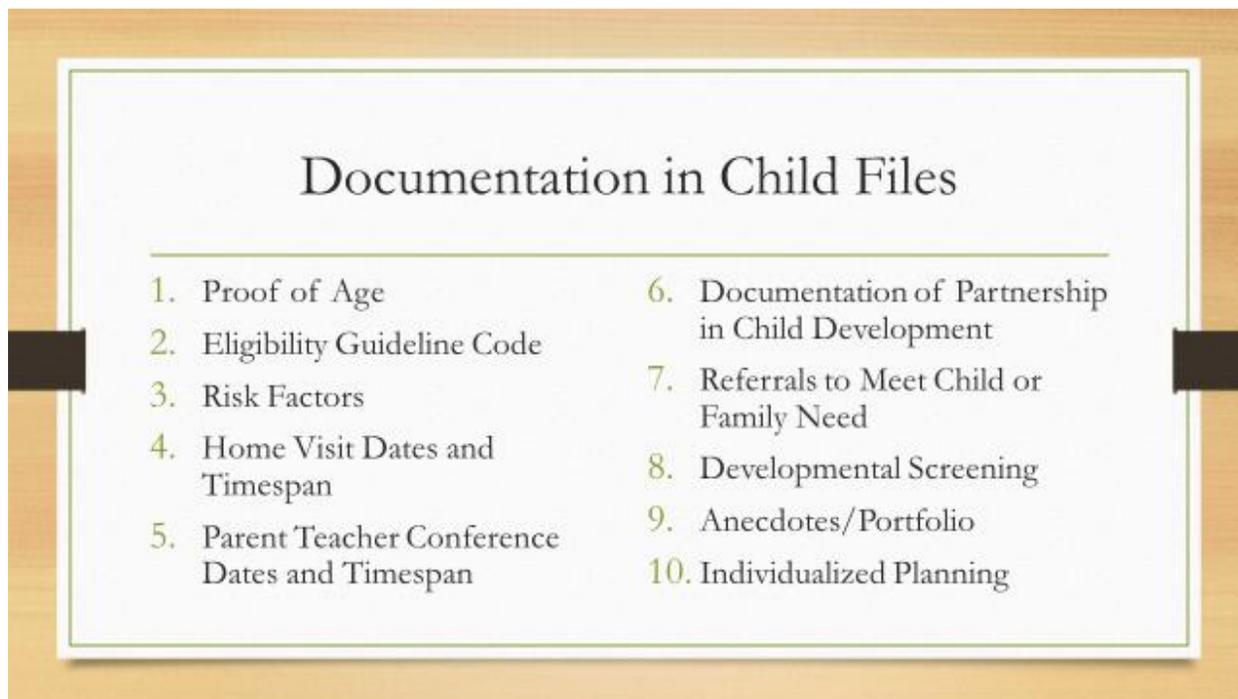


Great Start Readiness Program (GSRP)
Guidance for Review of Documentation in Child Files

February 2017



A template for the [child record review](#) can be found on the GSRP website as a resource to the Reporting and Monitoring section of the Implementation Manual.

Some ISDs have the GSRP Early Childhood Specialist (ECS) complete the child record review each year. Some programs have teachers keep at least portions of this form up-to-date, and then ECSs have a system of review and perhaps completing some of the items on the screen. Some ISDs have another staff person to come in and do quick file reviews. Whichever way it is accomplished, there are portions that the ECS needs to review. Below are some considerations that may help you complete child record reviews and perhaps work toward strengthening practices.

1. Proof of Age. Age-eligibility is monitored before enrollment. For the 2016-17 school year, children may be enrolled who are 4 by Dec 1st. This will change for next year—children will have to be 4 by Sept 1, 2017. For proof of age, a birth certificate is best. BUT, this is not required for enrollment. A passport, hospital record, baptismal record, or other governmental form, such as a Medicaid card, will do.

Some children, especially in foster or immigrant situations, may not have access to a birth certificate. It is very helpful if staff partner with families to acquire the formal birth certificate; as the child gets older, there will be so many instances where it will be requested.

KEY for PROOF OF AGE	
AE =	Age Eligible
NAE =	Not Age Eligible
ND =	No Documentation Found

2. Eligibility Guideline. GSRP uses the federal poverty level (FPL) guidelines to calculate income eligibility. The FPL guidelines are typically updated each February. The grant’s income guidelines are shared publicly as a resource document to the Eligibility section of the Implementation Manual found on the GSRP website and on the GSRP listserv. In ISDs with consolidated recruitment and enrollment, the income eligibility may be kept electronically at the ISD. If it is determined locally, there should be clear documentation of the original calculation of income and quintile within the file.

Clear processes around income eligibility are critical, because GSRP is a targeted program based predominately on family income and subrecipients enroll children based on income-quintile.

KEY for INCOME ELIGIBILITY	
E =	GSRP Income Eligible
OI =	Over Income
HSR =	Head Start Eligible, Referral on file
HSNR =	Head Start Eligible, No Referral on file
ND =	No Documentation Found

3. Risk Factors. Record risk factors for which evidence is on file. This data tends to ‘grow’ over time. In other words, staff often learn of additional factors around the time of the first parent-teacher conference; by then the school-home relationship is strong and parents are more comfortable to discuss issues affecting their child and family.

Staff should add to this column with awareness of new factors, so that the local programs have a strong picture of local patterns. Then, by the time the Child Information and Staff Report (CISR) is due, programs have up-to-date information to provide to MDE. The annual statewide evaluation has demonstrated that GSRP classrooms enroll and support the families most in need, with some families having 4-6 eligibility factors.

Take care that current risk factors are used. It is also helpful if the local data collection includes risk factors identified by number. Both help to ensure smoother aggregate ISD-level data which is then reported in the CISR.

KEY for RISK FACTORS	
1 =	Low family income
2 =	Diagnosed disability or identified developmental delay
3 =	Severe or challenging behavior
4 =	Primary home language other than English
5 =	Parent (s) with low educational attainment
6 =	Abuse/neglect of child or parent
7 =	Environmental risk

4. and 5. Home Visits and Parent Teacher Conferences. It is most helpful to the ECS if dates and times are documented on the parent contact forms. This way, a reviewer can determine if there is proper documentation of the visits and if the visits meet the timeframes that are expected...both for completion and duration. ECSs should consider sitting in on an occasional home visit and conference...you can observe that there is appropriate content as well as sensitive and positive interaction strategies. These kinds of observations are especially useful for completing PQA Form B.

6. and 7. It is helpful to complete these columns with brief notes reflecting the evidence found within the child file, e.g., the formal parent contact forms and other paperwork. Typically, patterns emerge per classroom rather than differences found in individual child files.

6. Partnership in Child Development. The GSRP sample parent contact forms are designed to promote and capture this feature—partnership in child development! On the GSRP website, as resources to the Parent Involvement section of the Implementation Manual, there are two documents:

- [*Partnering on Child Development*](#). This document sets the stage for good conversation about the enrolled child and goalsetting. The form should be used face-to-face at the initial home visit. Sending it home for completion is not the strongest way to use this form, so it is good for an ECS to inquire how a form like this is completed and how the information is used.
- [*Family Contact*](#). This form helps a teacher to document intentionality with each home visit and conference. There is space specifically to reflect a child development goal with strategies aligned between home and school. An ECS would look to see that the goal comes from parent interest and that the home activity is DAP, fitting into normal home routines, and that over the course of the year follow-through is documented. Parent comment or reflection is captured at the bottom of the form. Some ISDs have updated this form to include signatures of staff and parent.

7. Referrals. GSRP is considered a referral agent. An example of a [comprehensive referral form](#) can be found on the GSRP website, as a resource under the Parent Involvement section of the Implementation Manual. By comprehensive, I mean that the form is not used only for referral to diagnostic evaluation. We want to make sure that staff make helpful referrals and support families to access the services they need.

To tell you the truth, when consultants complete child file reviews, referral forms to support child or family needs are not plentiful. Where the forms are present, there typically is very little documentation of follow-through.

Some staff inquire 'What is meant by 'referrals to meet family needs?'' Comprehensive referrals include connections to support for food, clothing, shelter, education, transportation, and any risk factor items. To help families make these connections, staff need to know their community resources very well!

ECSs can help programs to have a more formal system to document referrals and follow-up, providing PD to teaching staff on how and when to use the forms.

ECSs can also track patterns of referrals. That data may be useful to reflect on at data analysis meetings and share with the GSC for use in strengthening the local strategic plan of support to families with young children.

8 and 9. Developmental Screening, Anecdotes and Portfolio. These three items are all about child assessment.

8. Comprehensive Developmental Screening. The screening date is recorded. The ECS will want to know how/when screening occurs, and if the subrecipient process aligns with ISD/subrecipient policy. For example, some ISDs have policy against comprehensive screening occurring in the classroom. In fact, if screening occurs in the classroom, there are supervisory and inclusion (children's full participation) issues to address. We have seen children screened twice: sometimes with the original tool, sometimes with a different tool. The Implementation Manual has clear guidance that an approvable tool is used as the child is enrolled and then, with the start of the program, staff begin immediate and continuous assessment using an authentic ongoing assessment tool.

ECSs need to look at the screening protocol. Is the document fully scored? Is it signed and dated? Was there appropriate follow-up with parents and specialists on any concerns? Sometimes there are interesting links between parent input as part of developmental screening, and the *Partnering on Child Development* form.

9a. Anecdotes. Here you can indicate whether there are sufficient number of anecdotes for the checkpoint or for the time of year.

To complete this, ECSs need to know what the ISD/local policies are on expectations about the number of anecdotes per comprehensive child assessment item per checkpoint. ECSs may find a need to advocate for modification of policy,

e.g., if policy requires an unrealistically high number of anecdotes or if some items are excluded from child assessment.

It is really important that ECSs review anecdotes for quality, e.g., across domains, objectively and positively written, with evidence that clearly points to the developmental scoring decision.

9b. Child Portfolio. Portfolios are not required for GSRP, but it is pretty common that teachers save some works to show progress and to share with families. The ECS should see that portfolios include predominately child-initiated works.

ECSs will want to work closely with staff who have worksheets or predominately adult-initiated works...such as end-product or small group 'projects' or works from other contrived instructional situations. If you see a pattern across classrooms that teachers are struggling to build high-quality portfolios, perhaps PD on creating a worthy portfolio would be a good investment. PD could include criteria to guide the decision-making in the selection of the child-work, e.g., 3-D works are included, items represent comprehensive child development rather than just the 'pre-academic' areas, and all works are dated.

10. Individualization. GSRP does not require that individualization be documented on daily lesson plans. However there is an expectation that staff are systematically individualizing for enrolled children! Well-completed referral forms and parent contact forms, linked with child assessment anecdotes and data can clearly demonstrate individualization to help a child with school and life success.

How can we 'see' this; how is individualization made visible?

1. A high quality classroom will have teaching staff that reflect daily on activities and observations. Occasionally sitting in on a staff planning session is one way for the ECS to support quality anecdotes as well as support use of anecdotal notes as the foundation of planning for individual children. Do teaching staff use classroom-level child assessment reports?
2. Closely monitoring child-level assessment data helps to determine if strategies are working or need modification. Do child files include child-level assessment reports?
3. Don't forget the parent! Parent observations on home-activities are every bit as valid as staff observation of classroom activities! ☺
4. If a child has an IEP, the teacher should be working with a specialist to focus activities, observation and anecdotes on the domain or area of concern. Do child-level assessment reports confirm focused attention on an area of concern? For a child with an IEP, does the child-file include notes from consultation with specialists?