

ILLINOIS BIRTH TO FIVE PROGRAM STANDARDS



Illinois State Board of Education

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ILLINOIS BIRTH TO FIVE PROGRAM STANDARDS

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FOREWORD

Learning begins at birth. Despite this widely accepted fact, school systems have until recently concentrated their efforts largely on children over age five, and to a lesser extent on children ages three to five. The last decade, however, has seen tremendous growth in both professional knowledge and public awareness about the importance of the first three years after birth and the role of the family in the life of the child. This has been accompanied by increases in public support for programs that help families provide infants, toddlers and preschoolers with the experiences they need for healthy growth and development. In Illinois, the Early Childhood Block Grant is enabling communities across the state to work with families to lay the foundations for future success in school and in life from the beginning of their children's lives.

Much has been learned over the last several decades about how best to help families in their efforts to support their children's early development, and this knowledge is reflected in this document. While working with very young children is in many ways a natural extension of a school district's mission, it presents unique challenges based on the developmental tasks and contexts of early childhood. Young children grow and develop physically, emotionally, socially, and cognitively through stable, loving relationships with adults, especially their parents. Therefore, programs must recognize and respect the centrality of parent-child relationships rather than attempting to work with children in isolation from their families.

In Illinois, grants are provided to support programs and services for children birth to five and their families by the authority of Article 1C Block Grants (105 ILCS 5/1C1 to 1C5) of the School Code and Article 1D Block Grants for Districts With Over 500,000 Inhabitants (105 ILCS 5/1D) Recipients of grants must be committed to establishing programs, providing services and demonstrating accountability in compliance with all aspects of the requirements as stated in the School Code and the Administrative Rules for the Early Childhood Block Grant (23 Illinois Administrative Code 235), Subchapter f, Part 235.. The standards and quality indicators in this document are the basis for the development, implementation and evaluation of high-quality birth to five programs.

These standards and quality indicators reflect current knowledge, research findings and shared beliefs about high-quality, developmentally appropriate early childhood care and education in the context of programs for infants, toddlers, preschoolers and their families. The current research on early childhood development supports and validates the importance of quality programs and services for young children in partnership with their families, schools and communities. Implementing these standards and quality indicators will lay a foundation for future growth and development that promotes the child's physical, emotional, social and cognitive well-being leading to successful learning as appropriate for each child.

VISION

All Illinois children, birth to five , will experience loving, stable, and nurturing relationships in safe, supportive environments that promote their physical, emotional, social and cognitive development and well being. These experiences provide the basis for successful learning as appropriate for each child. More importantly, they lay a foundation for children to lead fulfilling lives and become responsible, productive citizens. Therefore, it is important and expedient to support and invest significantly in Illinois' youngest children and their families.

VALUES AND PRINCIPLES*

Childhood is a sacred time that should be nurtured, celebrated and preserved.

Children's basic needs are family, safety, education, health, economic security, and arts, recreation and culture.

All children need to know they belong to loving families and caring communities.

Just as families must support children, communities must support families, and government and business must support both.

All children deserve safe homes, safe schools and safe communities.

Our children's sense of hope and possibility requires equal access to appropriate resources.

Children are prepared for the future when we teach them and they learn to honor and respect diversity.

As children mature, we must seek their voices, engage them and recognize the freedom they need to shape their destinies.

Children can learn from their mistakes. They deserve systems that give them that opportunity.

Each child is unique.

Every child is entitled to respect.

We must never give up on any child.

**The Charter for Illinois Children, Voices for Illinois Children, 1999*

ILLINOIS BIRTH TO FIVE PROGRAM STANDARDS

I. ORGANIZATION

Standard I.A. All birth to five programs must have a mission, vision or purpose statement based on shared beliefs and goals.

A mission statement defines the values, principles, purposes, and goals of a program. It should reflect a commitment to the Illinois State Board of Education Birth to Five Program Standards. A primary goal of a birth to five program is to ensure that every child starts school ready to succeed and eager to learn, and this goal should be reflected in the mission statement. The mission statement is the basis for all decision-making. It is reviewed annually to incorporate the results of program assessment and current research.

Quality Indicators:

- I.A.1. A mission statement based on shared beliefs is developed cooperatively by parents, staff members, families, and community representatives and is reviewed annually.
- I.A.2. The mission statement and beliefs are consistent with those of the community.
- I.A.3. The essence of the mission statement is reflected in all decisions, and a copy is posted and available.
- I.A.4. The values of the program are based on the shared beliefs outlined in the mission statement and are developed cooperatively to explain the program approach to delivering services.
- I.A.5. The program goals stem from the Illinois Birth to Five Program Standards. These goals are developed by leadership, staff, parents and other stakeholders, and serve as the basis for all planning and program development.
- I.A.6. The mission statement, values, and goals reflect the Illinois Birth to Five Standards and are articulated in a logic model that is reviewed and updated annually and will be used for continuous program improvement.

Standard I.B. Scheduling practices and intensity of services are tailored to the goals of the program and to the individual strengths and needs of children birth to five and their families.

Scheduling practices must take into consideration the developmental needs of pregnant women, infants, toddlers and preschoolers as well as the preferences and needs of their families and the community. Flexibility within the organization allows for the provision of a variety of services to families at times and in places convenient for them. On-going recruitment of families for the program, both pregnant women and families with children birth to five, is essential.

Quality Indicators:

- I.B.1. In order to recruit and identify Illinois' children and families most in need for the program, screenings must be conducted to determine their need for services.
- I.B.2. The program leadership engages in scheduling practices, including evenings, weekends and summer programming, that respect the individual needs of infants, toddlers and preschoolers, their families and the community in both home visiting and center-based programs.
- I.B.3. The intensity of program services is commensurate with the preferences, strengths, and needs of individual children, their families and the communities in which they live.
- I.B.4. The program uses a variety of strategies based on the preferences, strengths, and needs of individual children, their families and the local community.

(Organization)

Standard I.C. The strengths and needs of the children and families as well as research on best practice determine the ratio of participants to staff and the size of program groups.

The size of a group in a center-based program as well as the ratio of adults to children, is critical to children's learning and interactions with parents and staff. In determining caseloads in a home-based model, programs must take into account the needs of children and families and the geographic distances between homes and the program site.

Quality Indicators:

- I.C.1. Group size and ratios of adults to infants, toddlers and preschoolers are developmentally appropriate in program groups.
- I.C.2. A reasonable number of families in the home-based option is served by each service provider in accordance with program design and goals, considering geographic location, severity of need, intensity of services, and training of staff.

(Organization)

Standard I.D. **The program meets the needs of children and families of varying abilities as well as diverse cultural, linguistic, and economic backgrounds.**

There is no “one size fits all” approach to working with young children. Program activities must be individualized to maximize the effects of interactions with children and their families. Cultural, linguistic, and socio-economic sensitivity allows the program to “meet families where they are” and ensure that families are respected as having the primary responsibility for their children.

Quality Indicators:

- I.D.1. Qualified staff demonstrate knowledge of cultural and linguistic diversity and are able to effectively and sensitively interact with diverse children and families.
- I.D.2. A variety of activities, strategies, and materials are used to meet the diverse needs of children and families.

Standard I.E. The physical environment of the program is safe, healthy, and appropriate for children’s development and family involvement.

The physical environment promotes healthy growth and rich child-family relations and learning. The environment should provide security from physical and emotional harm. An appropriate physical environment should be conducive to positive and enriching experiences, should stimulate children’s minds, promote discovery, and reinforce positive family relationships.

Quality Indicators:

- I.E.1. The program implements local and state health and safety guidelines.
- I.E.2. The program décor, furnishings, materials, and resources are appropriate for the ages of the children and their families.

(Organization)

Standard I.F. **The administration promotes and practices informed leadership and supervision. The administration participates in and encourages ongoing staff development, training, and supervision.**

Effective leaders set the professional tone of the program as they model best practices. They encourage staff to expand their knowledge of working with young children and their families. The leadership will ensure access to professional development opportunities that enable staff to meet this challenge.

Quality Indicators:

- I.F.1. The leadership takes advantage of opportunities for advanced learning regarding current best practice in the early childhood field.
- I.F.2. The leadership assures that all program staff takes advantage of opportunities for advanced learning regarding current best practice in the infant/toddler or preschool field.

Standard I.G. **All birth to five programs must follow mandated reporting laws for child abuse and neglect and have a written policy statement addressing staff responsibilities and procedures regarding implementation.**

Being confronted with identifying potential child abuse or neglect is one of the most difficult situations a staff member encounters. Strong, clear policies and procedures, coupled with training, provide program staff with the support needed to assure consistency in regard to documenting, reporting, and coordinating with child protective services.

Quality Indicators:

- I.G.1. The program leadership familiarizes staff with the Abused and Neglected Child Reporting Act [325 ILCS 5] as well as with the program's policy. This should be included as part of new staff orientation and, at a minimum, be reviewed annually.
- I.G.2. The written policy must include procedures for documentation and follow-up of reported abuse.

(Organization)

Standard I.H. The program budget is developed to support quality program service delivery.

The program budget supports effective quality programming. It must reflect the human and material resource needs of the organization with consideration for competitive salaries and benefits for staff. In addition, funds should be allocated to support parent participation, staff development and training, purchase of equipment and materials, and the maintenance of facilities.

Quality Indicators:

- I.H.1. Sufficient funds are allocated to support human resources.
- I.H.2. Sufficient funds are allocated to provide staff development and training.
- I.H.3. Sufficient funds are allocated for material resources to support quality programming.
- I.H.4. Sufficient funds are allocated to encourage and support parent participation in all program activities.
- I.H.5. Sufficient funds are allocated to support an evaluation process for program effectiveness and outcomes.

Standard 1.I. **The program implements effective systems for recording and managing information about the program, its staff, its participants, and learning and developmental outcomes and uses this information to engage in continuous improvement.**

Collecting and managing program data is crucial to ensuring services to children and families are of the highest quality. Programs may wish to invest in a computerized data management system that can readily produce reports for continuous program improvement.

Quality Indicators:

- I.I.1. The program leadership has a data management system in place and staff are trained in its use.
- I.I.2. Data is collected on program staff's qualifications, professional development, staff evaluations and any other area as needed.
- I.I.3. Demographic data is collected on program children and families.
- I.I.4. Family and child outcome data is collected in order to effectively gauge the success of the program.
- I.I.5. The program accurately completes all required reports as mandated by its funding source(s) including data provided to the Illinois Student Information System or SIS.
- I.I.6. Program data is analyzed often in order to determine if progress is being made toward achieving the required components of the program. The program makes the necessary adjustments for improvement.
- I.I.7. All data concerning children and families is kept confidential.

II. CURRICULUM AND SERVICE PROVISION

Standard II.A. The curriculum reflects the centrality of adult/child interactions in the development of infants, toddlers and preschoolers.

The curriculum provides a framework to ensure positive interactions between and among children, staff, and parents. It is recognized that positive adult/child interactions serve as the basis for young children's learning. Through staff modeling and support, as well as through engagement of parent/child dyads and staff/child dyads in developmentally appropriate activities, adult/child relationships will be enriched. As a result, the children's growth and development and the family's knowledge and understanding will be enhanced.

Quality Indicators:

- II.A.1. Positive adult/child interactions are encouraged and promoted in all aspects of the program.
- II.A.2. The curriculum promotes adult/child interactions in the way sessions are designed and conducted by staff.
- II.A.3. The development of a sense of trust and autonomy among staff, children, and families is a priority.
- II.A.4. Parents receive education and support to identify and cope with life stressors that may place their family at risk.

Standard II.B. **The curriculum is aligned to the Illinois Early Learning and Development Standards for preschoolers and supports children’s cognitive, language, social, emotional and physical development and the development of positive approaches to learning.**

Because development in young children does not proceed in discrete domains but overlaps, the curriculum must be holistic, encompassing all areas of development. In order to effectively implement curriculum, staff must have a sound knowledge of early childhood development and recognize that the curriculum is intended to be used as a dynamic resource. The curriculum should unfold in response to the developmental needs of each child in the program.

Quality Indicators:

- II.B.1. A balance of all developmental areas: cognitive, communication, physical, social, and emotional is demonstrated in all activities and service provision.
- II.B.2. An integrated and individualized program is offered for children in the context of their families and community.
- II.B.3. Multiple theoretical perspectives are considered, and developmentally appropriate practices are implemented.
- II.B.4. A variety of high quality, developmentally appropriate activities and materials are utilized in a safe and supportive environment.
- II.B.5. An emergent literacy focus is observable in the activities, materials, and environment planned for the child.

Standard II.C. The program prioritizes family involvement while respecting individual parental choices.

The program reflects the high priority of family involvement at whatever level each parent chooses. Program design provides for various levels of parent participation, ranging from enrichment and mentoring to more intensive educational opportunities. The staff welcomes, encourages and supports all levels of parent participation and respects the individual choices and needs of each family.

- II.C.1. Opportunities are provided for varied levels of parent participation.
- II.C.2. Opportunities are provided for parents to increase their levels of program involvement through education and enrichment.
- II.C.3. Program activities support family literacy.

Standard II.D. The program supports and demonstrates respect for the families' unique abilities as well as for their ethnic, cultural, and linguistic diversity.

The program reflects the ethnic, cultural and linguistic diversity of the participating families and their communities. The program is dynamic as families and staff work together to consider and integrate the individual abilities and cultures of families.

Quality Indicators:

- II.D.1. The program provides activities, materials, and an environment that reflect a variety of cultures.
- II.D.2. Program services are provided in the family's primary language whenever possible.
- II.D.3. Program services are in compliance with 23 IL Administrative Code 228 (Transitional Bilingual Education)

Standard II. E. The program promotes a framework that is nurturing, predictable, and consistent, yet flexible.

Program activities, schedules, and routines adjust to the needs of the children and their daily happenings. Flexibility is demonstrated as individual participant's cues and life's stressors are responded to and accommodated in a nurturing and caring manner. The program staff recognizes the importance of predictability in the program schedule yet remains open to capitalizing on "teachable moments."

Quality Indicators:

- II.E.1. Schedules and routines are familiar and available in print.
- II.E.2. The program responds to the participant's individual cues and makes accommodations.

Standard II.F. The program supports children’s healthy physical development.

The program recognizes that children who are healthy are ready to learn. Staff monitor children’s health and assist families with access to screenings and immunizations. Staff include healthy nutrition activities and outdoor play in the lesson plans.

Quality Indicators:

- II.F.1. The program curriculum promotes good nutrition and healthy snacks.
- II.F.2. The program ensures children are up-to-date on immunizations.
- II.F.3. Children have a current vision and hearing screening. Appropriate referrals are made.
- II.F.4. The curriculum provides daily active play and limits sitting and waiting time.
- II.F.5. Hand washing is routine for the children and staff.
- II.F.6. The program staff assists families and children who need help with toilet learning.

III. DEVELOPMENTAL MONITORING AND PROGRAM ACCOUNTABILITY

Standard III.A. **The program staff regularly conducts a developmental screening with an appropriate standardized tool for the purposes of identifying children with developmental delays or disabilities.**

A developmental screening is a short, staff administered tool or checklist that identifies children needing further assessment/evaluation. A timely and systematic approach to developmental screening assures early identification of children who require referral for formalized assessment and/or transition to specialized services. Where possible, staff of the early childhood program should be involved in the screening process.

Quality Indicators:

- III.A.1. Children are screened using a research-based screening instrument which measures all aspects of the child's development in these specific areas: vocabulary, visual motor integration, language and speech development, English proficiency, fine and gross motor skills, social skills and cognitive development.
- III.A.2. All screenings include a parent interview.
- III.A.3. Written parental permission for the screening is obtained and the screening results are shared with the parents.
- III.A.4. Infants and toddlers are referred to the Illinois Early Intervention System when appropriate. Preschool children are referred to the local Early Childhood Special Education system when appropriate.

(Developmental Monitoring and Program Accountability)

Standard III.B. **The program incorporates appropriate formative assessments of children, which are aligned with the curriculum, for the purposes of monitoring individual child development and individualization of the program and/or curriculum.**

Regular developmental monitoring is an ongoing approach that uses a variety of appropriate methods and sources for information. This information allows staff, in collaboration with parents, to individualize programming according to the strengths and developmental needs of each child. In addition, it provides sharing opportunities between program staff and parents.

Quality Indicators:

- III.B.1. The staff monitors children’s development using a variety of appropriate methods.
- III.B.2. Developmental monitoring views the child from a holistic perspective within the context of the family and the community.
- III.B.3. The staff obtains information from different sources and shares the information with parents. The parents are further involved in the interpretation of this information in support of the child’s development.
- III.B.4. Staff adjust the curriculum to accommodate the children’s progress and different learning styles.
- III.B.5. Families of toddlers are informed of appropriate programs in the community by the child’s third birthday.

(Developmental Monitoring and Program Accountability)

Standard III.C. Leadership conducts regular and systematic evaluation of the program and staff to assure that the philosophy is reflected and goals of the program are being fulfilled.

Program and staff evaluation is an ongoing process that culminates in the improvement of program quality. To be successful in this endeavor, programs need to develop systems for observing, recording, and measuring the quality and significance of the program's progress and success toward the implementation of the Illinois Birth to Five Program Standards.

Quality Indicators:

- III.C.1. An annual evaluation is conducted of program quality and progress toward goals.
- III.C.2. The results of the program evaluation are reviewed annually and are used or considered in making organizational and/or programmatic changes.
- III.C.3. Leadership works in partnership with staff to plan, develop, and implement an effective staff evaluation process.

IV. PERSONNEL

Standard IV.A. The program leadership is knowledgeable about child development and current best practice for quality birth to five programs.

The program leader is a skilled professional who manages program, staff, and budget. The training, background, and experience of program leadership provide expertise and knowledge of early childhood growth and development. In addition, effective communication and interpersonal skills are necessary for quality programming.

Quality Indicators:

- IV.A.1. The program supervisor/coordinator is an experienced early childhood professional with expertise in early childhood development and family enrichment.
- IV.A.2. Program leadership is supportive of and works to fully implement current best practice in birth to five programs.

(Personnel)

Standard IV.B. The program leadership is effective in explaining, organizing, implementing, supervising, and evaluating birth to five programs.

Program leaders, as early childhood professionals, interact with a variety of constituents including children, parents, staff, funding sources, and the community. Effective communication and interpersonal skills are critical to implementing the program mission and goals, supervising and evaluating programs and staff, and collaborating with families and communities.

Quality Indicators:

- IV.B.1. The program supervisor/coordinator is skilled in program management and supervision.
- IV.B.2. The program leadership models professionalism and conveys high expectations for all staff.

Standard IV.C. The program leadership hires qualified staff who are competent in working with infants, toddlers, and preschoolers and their families.

The effectiveness of the program depends on the staff. Staff must have an in-depth knowledge of early childhood development and be able to competently match activities to each child's developmental level and potential. Staff should also understand the complex needs of families and be able to relate to them with sensitivity and understanding. Furthermore, staff is in the unique position of teaching parents to teach their children and must have skills in facilitating the parent/child dyad. The rewards of having a qualified staff are multiplied when staff is encouraged to regularly mentor each other to continue to improve their skills and level of effectiveness.

Quality Indicators:

- IV.C.1. The program staff members meet the minimum entry-level requirements for their role/responsibilities established by the funding agent.
- IV.C.2. Staff members have formal training in child development theory and practice. They are able to demonstrate an understanding of how young children develop and learn in the context of their families.
- IV.C.3. Staff members demonstrate the ability to establish meaningful, working relationships with parents and other family members.
- IV.C.4. Staff members demonstrate knowledge of and respect for the unique ways in which adults learn, acquire skills, and adjust to change.
- IV.C.5. The program staff is knowledgeable of and sensitive to the social, cultural, and linguistic diversity of the community.

Standard IV.D. The program leadership provides ongoing supervision that promotes staff development and enhances quality service delivery.

Supervision of staff needs to take place formally as well as informally. The essential ingredients of supervision include reflection, collaboration, and regularity. Reflection means continual conceptualization of what one is observing and doing. Collaboration refers to the mutual, respectful activity that takes place between supervisor and staff member. This collaborative activity leads to the formation of a plan to support professional development based on the reflective activity that has taken place, which in turn promotes quality services. Regularity is defined beyond timely and systematic to address individual staff needs.

Quality Indicators:

- IV.D.1. Program leadership creates and maintains an atmosphere that is nurturing and supportive of staff.
- IV.D.2. Program leadership regularly conducts a self-assessment.
- IV.D.3. The supervisor in partnership with each staff member develops a formative supervision plan.
- IV.D.4. Sufficient time for supervision is allotted in the program leader's schedule.

Standard IV.E. The program leadership provides opportunities for ongoing professional growth and development.

Research on quality programs demonstrates a high correlation between educational training and quality. Effective leaders recognize that professional development is a continuous process that meets the individual needs of each staff member as determined by an evaluation. Opportunities are provided for each staff member to participate in a variety of staff development activities. Nurturing is a key concept in early childhood. Leaders must provide a nurturing environment to maximize the unique strengths and abilities of the staff so that they may in turn nurture children and families.

Quality Indicators:

- IV.E.1. A professional development plan, based on the needs identified through reflective supervision and the interests of each staff member, is on file.

- IV.E.2. Sufficient time and funding are provided for staff to participate in appropriate staff development activities.

Standard IV.F. The program leadership promotes continuity in staffing through provision of a supportive work environment, competitive wages and benefits, and opportunities for advancement.

A career ladder permits staff members to assume greater responsibilities with greater rewards as they gain experience, knowledge and skills. Opportunities for staff development should include goal setting, peer mentoring, workshops, and classes, culminating with the opportunity to create their own staff development portfolio. A supportive work environment, including appropriate physical space and material resources, will enhance the staff's effectiveness. In addition, opportunities to exercise and expand their individual skills in a wide range of programming options allow staff to demonstrate their capabilities in working with children and families. Furthermore, staff satisfaction and continuity will be ensured with adequate compensation including a benefit package. When staff are valued, supported, and have the opportunity to be secure and grow, their self worth will be enhanced, and their ability to make significant contributions to the program will be maximized.

Quality Indicators:

- IV.F.1. The program leadership provides staff members with a workspace and schedule appropriate for implementing their job responsibilities.
- IV.F.2. The program leadership advocates and works to secure a competitive wage and benefit package for personnel based on their position in the program and their expertise and experience.
- IV.F.3. The program leadership provides opportunities for career advancement.

Standard IV.G. The program leadership and staff are knowledgeable about programs and agencies in the community that provide services for children and their families.

Programs function within the context of the community. Leaders must know what resources are available in the community and support collaboration that enhances service delivery. They share their knowledge with staff and provide opportunities for them to have “hands on” experiences with other programs/agencies.

Quality Indicators:

- IV.G.1. The program leadership provides access to information about a variety of agencies in the community that provide social, health, and other services to children and families.

- IV.G.2. The program leadership arranges for staff members to visit and interact with early childhood providers and programs elsewhere in the community.

V. FAMILY AND COMMUNITY PARTNERSHIPS

Standard V.A. The child is viewed in the context of the family and the family is viewed in the context of its culture and community.

Research tells us that the quality of the relationship between infants, toddlers and preschoolers and the people who care for them everyday affects their development in all areas. Children are influenced by their relationships with all members of the family and their cultures. Therefore, it is critical for staff to view families in a holistic manner that takes into consideration both their culture and community. Cultural competency is more than recognition of ethnicity and race. It acknowledges and understands the values, customs, and traditions that influence behavior.

Quality Indicators:

- V.A.1. The program is designed to enhance and support parent/child relationships.
- V.A.2. Program leadership and staff understand and respect the culture of the families they serve.
- V.A.3. The leadership and program staff understand that the child's home, community, and cultural experiences impact his/her development and early learning.
- V.A.4. Materials that promote and support the program emphasize the importance of families in the lives of children.
- V.A.5. The program leadership and staff communicate with families in their primary language whenever possible.
- V.A.6. The program assists families in expanding their knowledge of child growth and development and parenting techniques.
- V.A.7. The program staff recognizes the influence of the community and its characteristics upon the family.

Standard V.B. The program leadership and staff seek and facilitate family participation and partnerships.

The program is designed to benefit and be responsive to families. Administration, staff, and parents should arrive at mutual understandings, which guide program planning, implementation, and evaluation through open and ongoing communication. When leadership and decision-making opportunities are provided to parents, they become empowered and are better equipped to make decisions that are important in their own lives and in the lives of their children.

Quality Indicators:

- V.B.1 The program recognizes that parents play an integral role in their children's learning. Parents are welcome in the program, and their support and involvement are sought.
- V.B.2 The program leadership assures a system is in place for regular, effective, two-way communication and responsive interaction between the program leadership, staff, and families.
- V.B.3 The program provides opportunities for family involvement and educational activities that are responsive to the ongoing and expressed needs of family members.
- V.B.4 Families are full partners in the decisions that affect their children and are included in the development and implementation of program activities.

Standard V.C. The program assures that families have access to comprehensive services.

While one of the primary goals of birth to five programs is to enhance parent/child relationships, Maslow's hierarchy of needs tells us that food, clothing, shelter and medical needs must be met first. In order to be successful in this, it is critical for programs to have systems in place for identifying the needs of families, making referrals to other community agencies and following up to be sure services were delivered as anticipated.

Quality Indicators:

- V.C.1. Program leadership and staff have a working knowledge of the resources in their community.
- V.C.2. The program has both a referral and follow-up system to assure that families are able to access services determined appropriate.
- V.C.3. The program works to address family needs.
- V.C.4. The program prioritizes services for children and families experiencing homelessness.

Standard V.D. The program develops a partnership with families in which the family members and staff determine goals and services.

An important focus of the program is to help families identify how they want to improve their lives and the steps that will help them reach their goals. Through collaborative planning with staff, parents can be supported to use their individual gifts as a springboard for change. By evaluating where they are, where they want to go, and how to get there, parents will begin to experience success in taking charge of their own destinies and will naturally promote these skills in their own children. Being in charge of one's own destiny helps to build strong families. Children who grow up in strong families are more likely to reach their full potential.

Quality Indicators:

- V.D.1. The program provides services that promote family growth and enrichment to identify and build on family strengths.
- V.D.2. The program offers parents opportunities to develop and implement a family plan that describes family goals, responsibilities, timelines, and strategies for achieving these goals.
- V.D.3. Program staff and families regularly review the family plan, document progress toward goals, and make needed revisions.

(Family and Community Partnerships)

Standard V.E. The program takes an active role in community and system planning and establishes ongoing collaborative relationships with other institutions and organizations that serve families.

Programs must take affirmative steps to establish ongoing collaborative relationships that go beyond the development of referral networks. Therefore, programs are encouraged to secure a broad range of services by working together with community agencies.

Quality Indicators:

- V.E.1. Efforts are made to work in collaboration with other providers of services to families with young children in order to maximize services and resources available in the community.
- V.E.2. Comprehensive physical and mental health, educational, social, and recreational resources for children and their families are developed and promoted in collaboration with the community.
- V.E.3. The program leadership recognizes the urgent need for high quality child care for infants, toddlers and preschoolers and participates in community collaboration to identify, locate, and provide access to this service.
- V.E.4. The program leadership works with the family and community in supporting transitions, respecting each child's unique needs and situation.

Glossary

Accountability	A demonstration that the program is fulfilling the terms of its grant and achieving its stated outcomes.
Cultural competency	Having requisite or adequate knowledge and abilities to understand and interact appropriately concerning the customary beliefs, shared attitudes, values, goals and practices that characterize a racial, religious or social group.
Curriculum	The experiences within the program designed to promote the child and family's development, which can include planned and/or spontaneous activities and appropriate interactions in a carefully arranged environment.
Developmental monitoring	The observation, recording, and analysis of children's development over time using on-going formal and informal measures.
Developmentally appropriate practice	Refers to offering content, materials, and methodologies that are commensurate with the child's level of development and for which the child is ready. (From National Association of Elementary School Principals: <i>Early Childhood Education & The Elementary Principal, First Edition; p. 59</i>) For infants, toddlers and preschoolers that means stable, loving relationships with adults, especially their parents, who introduce the child to developmental tasks through communication appropriate for his/her level of understanding and development.

Dyad	The word “dyad” means two people. The most important dyad in the Birth to Five Program is the parent and child.
Emerging literacy	The view that literacy learning begins at birth and is encouraged through participation with adults in meaningful activities; these literacy behaviors change and eventually become conventional over time. (From Neuman, Susan; Copple, Carol; Bredekamp, Sue: <i>Learning to Read and Write: Developmentally Appropriate Practices for Young Children</i> . NAEYC 2000)
Family	The basic unit in a society having as its nucleus one or more adults cooperating in the care and raising of children.
Formal training	A training in child development theory and practice that has a stated professional goal and a prescribed curriculum.
Formative supervision	The collaborative, on-going review of the services provided by each staff member, with the goal of continuously improving the quality of the services provided by the staff member and program as a whole. This process is built upon the strengths of the staff member and includes plans for formal training, mentorship, and other professional development strategies.
Infant	A child between the ages of birth and 18 months.
Linguistic competency	The knowledge that enables staff to communicate effectively with children and families.

Mission statement	A brief summary of the philosophy and goals of the program.
Parent	In this document the term parent is used broadly to mean not only the child's biological parents, but adult members of the child's family who have significant caregiving responsibilities for the child.
Parent-child interaction	Mutual or reciprocal action or influence between a child and a parent.
Preschooler	A child between the ages of 36 months and 60 months, not eligible for kindergarten.
Professional development plan	A written course of action to improve and strengthen a staff member's ability to function effectively in their professional role and meet their responsibility to children and families.
Toddler	A child between the ages of 18 and 36 months.

RESOURCES

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