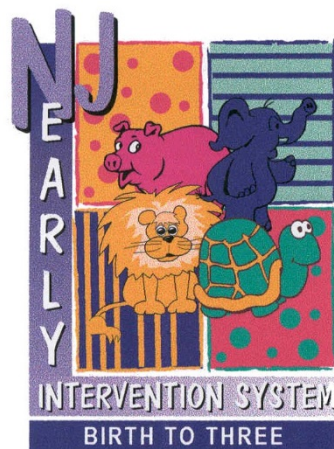# STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
NEW JERSEY
EARLY INTERVENTION SYSTEM
(PART C) PROVIDER COMPETENCY
STANDARDS

INTRODUCTION

The State Interagency Coordinating Council (SICC), Service Delivery Committee was given the charge to develop recommendations for a competitive RFA process for EIP provider agencies. This was a result of concerns and issues including:

1. Lack of competitive bidding of the NJEIS service dollars for many years

2. Agencies/organizations presenting with vast differences of business management sophistication

3. Large EIP provider network where families are frequently engaged with multiple provider agencies and practitioners resulting in a lack of coordination, teaming, and accountability

4. Complex and confusing service design including catchment areas and rotation for child assignments

5. Ongoing tensions between EIPs designated as Comprehensive and Vendor provider agencies with Vendor provider agencies requesting comprehensive status resulting in a redistribution of "business"

The work of the committee was guided by the introduction of a System Framework for Part C (early intervention) and Section 619 (preschool) under the Individuals with Disabilities Education Act (IDEA) developed by the Early Childhood Technical Assistance Center (ECTA). NJEIS was a partner state involved in developing the System Framework. The System Framework was designed to address the question, "What does a state need to put into place in order to encourage/support/require local implementation of evidence-based practices that result in positive outcomes for young children with disabilities and their families?" The committee, introduced to the System Framework as it was being developed, decided that the ECTA System framework provided an initial and important structure to identify provider competencies that would be the "gold standard" and/or best practice for NJEIS provider agencies. These competencies are also recommended to serve as a foundation for a competitive RFA.

Permission was received from ECTA to modify the System Framework being designed for State Lead Agencies to develop a framework for local agencies. The ECTA System Framework is located at http://ectacenter.org/sysframe/. The structure of the framework is organized around six interrelated components:

   I.   Governance Standards

  II.   Finance Standards

 III.   Personnel/Workforce Standards

 IV.   Data Standards

  V.   Accountability & Quality Improvement Standards

 VI.   Quality Standards

Each component contains a subset of subcomponents and each subcomponent contains a set of quality indicators with corresponding elements of quality. The Committee followed the same framework in modifying the subcomponents and quality indicators to develop these Early Intervention (Part C) Provider Competency Standards for NJEIS EIPs.

NEW JERSEY EARLY INTERVENTION SYSTEM
(PART C) PROVIDER COMPETENCY STANDARDS

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COMPONENT: GOVERNANCE STANDARDS

Subcomponent 1: Vision, Mission & Values

Quality Indicator 1: *(Authority and Accountability)*
Vision, mission and values guide decisions and provide direction through a comprehensive strategic planning process for quality comprehensive and coordinated early childhood and Part C services and system.

Elements of Quality:

a. Core written values, beliefs, guiding principles and current evidence-based practices are the foundation for public statement of vision/mission/values and are consistent with IDEA and the broader early childhood standards and public priorities.

b. These written statements are developed with the input of all relevant stakeholders as part of strategic planning; effectively communicated to the community and all parties in different modalities; and reviewed and revised periodically in order to stay relevant.

c. Business systems and programmatic level decisions (e.g., fiscal, data, standards, personnel, monitoring, services and supports) are guided by the public statements of vision/mission/values.

d. The development and guidance of a comprehensive strategic plan that includes all aspects of the early intervention services.

Subcomponent 2: Legal Foundations & Protections

Quality Indicator 2: *(Authority and Accountability)*
Legal foundations (e.g., Articles of Incorporation, By-Laws, Business Organization-Partnership, Corporation, Sole Proprietorship, Subchapter S Corporation, Limited Partnership, Limited Liability Corporation, Limited Liability Partnership-interagency agreements and policies, Non-Profit Corporation), as well as related insurance products provide the authority and organizational protections to effectively provide services under Part C NJEIS.

Elements of Quality:

a. All business related and required certifications are current and in "good standing" with the State of New Jersey.

b. Legal business organization is established in the State of New Jersey and admissible by the New Jersey Department of Health, Early Intervention System to effectively provide services under Part C NJEIS.

c. The legal business organization/provider agency has the capacity to establish subcontract relationships with other service providers to ensure practitioner availability in serving the proposed service area.

d. Provider agency insurances are current and meet the minimum requirements of the NJEIS.

e. Provider agency has an established line of credit with a financial institution, accumulated disposable assets, or a fiscal plan to manage shortages in cash flow.

<u>Quality Indicator 3</u>: *(Authority and Accountability)*
Provider agency administrative structures are designed to carry out IDEA and related federal and state mandates to ensure the provision of Early Intervention services.

Elements of Quality:

a. Relevant components of IDEA and related federal and state mandates are incorporated into the provider agency through policies and procedures, as well as staff development.

b. Information about the state system components and how to access services is widely available and understood by stakeholders, including provider agency staff, families and contractors.

c. Provider agency facilitates collaboration and service delivery within early childhood settings.

d. Provider agency evaluates administrative structures on an ongoing basis and revises as needed to ensure the effective and efficient delivery of services.

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Suggested Evidence for Quality Indicators:
- Comprehensive strategic plan
  - Strategic management system
  - Measurable strategic and operational goals
  - Mission statement
  - Vision statement
  - Organizational guiding principles/values
- By-laws
- Articles of Incorporation
- Parent Handbook
- Employee Handbook
- Public relations/marketing materials
- Web site
- Provider agency policies and procedures
  - Alignment with NJEIS policies and procedures
  - Staff orientation
  - Discipline
  - Conflict of interest
  - Emergency preparedness
- Examples of cultural sensitivity/competency
- Organizational chart
  - Rationale for administrative structure
- Job descriptions
- Proof of business entity
- State of New Jersey Business Certificate
- Letter of Federal Affirmative Action Plan approval
- Certificate of Employee Information Report
- Employee Information Report Form AA302

- Insurances
    - Workers' Compensation
    - Property and Casualty
    - Professional Liability
    - Commercial Liability
    - Directors and Officers
    - Umbrella
    - Health Insurance
    - Errors and Omissions
    - Business Interruption Insurance
- Corporate compliance plan
- Risk management plan
- Accessibility plan
- Marketing plan
- Authority to place the organization under contract with external entities

COMPONENT: FINANCE STANDARDS

Subcomponent 1: Finance Planning Process/Forecasting

Quality Indicator 1: *(Accountability)*
The provider agency conducts strategic finance planning to identify adequate resources to meet provider agency infrastructure and service delivery needs.

Elements of Quality:

   a. A clearly written agency strategic plan, including financial assessment (aligned with vision/mission/purpose) is in place and articulates measurable goals and objectives.

   b. Strategic finance planning uses demographic information related to eligible children and staffing.

   c. Strategic finance planning includes forecasting, a review of program costs, projected revenues and expenditures, and estimated resources necessary to be a sustainable provider.

   d. The strategic planning is evaluated and revised, as necessary, to meet the changing needs of the provider.

Subcomponent 2: Fiscal Data

Quality Indicator 2: *(Using Data)*
NJEIS provider agencies will use fiscal data to manage program planning, budget development and required reporting.

Elements of Quality:

   a. A coordinated means of collecting timely and accurate fiscal data on revenue and expenditures is in place with the ability to disaggregate fiscal and program data by direct services and administrative costs or infrastructure.

   b. Data checks and other mechanisms are in place to ensure the accuracy and reliability of fiscal data.

   c. Fiscal reports are generated and shared with appropriate provider agency staff to ensure proper and efficient resource management and aligns with state reporting requirements.

   d. Provider agency makes fiscal data readily available in a variety of formats that can be used for accountability and program improvement.

   e. Fiscal data on revenues, planned expenses and actual expenditures are tracked and used on an ongoing basis to manage fiscal resources.

   f. Fiscal data are used to inform budget development, adjustment and re-distribution of funds and resources based on service and program needs.

   g. Fiscal data are sources of information that drive program improvement and effective utilization of funding sources.

<p style="text-align: center;">Subcomponent 3: Fiscal Budgeting</p>

Quality Indicator 3: *(Budgeting and Sustainability)*
Provider agency secures funds and resources so that funds can be allocated and distributed to meet the needs of the program in accordance with the strategic plan.

Elements of Quality:

a. An operating budget is in place and funds are available for the provider agency to use.

b. Appropriated funds are designated for use only by the provider agency (e.g., budget line item, cost center).

c. Provider agency has access to a line of credit or available resources to address unexpected exposures.

d. Roles and responsibilities of agency administrative and fiscal staff are clearly defined, revised as necessary, in accessing available funds to support the program.

<p style="text-align: center;">Subcomponent 4: Resource Allocation, Use of Funds and Disbursement</p>

Quality Indicator 4: *(Quality and Accountability)*
Funds and resources are used efficiently and effectively to implement high quality programs in meeting the needs of children and families and comply with all federal, state and local mandates.

Elements of Quality:

a. Funds and resources are used in accordance with the provider agency's public statements of vision/mission/purpose.

b. Funds and resources are prioritized to facilitate implementation of effective practices (e.g., inclusion, coaching, teaming).

c. Provider agency complies with federal, state and local mandates related to the use of funds and resources.

d. Funds and resources are used efficiently and effectively to contain costs.

e. Provider data is used to revise or update fiscal procedures.

Quality Indicator 5: *(Authority and Accountability)*
Provider agency disperses funds, makes payments or provides reimbursement efficiently and effectively for allowable expenses.

Elements of Quality:

a. Provider agency policies and procedures are clearly written, current and explicit, specifying compliance with federal, state and local requirements, and describe how financial transactions are approved and paid.

b. All payment mechanisms adhere to state and federal requirements regarding use of funds and resources.

c. Provider agencies make available necessary information and documentation needed to account for use of funds and/or bill for reimbursement to meet federal and state requirements.

d. Fiscal data on services provided and resources used to support each child and family (e.g., expense reports, unit costs) are compared to those services authorized per IFSP in order to verify accuracy and process payments, if appropriate.

e. Check and balance procedures across personnel are in place that describe the internal controls and separation of responsibilities for approving expenditures and making payments.

f. Payment policies and procedures and payment mechanisms are evaluated and revised, as necessary, on an ongoing basis.

<u>Subcomponent 5</u>: Monitoring for Accountability of Funds and Resources

<u>Quality Indicator 6</u>: *(Monitoring)*
The provider agency regularly monitors finances and resources to ensure that spending is in compliance with contract performance requirements and all federal, state and local fiscal requirements.

Elements of Quality:

a. Fiscal data, methods and tools are used to review any subcontractor and practitioner performance and compliance with federal and state mandates, as well as contracts, if applicable.

b. Policies and procedures are reviewed to ensure that they reflect all fiscal requirements.

c. Provider agencies participate in audits as required to comply with federal, state and local fiscal requirements.

d. Fiscal noncompliance is corrected in a timely manner when identified through fiscal monitoring and audits.

e. Fiscal monitoring methods and tools are evaluated and revised, as necessary.
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Suggested Evidence for Quality Indicators:
- Comprehensive strategic plan
  - Strategic finance initiatives
- Mission/Vision/Guiding Principles
- Finance Policies and Procedures
  - Fiscal monitoring process
- Annual Budget-Income and Expenses
  - Reporting process
- NJEIP Letter of Agreement
- Line of Credit
- Administrative and fiscal staff job descriptions and responsibilities
- Organizational chart

- Annual agency budget supports staff development
- Subcontract agreement
- Agency audit (if applicable including the Federal Funding Accountability and Transparency Act requirements)

COMPONENT: PERSONNEL/WORKFORCE STANDARDS

Subcomponent 1: Recruitment and Retention

Quality Indicator 1: (*Using Data*)
Comprehensive recruitment and retention strategies are based on multiple data sources, and revised as necessary.

Elements of Quality:

a. Strategies are based on data, current research, and stakeholder input.

b. Strategies target discipline-specific shortages.

c. The effectiveness of strategies is tracked, reviewed annually, and updated as appropriate based on data, current research, and stakeholder input.

Quality Indicator 2: *(Quality and Integrity)*
Comprehensive recruitment and retention strategies are being implemented across disciplines.

Elements of Quality:

a. Strategies focus on induction (orientation), improving administrative supports, and using a variety of mentoring models to support and retain personnel.

b. Strategies address the usefulness of designing and/or participating in a variety of recruitment efforts including participation in on-line recruitment systems.

Subcomponent 2: In-Service Personnel Development

Quality Indicator 3: *(Quality and Integrity)*
A provider agency system for in-service personnel development and technical assistance is in place for personnel across disciplines.

Elements of Quality:

a. The Provider agency provides a system of in-service personnel development activities and a variety of technical assistance opportunities to meet the needs of the personnel.

b. Provider agency professional/staff developer is guided by data, needs assessments and/or evidence-based practices to obtain the desired knowledge and skill competencies.

c. In-service personnel development employs evidence-based professional development practices that incorporate a variety of adult learning strategies including job embedded application such as coaching, reflective supervision and supportive mentoring.

d. In-service learning opportunities are individualized to the needs of the participants and the objectives of the provider agency.

<u>Subcomponent 3</u>: Evaluation

<u>Quality Indicator 4</u>: *(Monitoring)*
The evaluation strategy for personnel development includes processes and mechanisms to collect, store, and analyze data across all subcomponents.

Elements of Quality:

a. Provider agency leadership establishes priorities for the evaluation of personnel development.

b. Multiple processes, mechanisms, and methods to collect data are identified and established based on the need for the information, usefulness of potential findings, and burden on provider staff and internal systems.

c. Quality review processes for data collection, verification, storage and management, and analysis are defined and implemented.

d. Personnel data are linked to child and family outcomes.

<u>Quality Indicator 5</u>: *(Monitoring)*
The evaluation strategy for personnel development is implemented, continuously monitored, and revised as necessary based on multiple data sources.

Elements of Quality:

a. The implementation of the evaluation strategy results in data analysis for decision-making.

b. Data sources are used to inform decisions, monitor progress, and make program improvements.

c. Data are collected and examined in relation to relevant child and family outcomes.

d. Data are collected on personnel development variables, such as units of personnel development, type and amount of support (e.g., observational feedback, coaching, practica), and content of these data are examined in relation to relevant child and family outcomes.

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Suggested Evidence for Quality Indicators:
- Recruitment and retention strategies (marketing)
- On-boarding process/staff orientation
- Organizational chart
- Job descriptions/personnel standards
- Employee evaluation process
- Incentive plans
- Personnel policies and procedures
- Subcontracts
- Consultant agreements
- Human Resource metrics

COMPONENT: DATA STANDARDS

<u>Subcomponent 1</u>: Data Governance and Management

<u>Quality Indicator 1</u>: *(Authority and Accountability)*
The provider agency ensures data governance and management roles and responsibilities clearly establish decision-making authority and accountability.

Elements of Quality:

   a. All data-related responsibilities in a provider agency are clearly assigned to responsible and informed parties (e.g., data manager, data steward, data owner).

   b. Information about data governance and provider agency policy and procedure is communicated to staff and stakeholders to ensure their accountability to collect, maintain and submit valid data.

   c. All requirements (e.g., operational, research, reporting) are clearly defined to ensure oversight and accountability.

   d. Provider agency staff review and revise the data operating procedures to be responsive to changes in state and federal policies.

<u>Quality Indicator 2</u>: *(Quality and Integrity)*
Data governance policies require the development and implementation of procedures to ensure the quality and integrity of data collected from the service system.

Elements of Quality:

   a. Data governance policies require the development of data quality and integrity procedures for the provider agency that ensure the validity of data.

   b. Data governance policies require staff and subcontractors who collect, maintain, and/or receive data to participate in initial and ongoing data quality and integrity training.

   c. Data governance policies related to data quality and integrity of the data are regularly reviewed and adjustments are made as necessary.

   d. Data governance policies require that any internal or external program or entity maintaining data adhere to applicable data quality policies and procedures.

<u>Quality Indicator 3</u>: *(Quality and Integrity)*
Provider agency staff implement monitoring procedures and access technical assistance to ensure consistent application of data quality and integrity policies.

Elements of Quality:

   a. Provider agency staff communicate to data users regularly about data quality and integrity policies and procedures.

   b. Provider agency staff monitor the implementation of the data quality and integrity procedures for all collected data.

c. Provider agency has a data quality orientation training for the data users.

Quality Indicator 4: *(Security and Access)*
Data governance policies require the development and implementation of procedures to ensure the security of the data from breach or loss.

Elements of Quality:

a. Data governance security policies are in place and available to provider agency employees.

b. Data governance security policies adhere to all federal, state, and local laws, regulations, and standards.

c. Data governance security policies apply to all Part C data collected, maintained and/or used.

d. Data governance security policies require documenting data system operations which, at a minimum, include the following for each data system:

- Person(s) responsible for data security
- Data training for authorized data users
- Data storage method
- Data back-up and recovery
- Response to data breach
- Data transference (e.g., agency to agency, email, FTP, texting, USB)
- Data encryption
- Data destruction
- Employee use of program equipment and personal devices

e. Data governance security policies require that provider agency staff and contractors who collect, maintain, or receive data participate in periodic training about data security.

f. Data governance security policies require that all internal and external entities or agencies maintaining or using state Part C data adhere to all applicable security policies and procedures.

g. Data governance security policies are periodically reviewed and revised as necessary.

Quality Indicator 5: *(Monitoring)*
Data governance policies and procedures support and address the regular monitoring of data security and access.

Elements of Quality:

a. Provider agency monitors the implementation of the security policies and procedures and the overall security of Part C data.

b. Provider agency monitors to ensure that all data users, at all levels, with access to Part C data, adhere to the policies and procedures.

Quality Indicator 6: *(Using Data)*
Provider agencies use data to inform decisions.

Elements of Quality:

a. Provider agency staff systematically review the findings of data analysis, interpret the findings, and make decisions based on the data.

b. Provider agency evaluates the data to support accountability, program improvement and program operations.

c. Provider agency assesses the professional development needs of its users and promotes the benefits of its usage.

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Suggested Evidence for Quality Indicators:

- Comprehensive strategic plan
  - Strategic data initiatives
- Organizational chart
- Subcontract agreements
- Staff orientation
- Personnel policies and procedures
- Consulting agreements
- Annual provider agency budget supports staff development
- Job descriptions
- Agency annual budget

COMPONENT: ACCOUNTABILITY & QUALITY IMPROVEMENT STANDARDS

Subcomponent 1: Planning for Accountability and Improvement

Quality Indicator 1: *(Planning)*
Ongoing planning for accountability and improvement by the provider agency is based on data and reflects strong leadership and commitment to positive outcomes for children and their families.

Elements of Quality:

    a. Planning is aligned with the vision, mission and guiding principles of the provider agency.

    b. Policy decisions and actions related to accountability result in the ongoing improvement of the provider agency and EI services.

    c. Planning includes the use of data to measure provider agency and practitioner performance.

    d. Stakeholders participate with ongoing planning that supports development, implementation and revisions related to accountability and quality practices.

Subcomponent 1: Planning and Accountability and Improvement

Quality Indicator 2: *(Performance and Using Data)*
Provider agency implements a sound and effective accountability and improvement system at all levels.

Elements of Quality:

    a. Expectations for provider agency and practitioner performance (e.g., targets, benchmarks, indicators) are clearly identified and described.

    b. Performance measures are designed to ensure that valid and reliable data are collected to make data-informed decisions.

    c. Mechanisms for collecting data are included (e.g., record review, surveys, self-assessment, electronic child records) for accountability, program evaluation and quality improvement.

    d. The accountability and improvement strategies include timelines for collection and making conclusions and corrective actions based on performance data.

Subcomponent 2: Collecting and Analyzing Performance Data

Quality Indicator 3: *(Accountability and Analysis)*
Performance data collection methods ensure that adequate information is available at the provider agency to determine the quality of the services and practitioners, and if results are being achieved.

Elements of Quality:

    a. Quantitative data and qualitative data collection methods are used to provide data to answer questions that measure progress toward the identified child and family outcomes.

b. Data are collected to monitor the appropriateness of outcomes/goals, services, frequency, intensity and settings/environments.

c. Data collection methods measure fidelity of interventions and determine quality and/or the effectiveness of intervention approaches/strategies.

d. Individuals collecting performance data possess required knowledge and competence in data collection and have access to ongoing support and training in this area.

<u>Subcomponent 2</u>: Collecting and Analyzing Performance Data

<u>Quality Indicator 4</u>: *(Data Accountability)*
Provider agency has sufficient information to make accountability and improvement decisions.

Elements of Quality:

a. Provider agency analyzes data quality (e.g., valid, reliable, accurate, timely) to make informed decisions for accountability and improvement.

b. Provider agency disaggregates data to make conclusions about performance.

c. Data collected assist provider agency in making data-informed decisions about how to enhance progress towards the intended results.

d. Conclusions about performance are available for developing strategies that yield sustainable improvement.

<u>Subcomponent 3</u>: Using Results for Continuous Improvement

<u>Quality Indicator 5</u>: *(Using Data)*
Provider agency uses strategies to support continuous improvement at all levels of the system to achieve expectations.

Elements of Quality:

a. Provider agency uses data-informed decisions to target resources and support (e.g., fiscal, human resources, technical assistance and professional development) for effective accountability and continuous improvement.

b. Improvement planning processes incorporate evidence-based practices to achieve intended results.

c. Provider agency uses data on fidelity of implementation to improve intervention practices.

d. Continuous improvement activities are aligned with existing early childhood and education initiatives whenever appropriate.

e. Provider agency immediately addresses noncompliance in a timely manner.

f. Strategies that are used to support improvement are reviewed and revised as necessary to ensure improvement occurs and is maintained.

Quality Indicator 6: *(Performance and Accountability)*
Provider agencies work to enhance capacity of data-informed practices and to implement effective accountability and improvement schemes.

Elements of Quality:

    a. Provider agency uses data-informed practices including the identification and correction of noncompliance and improving results performance.

    b. Multiple professional development activities and supports (e.g., coaching, mentoring, training, peer to peer support) are aligned to enhance knowledge and skills related to using data to make program improvements.

    c. Provider agency uses mechanisms to track and inform improvement to practices and results over time.

    d. Technical assistance and professional development activities designed to enhance capacity at all levels are reviewed and revised as necessary.

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Suggested Evidence for Quality Indicators:
- Accountability and quality improvement strategies
- Mission/Vision/Guiding Principles
- Agency performance evaluations
- Valid and reliable data
- Staff training and professional development documentation
- Comprehensive strategic plan
  - Accountability and quality improvement results incorporated into agency strategic plan
- Agency policies and procedures
- Job descriptions
- Sub-contract for technical assistance, if applicable
- Organizational chart
- General supervision plan
- Data collection systems/methods

COMPONENT: QUALITY STANDARDS

Subcomponent 1: New Jersey Birth to Three Early Learning Standards

Quality Indicator 1: *(Quality)*
The provider agency knows what children under age three, including children with disabilities, are expected to know and do.

Elements of Quality:

    a. Provider agency policies, procedures and standards are aligned from birth through age three.

    b. Provider agencies adhere to standards that are age-anchored with specific precision to reflect that there are different expectations for children in each year of life.

    c. Child services reflect the best available evidence on development and learning.

    d. Child services are appropriate for children from diverse cultural, linguistic and socio-economic backgrounds.

    e. Child services, in line with standards, represent multiple areas of development and learning and reflect the content of nationally recognized early childhood outcomes frameworks, including the Federal Office of Special Education Programs (OSEP) child outcomes.

    f. Child services reflect universal design for learning, ensuring the standards are appropriate for young children with disabilities/developmental delays.

    g. Child level standards are clear and understood by NJEIS practitioners and other staff, local program administrators and families.

Quality Indicator 2: (Quality)
Provider agencies use the New Jersey Birth to Three Early Learning Standards to support the implementation of high quality standards.

Elements of Quality:

    a. Child standards are disseminated and easily accessible to practitioners, families and community partners.

    b. Early intervention practitioners working with young children with disabilities are familiar with the Early Learning Standards.

    c. Practices (e.g., assessment, IFSP development, developmentally appropriate learning activities) reflect the child standards.

Subcomponent 1: New Jersey Birth to Three Early Learning Standards

Quality Indicator 3: *(Accountability and Monitoring)*
Provider agency has an infrastructure in place to support the effective use of the Early Learning Standards.

Elements of Quality:

a. Provider agency provides ongoing staff development (e.g., mentoring, coaching) and supports effective use of the child standards and curriculum, including individualization for children with disabilities.

b. Services support families in understanding and using the child standards to help their children develop and learn.

c. Evaluating services and IFSP quality includes monitoring how well child standards are effectively used to guide practice, including individualization for children with disabilities/delays.

<u>Subcomponent 2</u>: Program Quality Expectations

<u>Quality Indicator 4</u>: *(Accountability)*
The provider agency has articulated expectations for what constitutes quality early intervention services.

Elements of Quality:

a. The early intervention services reflect the best available evidence on early childhood program quality and effectiveness.

b. Provider agency services are consistent with early intervention and professional practice/licensure requirements and guidance.

c. Provider agency acknowledges responsibility to build on the families' strengths to support them in caring for their children.

d. Program level standards are clear and understood by practitioners, local program administrators and families.

e. Program level standards are widely disseminated and easily accessible to practitioners, families and the general public.

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Suggested Evidence for Quality Indicators:
- New Jersey Birth to Three Early Learning Standards
- Use of curriculum options
- Cultural competency plan
- Staff recruitment and assignment processes
- Staff development strategies
- Resources available to support families in understanding the program and learning standards
- Family outcome performance

Appendix I - Glossary of Terms

Audit: A systematic examination and verification of a firm's books of account, transaction records, other relevant documents, and physical inspection of inventory by qualified accountants (called auditors).

Benchmarks/Benchmarks for Evaluation: A standard or set of standards, used as a point of reference for evaluating performance or level of quality.

Budget: An estimate of costs, revenues, and resources over a specified period, reflecting a reading of future financial conditions and goals.

Checks and Balances: The various procedures set in place to reduce mistakes or improper behavior. Checks and balances usually ensure that no one person or department has absolute control over decisions, and clearly defines the assigned duties. The existence of checks and balances within an organization prevents any one person or department from having too much power, and forces cooperation in completing tasks.

Coaching: A confidential, relationship-based process led by a colleague with expertise in adult learning knowledge and coaching skills, who often serves in a different professional role than the recipient(s). Coaching is designed to enhance learning and development by increasing self-awareness and a sense of personal responsibility where the coach facilitates the self-directed learning of the coachee through questioning, active listening and appropriate challenge in a supportive and encouraging climate.

Credentialing: The process of awarding credentials which are "academic degrees, licenses or certificates awarded to individuals who successfully complete state or national requirements to enter specialized roles in the early childhood profession".

Data Quality: A multi-dimensional measurement of the adequacy of a particular datum or data sets based on a number of dimensions including, but not limited to accuracy, completeness, consistency, and timeliness.

Demographics: The quantifiable statistics of a given population that provide essential information about the population of a region and the culture of the people there. Commonly examined demographics include income level, gender, age, race, ethnicity, knowledge of languages, educational level, family size, disabilities, mobility, home ownership, employment status, and even location. Demographic trends describe the historical changes in demographics in a population over time.

Disaggregate: To separate out into component parts.

Discipline Specific: Relating to a specific discipline (e.g., Occupational Therapy, Physical Therapy) with little or no overlap to another discipline.

Evidence-Based Practices: Evidence is something that furnishes a proof; practice is a usual method of doing something frequently, putting knowledge into use. In the Early Childhood field, "Evidence-based practice is a decision-making process that integrates the best available research evidence with family and professional wisdom & values." EBP are informed by research, in "which the characteristic and consequences of environmental variables are empirically established and the relationship directly informs what a practitioner can do to produce a desired outcome".

Finance Plan: Carefully thought-out written plan of revenue (money) that is available, the use (distribution) of those dollars over a specified period of months or years, and the activities to increase revenue in order to accomplish identified outcomes. The clearly written plan includes measurable goals and activities that assure sufficient funding to support the program and aligns with the larger program strategic plan(s).

Fiscal Data: Program variables by associated costs, e.g., program costs, projected revenues and expenditures.

Forecast: To calculate or predict some future event or condition as a result of a study and analysis of available pertinent data.

Induction: The period after pre-service teaching extending into the first years in the classroom. Induction can be considered as a phase in development with a focus on new teacher concerns and problems of practice. Another meaning considers teacher socialization and the people and places surrounding their entry into the profession.

In-service Training: Professional Development (PD) in which "early childhood professionals engage to enhance their skills and remain current regarding knowledge and practice in the field". In-service training may be required for early childhood professionals to continue serving in a role.

Mentoring: "Is a relationship-based process between colleagues in similar professional roles, with a more-experienced individual with adult learning knowledge and skills. The mentor provides guidance and examples to the less-experienced protégé or mentee. Mentoring is intended to increase an individual's personal or professional capacity, resulting in greater professional effectiveness".

Mission: A written declaration of an organization's core purpose and focus that normally remains unchanged over time. A mission statement serves as a filter in determining what is important and sets out the intended direction for the entire organization. A mission is something to be accomplished whereas a vision is something to be pursued for that accomplishment.

Monitoring: The regular observation and recording of activities taking place in a program. It is a process of routinely gathering information on all aspects of the program to ensure that what has been planned is moving forward as intended. Monitoring involves giving feedback about the progress toward the outcomes or indicators. Monitoring also includes reporting to enable the gathered information to be used in making decisions for improving project performance.

Operating Budget: A combination of known expenses, expected future costs, and forecasted income over the course of a year. Operating budgets are completed in advance of the accounting period, which is why estimated expenses and revenues are required.

Professional Development: "Process of improving and increasing capabilities of staff through access to education and training opportunities in the workplace, through outside organizations, or through watching others perform the job. Professional development helps build and maintain morale of staff members, and is thought to attract higher quality staff to an organization. Also called staff development or personnel development."

Programmatic Data: The statistical data by aspect of the program (e.g., number of referrals, referral source, child count, units of service by service type).

Projected Revenues and Expenditures: Amount of funds projected to be collected and expended during an accounting period.

Qualitative Data: Data that approximates or characterizes but does not measure the attributes, characteristics, properties, etc., of a thing or phenomenon. Qualitative data describes whereas quantitative data defines. Examination/analysis of non-quantifiable data includes data collected from a focus group, stakeholder input, family survey data, etc.

Quality Improvement: Consists of the actions taken throughout the organization to increase the effectiveness of activities and processes to provide added benefits to both the organization and its customers. In simple terms, quality improvement is anything which causes a beneficial change in quality performance.

Stakeholders: Individuals or groups who have invested time, money, energy and/or interest into something. Stakeholder groups should include representation of persons who are affected by or invested in any proposed change/innovation such as parents, personnel, administrators, or others who can provide relevant information, personal experience or expertise to the proposed work.

Strategic: Of great importance or necessary to a planned effort or completion of a plan or activity. A strategic plan is a written plan of important and necessary actions needed to be completed to reach a desired outcome.

Vision: An aspirational description of what an organization would like to achieve or accomplish in the mid-term or long-term future. A vision serves as a clear guide for choosing current and future courses of action.

The terms identified in 'Appendix I' have been duplicated from the ECTA Center, System Framework, Glossary of Terms and are appropriately footnoted in their document.

Appendix II - References

- DaSy Data System Framework, The Center for IDEA Early Childhood Data Systems, September 2014.

- New Jersey Department of Health, Family Health Services, "New Jersey Early Intervention System-Individuals with Disabilities Education Act, Federal Part C State Plan," 2012 Application.

- New Jersey Administrative Code, Title 8, Chapter 17, Early Intervention System.

- New Jersey Council for Young Children, "New Jersey Birth to Three Early Learning Standards, 2013".

- New Jersey Department of Health, Office of Financial Services, "Terms and Conditions for Administration of Grants."

- The Early Childhood Technical Assistance Center, System Framework for Part C and Section 619.

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