supports effective use of the child standards, including individualization for children with disabilities.</p> <p><i>State evidence (state discussion):</i></p>
<p>c. Resources are available to support families in understanding and using the child standards to help their children develop and learn.</p> <p><i>State evidence (state discussion):</i></p>
<p>d. The state has policies, procedures and/or guidance to support local programs in the alignment of curriculum and assessment with the child standards.</p> <p><i>State evidence (state discussion):</i></p>
<p>e. Evaluating program quality includes monitoring how well child standards are effectively used to guide practice, including individualization for children with disabilities.</p> <p><i>State evidence (state discussion):</i></p>

Subcomponent 2: Program Standards

Quality Indicator QS4: The state has articulated what constitutes quality in early care and education programs.

Elements of Quality
<p>a. Program standards are consistent with agreed upon program standards in the field (e.g., NAEYC Program Standards, Head Start Performance Standards).</p> <p><i>State evidence (state discussion):</i></p>
<p>b. Program standards reflect the best available evidence on early childhood program quality and effectiveness.</p> <p><i>State evidence (state discussion):</i></p>
<p>c. Program standards apply to the full range of programs in which young children with disabilities participate.</p> <p><i>State evidence (state discussion):</i></p>
<p>d. Program standards address a program's ability to support the needs of a diverse population of children.</p> <p><i>State evidence (state discussion):</i></p>
<p>e. Program standards address program's responsibilities to build on families' strengths to support them in caring for their children and in encouraging them to serve in leadership roles.</p> <p><i>State evidence (state discussion):</i></p>
<p>f. Program standards are clear and understood by staff, local program administrators and families.</p> <p><i>State evidence (state discussion):</i></p>
<p>g. Program standards are widely disseminated and easily accessible to practitioners, families and the general public.</p> <p><i>State evidence (state discussion):</i></p>
<p>h. Program standards are used to drive program improvement.</p> <p><i>State evidence (state discussion):</i></p>
<p>i. Program standards are reviewed and revised periodically with input from a diverse group of stakeholders, including families of young children with disabilities, practitioners and representatives from Part C and 619 programs.</p> <p><i>State evidence (state discussion):</i></p>

Quality Indicator QS5: The state has articulated expectations for what constitutes high quality early intervention and preschool special education services (EI/ECSE).

Elements of Quality
<p>a. The EI/ECSE standards address federal and state legal requirements.</p> <p><i>State evidence (state discussion):</i></p>
<p>b. The EI/ECSE standards reflect the best available evidence on early childhood program quality and effectiveness.</p> <p><i>State evidence (state discussion):</i></p>
<p>c. The EI/ECSE standards address the qualifications of practitioners providing services to young children with disabilities and their families.</p> <p><i>State evidence (state discussion):</i></p>
<p>d. The EI/ECSE standards are consistent with professional practice guidance in the field (e.g., DEC Recommended Practices, American Speech and Hearing Association Practice Policies).</p> <p><i>State evidence (state discussion):</i></p>
<p>e. The EI/ECSE standards are coordinated and consistent with other early care and education programs across the state.</p> <p><i>State evidence (state discussion):</i></p>
<p>f. The EI/ECSE standards are widely disseminated and easily accessible to practitioners, families and the general public.</p> <p><i>State evidence (state discussion):</i></p>
<p>g. The EI/ECSE standards address program's responsibilities to build on families' strengths to support them in caring for their children and in encouraging them to serve in leadership roles.</p> <p><i>State evidence (state discussion):</i></p>
<p>h. The EI/ECSE standards are used to drive program improvement.</p> <p><i>State evidence (state discussion):</i></p>
<p>i. The EI/ECSE standards are reviewed and revised periodically with input from a diverse group of stakeholders, including families of young children with disabilities, practitioners and representatives from Part C and 619 programs.</p> <p><i>State evidence (state discussion):</i></p>

Quality Indicator QS6: The state has an infrastructure in place to support the full range of programs in meeting program standards.

Elements of Quality	
a. The infrastructure includes adequate fiscal and human resources for the development, implementation and monitoring of program standards. <i>State evidence (state discussion):</i>	
b. Two and four year professional preparation programs address the application of program standards to the full range of early care and education programs. <i>State evidence (state discussion):</i>	
c. On-going professional development (e.g. mentoring, coaching) supports effective application of program standards to the full range of early care and education programs. <i>State evidence (state discussion):</i>	
d. The State has a process to use the program standards as part of monitoring and program improvement. <i>State evidence (state discussion):</i>	
e. The extent to which each program has achieved the program standards is easily accessible to practitioners, families and the general public (e.g. State Performance Plan, Annual Performance Reports, SPP/APR public reporting, quality rating systems). <i>State evidence (state discussion):</i>	
f. Resources are available to support families in understanding the extent to which each program has achieved the standards in order to help them make informed decisions. <i>State evidence (state discussion):</i>	
g. The state evaluates the effectiveness of the infrastructure that supports the use of the program standards. <i>State evidence (state discussion):</i>	