Program Quality Assessment (PQA)

Infant-Toddler

HIGHSCOPE®

Week 1 Learning Unit

Assessing Program Quality

Children's cultures are foundational to who they are. Each families' culture should be respected and integrated into everyday experiences children have in programs. It is important to have a REDI lens as you observe and gather data to improve program practices for all children and families.

Program Quality Assessment (PQA)

What is the PQA?

The Program Quality Assessment (PQA) is an instrument that evaluates the quality of early childhood programs. It is research-based, field-tested, and based on best practices.

What does the PQA assess?

The PQA measures seven areas of program quality:

- Learning Environment
- Schedules and Routines
- Adult-Child Interaction
- Curriculum Planning and Child Observation
- Parent Involvement and Family Services
- Staff Qualifications and Staff Development
- Program Management

The PQA is divided into two parts.

Form A assesses quality in the classroom.

- A separate Form A assessment should be completed for each classroom in a program or agency.

Form B assesses quality in the agency or program.

- One Form B should be completed for the entire agency or program.

This workshop will use both Form A and Form B.

Program Quality Assessment (PQA) (continued)

Form A

Form A looks at

- Learning Environment
- Schedules and Routines
- Adult-Child Interaction
- Curriculum Planning and Child Observation

As you observe each of these sections, keep in mind how REDI can be represented. For example, materials in the environment, activities during the daily routine, teachers' interactions with all children, and scaffolding and planning for all children's development can be used to advance REDI principles.

Program Quality Assessment (PQA) (continued)

Form B

Form B looks at

- Parent Involvement and Family Services

- Staff Qualifications and Development

- Program Management

As you gather data on each of these sections, keep in mind how REDI can be represented. For example, engagement of families in various levels of the program including decision making; cultural competence development of each teacher/staff, and anti-bias program policies and management procedures.

The Anatomy of a PQA Item

The next few pages will show the parts of a PQA item.

Open your *PQA Form A* to Item IV-A on page 67.

PQA

Infant-Toddler Program Quality Assessment

Form A — Observation Items

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IV. CURRICULUM PLANNING AND CHILD OBSERVATION

Circle one indicator level for this item based on the scoring rules on page ix.

1○ 2○ 3○ 4○ 5○
○ Check here if not observed or reported.

IV-A. Caregivers use a comprehensive curriculum model for guiding their practices with infants and toddlers.

	Level 1 Indicators	Level 3 Indicators	Level 5 Indicators	Supporting Evidence/Anecdotes
Row 1	☐ Caregivers do not use a comprehensive curriculum model. **Examples:** – Caregivers rely on their instincts and/or what they have made up. – Caregivers use an undocumented curriculum.	☐ Caregivers sometimes use a comprehensive curriculum model. **Example:** – Caregivers use a specific curriculum along with activities from other sources, and/or use a combination of curriculum models.	☐ Caregivers use one comprehensive curriculum model that addresses the following: • *Educational program* encompasses all areas of child development; is developmentally appropriate; encourages children's active learning (learning through exploration and investigation); focuses on intentional teaching; has clear goals; is based on theory and research; builds on prior learning and experiences; has content that aligns with professional standards; shows evidence of effectiveness; is supported through staff training. • *Appropriate child assessment* assists program staff in making sound decisions about teaching and learning, identifying significant concerns, and improving program practices. • *Program evaluation* is continuous, with results used to improve practices.	*CQ:* Do you use a curriculum model(s)? If so, what model do you use?
Row 2	☐ Caregivers do not refer to the program's curriculum to guide their decisions and teaching practices with infants and toddlers. **Examples:** – Curriculum sits in teachers' resource room. – Caregivers browse through various websites for ideas.	☐ Caregivers sometimes refer to the program's curriculum to guide their decisions and teaching practices with infants and toddlers. **Example:** – Caregivers set up their room following the curriculum's learning environment guidelines, but browse through various websites and craft books for activities.	☐ Caregivers refer to the program's curriculum to guide their decisions and teaching practices with infants and toddlers. **Example:** – Caregivers look to the curriculum to help them solve problems with the *learning environment* (such as how to label materials to make cleanup time more successful); *daily routine* (such as how to improve a schedule that isn't working); *adult-child interactions* (such as how to converse with verbal and nonverbal children at their level); *assessment of children* (such as how to plan around individual children's interests and developmental levels); and *teamwork* (such as what to do when caregivers have conflicts).	*CQ:* How does the curriculum help you make decisions about teaching and learning for infants and toddlers?

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The Anatomy of a PQA Item (continued)

Section

At the top of each page, you'll find the section number and title.

This helps you know where you are in the instrument.

IV. CURRICULUM PLANNING AND CHILD OBSERVATION

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The Anatomy of a PQA Item (continued)

Item

Items are identified by their section number (in this example, *Section IV*) and by a letter. There is also a statement that describes what the item is about (in this example, it is about using a comprehensive curriculum model).

Sections I–IV of the PQA contain between 4 and 9 items.

IV. CURRICULUM PLANNING AND CHILD OBSERVATION

Circle one indicator level for this item based on the scoring rules on page ix.

1○   2○   3○   4○   5○

IV-A. Caregivers use a comprehensive curriculum model for guiding their practices with infants and toddlers.

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The Anatomy of a PQA Item (continued)

Indicators

Indicators describe the kinds of things you might observe for three levels of quality.

Rows

Each item has several rows.

Each row addresses specific indicators of quality for that item.

IV. CURRICULUM PLANNING AND CHILD OBSERVATION

IV-A. Caregivers use a comprehensive curriculum model for guiding their practices with infants and toddlers.

Circle one indicator level for this item based on the scoring rules on page ix.

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The Anatomy of a PQA Item (continued)

Each row also has space to record supporting evidence and/or anecdotes.

Don't worry!

We will go over each of these sections in detail as we discuss how to complete the PQA!

IV. CURRICULUM PLANNING AND CHILD OBSERVATION

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Steps for Completing the PQA

Step 1: Gathering Evidence

Observe in the classroom. Record supporting evidence.

Step 2: Checking Indicators

Read each row of indicators and check (✗) one box per row.

Step 3: Scoring Items

Based on the indicators, score the items.

This week, we'll be covering Step 1. Next week, we will cover Steps 2 and 3.

Step 1: Gathering Evidence

Observe in the classroom.

- Plan on being in the classroom for the entire length of the program day.

Record evidence.

- This includes documenting materials in the learning environment, what happens in the daily routine, what adults and children say and do, and information about the curriculum and assessment practices.

Types of evidence will include:

- Lists of materials

- Photos

- Anecdotes

- Quotes

- Diagram of the classroom

- Sequence of the daily routine

- Interview answers

Examples of Evidence

The following pages will show examples of each of these forms of evidence.

Examples of Evidence

Example: Photos

Photos can be particularly useful for documenting what you see in the learning environment!

Examples of Evidence (continued)

Example: Lists of Classroom Materials

Art Area	House Area	Block Area	Toy Area	Book Area
easel (1 side) bingo markers crayons crepe paper roll tape stamps & stamp pads magazines scissors markers clay & tools stickers construction paper small table w/4 chairs sand and water table scoops towels measuring cups measuring spoons	sink stove wardrobes strainer* trays* bowls plates cups worker hats food containers* 3 dolls small table w/3 chairs vacuum cleaner ironing board brooms and mops large mirror menus (teacher-made) cash register plastic food and dishes * real items	hollow blocks (6) unit blocks 2×4's (18) Duplos small buildings brick blocks large bus (riding toy) aircraft carrier bulldozers (3) fire truck (2) car carrier Lincoln logs star builders tub of small trucks & cars tubs of farm & wild animals 12 people figures	Unifix cubes 2 fastener boards large wooden beads & laces 5 peg boards 4 puppets 6 wooden puzzles tub of links 2 shape sorters 3 sets nesting cups balance scale	4 puppets 2 child-sized chairs 6 pillows 4 stuffed animals small tent/canopy (cozy space) book rack (see below) Book Rack: 12 board books (many!) Over 20 picture books (many!) 3 teacher-made books 4 fabric books 3 foam books

Examples of Evidence (continued)

Example: Anecdotes

Anecdotes are brief statements about what children and staff do.

Caregivers have consistent, primary small groups with 4 children each. These groups stay together from enrollment until the children transition to preschool.

Group times happen every day. (See Daily Routine Schedule at the end of Section II.)

Choice time anecdotes:

- Child took big blocks off shelf

- Child brought baby doll to book area, "read" book to doll

- 3 children playing "puppies" in house area

- Child asks teacher to play with clay; teacher got it from high shelf & reminded child to let her know when it was done so she could put it away

Examples of Evidence (continued)

Example: Quotes

Quotes are specific things children and staff say.

> At dropoff time, C1 cried when dad left. A1 said, "You're feeling really sad. It's hard to say 'goodbye' to daddy."

> During choice time, C1 held a baby doll and said, "Night, night." A2 said, "You're rocking your baby to sleep. I'm going to rock mine to sleep too."

Examples of Evidence (continued)

Sample Evidence

(*Note:* You must have evidence for *each row* to obtain a correct score on the PQA.)

IV. CURRICULUM PLANNING AND CHILD OBSERVATION

Circle one indicator level for this item based on the scoring rules on page ix.

1 ○ 2 ○ 3 ○ 4 ○ 5 ○

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IV-A. Caregivers use a comprehensive curriculum model for guiding their practices with infants and toddlers.

Level 1 Indicators	Level 3 Indicators	Level 5 Indicators	Supporting Evidence/Anecdotes
Row 1 ☐ Caregivers do not use a comprehensive curriculum model. **Examples:** – Caregivers rely on their instincts and/or what they have made up. – Caregivers use an undocumented curriculum.	☐ Caregivers sometimes use a comprehensive curriculum model. **Example:** – Caregivers use a specific curriculum along with activities from other sources, and/or use a combination of curriculum models.	☐ Caregivers use one comprehensive curriculum model that addresses the following: • *Educational program* encompasses all areas of child development; is developmentally appropriate; encourages children's active learning (learning through exploration and investigation); focuses on intentional teaching; has clear goals; is based on theory and research; builds on prior learning and experiences; has content that aligns with professional standards; shows evidence of effectiveness; is supported through staff training. • *Appropriate child assessment* assists program staff in making sound decisions about teaching and learning, identifying significant concerns, and improving program practices. • *Program evaluation* is continuous, with results used to improve practices.	*CQ:* Do you use a curriculum model(s)? If so, what model do you use? *Caregivers use the HighScope curriculum including COR Advantage to assess children and the IT-PQA to assess the program.*
Row 2 ☐ Caregivers do not refer to the program's curriculum to guide their decisions and teaching practices with infants and toddlers. **Examples:** – Curriculum sits in teachers' resource room. – Caregivers browse through various websites for ideas.	☐ Caregivers sometimes refer to the program's curriculum to guide their decisions and teaching practices with infants and toddlers. **Example:** – Caregivers set up their room following the curriculum's learning environment guidelines, but browse through various websites and craft books for activities.	☐ Caregivers refer to the program's curriculum to guide their decisions and teaching practices with infants and toddlers. **Example:** – Caregivers look to the curriculum to help them solve problems with the *learning environment* (such as how to label materials to make cleanup time more successful); *daily routine* (such as how to improve a schedule that isn't working); *adult-child interactions* (such as how to converse with verbal and nonverbal children at their level); *assessment of children* (such as how to plan around individual children's interests and developmental levels); and *teamwork* (such as what to do when caregivers have conflicts).	*CQ:* How does the curriculum help you make decisions about teaching and learning for infants and toddlers? *Caregivers use Tender Care and Early Learning to refresh comprehension of HS components, and the online activity bank for planning ideas.*

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Examples of Evidence (continued)

Example: Diagram of the Classroom

Examples of Evidence (continued)

Example: Sequence of the Daily Routine

Posted Daily Routine

8:00–8:30	Arrival/Breakfast
8:30–9:00	Bodily care/bottles
9:00–9:15	Message board/group time
9:15–10:15	Work time
10:15–10:30	Cleanup time
10:30–11:00	Snack/bodily care
11:00–11:15	Group times
11:15–12:00	Outside time
12:00–12:30	Lunch
12:30–1:00	Bodily care/bottles
1:00–3:00	Rest time
3:00–3:30	Snack
3:30–5:00	Outside time/Departure

Actual Daily Routine on 4/11/2018

8:00–8:40	Arrival/Breakfast
8:30–9:00	Bodily care/bottles
9:00–9:10	Message board/group time
9:15–10:20	Work time
10:20–10:30	Cleanup time
10:30–11:10	Snack/bodily care
11:10–11:20	Group times
11:20–12:05	Outside time
12:05–12:40	Lunch
12:40–1:00	Bodily care/bottles
1:00–3:10	Rest time
3:10–3:40	Snack
3:40–5:00	Outside time/Departure

Completing the Interview Items

Clarifying Questions

The evidence for *Section IV* has to be gathered by interviewing the caregivers.

You may find "clarifying questions" for other items in Form A.

Just as you do with the observation items, record the supporting evidence and anecdotes — the teacher's response to the question — in the space provided for each row.

IV. CURRICULUM PLANNING AND CHILD OBSERVATION

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Helpful Hints

Helpful Hints: Age Ranges

- Turn to page *x* in Form A.

- Review the age range definitions.

- Page *x* will serve as a helpful reminder of how to determine if a specific row is applicable or not applicable.

- See examples on the next page.

Helpful Hints: Age-Specific Rows

There are many items with rows that will apply to only certain age groups. These rows should not count "against" a classroom that does not have those age groups. Here are two examples:

- Turn to item II-C, Row 3 (page 33).

  - This row only applies to classrooms with older toddlers.

  - If all children are younger than 24 months, this row could be marked "N/A."

  - If some children are older than 24 months and some children are younger than 24 months, this item would still be scored.

- Turn to Item III-F, Row 1 (page 63).

  - This row only applies to classrooms with children older than 6 months.

  - If all children in the classroom are younger than 6 months, this row could be marked "N/A." If some children in the classroom are younger than 6 months and some are older than 6 months, this item would still be scored.

Helpful Hints (continued)

Helpful Hints: "If Applicable"

Some rows may not apply to all settings regardless of age group specifications. These rows should not count "against" a classroom in the scoring.

- For example, look at Item III-A (pp. 49–50): "Children's relationships with their caregiver are long term."

  - Row 1 applies to all classrooms, requiring one primary caregiver per group of children in order to achieve a Level 5.

  - Row 2 only applies to classrooms with more than one caregiver. This row could be marked "N/A" in the event that there is only one caregiver in the classroom with a single primary group of children.

  - Row 3 applies to all classrooms, requiring the children to remain with their primary caregiver for the duration of their time in the program in order to achieve a Level 5.

Helpful Hints: Cross-Referencing

- If you are having trouble finding evidence for a particular row, look at the evidence you already have.

- Evidence used for a row in one item may be useful for an entirely different item!

- Be alert for such possibilities! **This can save time!**

Cross-Referencing How-Tos

To cross-reference to a row within the same item:

- Simply write down the row number or draw an arrow to the evidence you are cross-referencing.

To cross-reference to a row in a different item:

- Write the item, row, and page number of the cross-reference as your new evidence.

III. ADULT-CHILD INTERACTION

III-B. Children form trusting relationships with their caregivers.

Circle one indicator level for this item based on the scoring rules on page ix.

1○ 2○ 3○ 4○ 5○

○ Check here if not observed or reported.

	Level 1 Indicators	Level 3 Indicators	Level 5 Indicators	Supporting Evidence/Anecdotes
Row 1	☐ Children are not touched, held, and/or spoken to or are touched, held, and/or spoken to in a rough, rushed, or disinterested manner. **Examples:** – Crying children are ignored or picked up and placed in a seat. – Caregivers hurry children through tasks. – Children are picked up without warning.	☐ Sometimes children are touched, held, and/or spoken to in an attentive, unhurried manner. **Examples:** – Infants are held and spoken to while bottle-feeding, but toddlers eat at the table themselves. – After naptime, when a toddler wakes up upset, the caregiver briefly holds him and then sets him on a chair as he continues to cry.	☐ Throughout the day children are touched, held, and spoken to in a warm, attentive, leisurely manner. **Examples:** – During arrival and departure times, children's feelings are acknowledged, and they are held or guided to and from their parents. – At choice time, caregivers are on the floor playing alongside or with children. – Caregivers talk with children about what they are doing before picking them up.	*During choice time, A1 tickled C1; C1 laughed, reached out for A1; A1 laughed too then tickled her again.* *On the way to the bathroom for a diaper change, C2 held her gaze on something outside the window. A2 walked over to the window and said "What do you see out there?"*
Row 2	☐ Children do not show pleasure in their interactions with caregivers. **Example:** – Children turn/walk away, cry, or show displeasure when caregivers interact with them.	☐ Sometimes children show pleasure in their interactions with caregivers. **Example:** – Children smile and laugh during choice time and group times, but cry and get upset during bodily care, feeding, and mealtimes.	☐ Throughout the day children show pleasure in their interactions with caregivers. **Examples:** – Children smile at, laugh with, talk to, and hug caregivers throughout the day. – At naptime Sienna puts her arms up for her caregiver to pick her up and rock her to sleep. – At outside time, an infant coos and giggles as her caregiver plays peekaboo with her.	*See Row 1 on this page.* *Also see Item II-H, Row 4 (page 44)* *Also see II-F, Row 6 (page 39)*

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Cross-Referencing How-Tos (continued)

This is an example of cross-referencing for the same item.

These are examples of cross-referencing to another item and row on a different page.

III. ADULT-CHILD INTERACTION
III-B. Children form trusting relationships with their caregivers.

Circle one indicator level for this item based on the scoring rules on page ix.

1○ 2○ 3○ 4○ 5○

○ Check here if not observed or reported.

	Level 1 Indicators	Level 3 Indicators	Level 5 Indicators	Supporting Evidence/Anecdotes
Row 1	☐ Children are not touched, held, and/or spoken to or are touched, held, and/or spoken to in a rough, rushed, or disinterested manner. **Examples:** – Crying children are ignored or picked up and placed in a seat. – Caregivers hurry children through tasks. – Children are picked up without warning.	☐ Sometimes children are touched, held, and/or spoken to in an attentive, unhurried manner. **Examples:** – Infants are held and spoken to while bottle-feeding, but toddlers eat at the table themselves. – After naptime, when a toddler wakes up upset, the caregiver briefly holds him and then sets him on a chair as he continues to cry.	☐ Throughout the day children are touched, held, and spoken to in a warm, attentive, leisurely manner. **Examples:** – During arrival and departure times, children's feelings are acknowledged, and they are held or guided to and from their parents. – At choice time, caregivers are on the floor playing alongside or with children. – Caregivers talk with children about what they are doing before picking them up.	*During choice time, A1 tickled C1; C1 laughed, reached out for A1; A1 laughed too then tickled her again.* *On the way to the bathroom for a diaper change, C2 held her gaze on something outside the window. A2 walked over to the window and said "What do you see out there?"*
Row 2	☐ Children do not show pleasure in their interactions with caregivers. **Example:** – Children turn/walk away, cry, or show displeasure when caregivers interact with them.	☐ Sometimes children show pleasure in their interactions with caregivers. **Example:** – Children smile and laugh during choice time and group times, but cry and get upset during bodily care, feeding, and mealtimes.	☐ Throughout the day children show pleasure in their interactions with caregivers. **Examples:** – Children smile at, laugh with, talk to, and hug caregivers throughout the day. – At naptime Sienna puts her arms up for her caregiver to pick her up and rock her to sleep. – At outside time, an infant coos and giggles as her caregiver plays peekaboo with her.	*See Row 1 on this page.* *Also see Item II-H, Row 4 (page 44)* *Also see II-F, Row 6 (page 39)*

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The Quality of the Evidence

So far, you have learned about the different types of evidence you will collect to complete the PQA.

Regardless of the amount of evidence you have, it is meaningless if it is not complete and objective.

High-quality evidence is complete!

Consider the following:

- Will your evidence help you decide between the three indicators in a row?

- Did you see a range of quality (e.g., sometimes the interactions are at a Level 5 and sometimes the interactions are at a Level 1)? If so, be sure to document both! This is how you determine the row is a Level 3 because sometimes they are high-quality and other times they are low-quality.

- Do you have enough examples to build a solid case for your score?

High quality evidence is objective!

- Be brief.

- Be factual.

- Be specific.

- Document what children and adults do and say.

- Leave out statements that show judgments or personal preferences.

Tip: Find the time to read through the PQA and become familiar with it before you use it for the first time. This will help you know what to look for and determine what might be cross-referenced.

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The Quality of the Evidence (continued)

Is this objective or subjective?

"Miss Imani is such a good teacher. She always says the right thing!"

"This is an excellent teacher. She meets all the high-quality criteria."

"During choice time, A1 got on children's level, described what they were doing, and copied their actions. 'You see your reflection. You're patting your hands on the mirror.' A1 patted her hand on the mirror too."

No!

"Good teacher" is subjective and the rest is too vague. What exactly did she do?

No!

Still not objective. You have to clearly document what the teacher did or said.

Yes!

This is specific and objective.

The Quality of the Evidence (continued)

Remember to record what you see, NOT what you expect to see!

Sometimes past awards and certifications or new and custom-designed buildings, etc., can make positive first impressions, while older buildings and furnishings can have a negative connotation.

Remember: the strength of the PQA is that *it* will help determine if the criteria for quality is currently being met, regardless of resources or past accolades.

Reflect on any biases that you may be bringing to an observation. How will you overcome these biases so you can remain objective?

A Peek Ahead

This week you will

- Practice determining if evidence is objective or subjective.

- Practice determining if evidence is complete.

- Try collecting evidence.

Next week you will

- Learn more about the scoring process.