

Texas Rising Star Guidelines

Research Addendum



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CATEGORY 1: DIRECTOR AND STAFF

QUALIFICATIONS AND TRAINING

It is now well recognized that caregivers and caregivers (i.e., caregivers) are a guiding influence on children's development on a day-to-day and moment-by-moment basis (Bowman, Donovan & Burns, 2001; Shonkoff & Phillips, 2000). This understanding—that caregivers can have a profound impact on young children's developmental outcomes—has been a driver of major shifts in education policy over the past decade (Pianta, Barnett, Burchinal, & Thornburg, 2009; Shonkoff & Phillips, 2000). The focus on caregiving quality—across child care and preschool settings and across preschool and K-12 classrooms—emphasizes experiences which are consistent, stimulating, and nurturing to young children.

The standards that seek to define quality child care and quality classrooms reflect high expectations for those charged with the day-to-day caregiving in those environments. It is expected that caregivers are able to think broadly to support children's social, emotional, cognitive/academic, and physical wellbeing (Bowman, et al., 2001; see also U.S. Department of Health and Human Services, 2012). Yet caregivers must also attune to children's individual diversity of cultures, languages, and developmental differences. This vision of quality caregiving has enhanced the demands for professionalism by those working in various caregiving settings and has linked the concept of a caregiver to the broader idea of educator (Bogard, Traylor, & Takanishi, 2008).

These high expectations of quality caregiving are grounded in an effort to put children and their needs first (Bowman, et al., 2001). Research points to the clear economic and social benefits that occur when children receive coherent and consistent high quality experiences across settings and across the ages (Reynolds & Temple, 2008). Yet, as the vision of quality experiences for children becomes more entrenched, it is critical that there are mechanisms in place to ensure clarity of expectations and systems of support for caregivers.

Attracting, retaining, and supporting a system of caregivers is considered by many a necessary first step on the pathway to high quality care (Bueno, Darling-Hammond, & Gonzales, 2010). Although there is generally agreement on the importance of highly qualified caregivers for children, there is less consistency in what it means to be highly qualified. However, across research and leading policy positions, there are a few clear principles related to caregiver

training and preparation that are important to consider. These include three key ideas: 1) education and experience are related to high-quality caregiving; 2) ongoing professional development is supportive of high quality caregiving; 3) a high quality work environment—defined by evidence of well-developed workplace policies and practices, leadership support, and intentionally directed staff education—is critical to a stable and high quality system of caregivers. (Bueno et al., 2010; Howes, Hamre, & Pianta, 2012; Whitebrook & Ryan, 2001). These principles underlie the Texas Rising Star (TRS) measures for the category: Director and Staff Qualifications and Training. We will consider each of these principles in turn.

EDUCATION AND EXPERIENCE RELATE TO QUALITY CAREGIVING

Education, or caregiver's formal educational attainment, as well as experience, or related professional experiences caring for and/or teaching children, work together to build caregiver knowledge and skills. Caregivers who are knowledgeable about children's development and who have training on the tools and methods of educating young children are more effective in supporting young children's outcomes (Burchinal, Cryer, Clifford, & Howes, 2002).

Knowledgeable and trained caregivers are more likely to support children's explorations, model and scaffold children's thinking during learning experiences, and are able to respond to children in ways that shape and direct their contributions. These aspects of high quality caregiving are not seen consistently in the classroom (Locasale-Crouch, et al., 2007) and yet are among the most important aspects of an effective early childhood program (NICHD ECCRN, 2002). The question is—what type of educational credentials are necessary to suggest a caregiver will be knowledgeable and skilled? This question is one of the most debated topics in child care and early education.

Although formal education plays a role in preparing a person for high quality care giving, it is not clear that all caregivers need a Bachelor's degree to be considered qualified (Early, et al., 2007). It is also not clear that all caregivers with a Bachelor's degree are qualified to provide high quality care (Pianta, et al., 2005; Tout, Zaslow, & Berry, 2006). Research suggests that a Bachelor's degree is largely linked to better child outcomes when that degree has prepared the caregiver for the day-to-day of the job (NICHD ECCRN, 2002; Pianta, et al., 2005). Yet, in many cases, a person's degree is too removed from the specific demands of the classroom, was not tailored to provide an understanding of development specific to the age-range being served, and/or failed to support the caregiver in understanding aspects of diversity in the children being served (e.g., dual language learners; special needs; Cochran-Smith & Zeichner, 2005; Roskos,

Rosemary, & Varner, 2006). Further, some studies suggest that when a caregiver has an Associate's degree or credential (e.g., CDA) within early childhood development and/or education, there may be few differences in quality of care from someone with a Bachelor's degree (Tout et al., 2006). For these reasons, a recent policy position by the National Institute for Early Education Research (NIEER) questions whether a Bachelor's degree, in and of itself, is sufficient evidence that a person is qualified to support children's learning and development in a structured setting (Whitebrook et al., 2011). Understanding the content and quality of education, rather than simply the presence of educational attainment, is seen as a more relevant approach to understanding caregiver qualifications.

Recent thinking points to the value of looking at the specific specialized content obtained through education initiatives, pairing education with hands on-experience and ensuring a system of ongoing education and support is in place. (Whitebrook, Gomby, Bellm, & Sakai, 2009). This approach provides a more fine-grained look at what specific knowledge and skills a caregiver has or is obtaining that is relevant to the job. When caregiver educational requirements emphasize the importance of specialized knowledge, rather than simply speak to general educational attainment, there is an increased focus on consistency among caregiver pedagogy, practice, and quality (Roskos et al., 2006).

There are a number of consistent recommendations regarding the specific and specialized content that is important in preparing caregivers and caregivers of young children. Understanding broad child development theories and knowledge of applied practices grounded in such theories is critically important (Bowman, et al., 2001). Research suggests caregivers or caregivers do not always feel prepared for the realities of the settings in which they work. The combination of theory and pedagogy is needed to support caregiver's application of knowledge and reflection on their practice (Roskos et al., 2006; Whitebrook, et al., 2009).

A second important area of knowledge for quality caregiving is domain-specific knowledge related to math, language and literacy (Roskos et al., 2006). Standards of quality child care and classroom settings emphasize the importance of caregivers being able to weave content-specific and academic learning into developmentally appropriate experiences (NAEYC, 2009). Curricula which seek to provide structures for such experiences are often misused or underused by caregivers, particularly those who lack a background in the subject (Pianta et al., 2005). Caregivers and caregivers need a solid background in domain-specific subjects, particularly around children's developmental progressions in those areas, paired with an understanding of

assessment and curricula, in order to adequately support children's learning and achievement in those areas (Dickinson & Caswell, 2007).

RELEVANCE TO TEXAS RISING STAR

The Texas Rising Star measures reflect the latest thinking around educational requirements and caregiver qualifications. Importantly, the point-based measures of TRS recognize the importance of caregiver formal education, but acknowledge the viability of multiple pathways toward becoming a qualified caregiver, whether that is a B.A., A.A, CDA, or a combination of some higher-education coursework and experience. This flexibility—around specific educational attainment—is paired with an emphasis on caregivers having specialized knowledge. Although there is no mandated set of courses caregivers complete, the TRS points directly to the importance of coursework in early education and child development, as well as related fields. The TRS requirements and points-based measures also speak to the importance of ongoing professional support and a workplace context in which there is support and leadership for ongoing learning. These other two aspects of education and caregiver qualification will be discussed in subsequent sections.

ONGOING PROFESSIONAL DEVELOPMENT

Professional development can refer to in-house training or externally-provided training that occurs within the context of caregivers' professional environments (i.e., work environment, professional conference, etc.). Professional development can refer to a single event (e.g., a day of in-service support) or ongoing training (i.e., semester-long coaching program); however, it is distinguished from the broadly organized and more systematic formal educational experiences that caregivers may have in pursuit of a degree. Effective professional development is a means of providing those in the field contextualized and immediately applicable knowledge, ongoing support and mentorship, and/or feedback with individualized support (Bowman, et al., 2001; Epstein, 1993). Studies have found that when programs support well-designed professional development experiences for staff, the impact on quality caregiving can be as great, or greater, than formal education (Epstein, 1999). Professional development should be seen as a system of program infrastructure that, when combined with caregiver qualifications, powerfully predict the level of quality caregiving (Raikes et al., 2006).

The way that professional development is structured and organized is a critical factor in determining its impact on the quality of care giving. Historically, very little time or resources have

been dedicated to ongoing professional development within early childhood settings and caregiving settings, as opposed to elementary schools (Bowman, 2001). Single session professional development events, with little to no follow-up or application, are often the norm and yet consistently show no relation to improving quality of caregiving or teaching (Dickinson & Brady, 2006).

Recent research points to a number of models or approaches to professional development that have been shown to be effective. Although the specific approaches differ, and should differ depending upon the skills or knowledge being acquired, there are some shared characteristics to consider. First is that the professional development is ongoing and coherent over time. Professional development is most effective when it results in an extended cycle of learning, observing, doing, refining, and doing again, as often occurs within coaching or mentorship models (Powell & Diamond, 2011; Wasik & Hindman, 2011). Access to resources, such as video- or web-related resources that allow participants to see and reflect upon real-world examples in a consistent and ongoing way is also supportive of learning and change (Downer, Pianta, Fan, Hamre, Mashburn, & Justice, 2011; Henry & Pianta, 2012). This type of ongoing support allows caregivers to deeply process new information (Downer, Jamil, Maier, & Pianta, 2012). When professional development opportunities involve learning over time, with components of reflection and practice, caregivers are able to synthesize new ideas and skills. This synthesis establishes new behaviors so they become automatic in the day-to-day of the classroom or caregiving environment. Professional development that is extended over time recognizes that real change and learning takes time.

A second characteristic of effective professional development is its focus on both behavior and knowledge (Neuman & Cunningham, 2009; Zaslow, Tout, Halle, Whittaker, & Lavelle, 2010). Some of the more promising professional development has combined the implementation of curricular tools with coaching and teaching. The use of evidence-based curricular tools can support caregivers in providing specific, developmentally-powerful experiences to children. However, the extent to which caregivers can utilize those tools effectively—meaning with intensity and blended with broader high quality caregiving behavior- varies (Justice & McGinty, 2012; Pianta et al., 2005). When professional development helps caregivers learn a specific technique for a specific group of children (e.g., shared reading with preschoolers), change can be significant and sometimes rapid (Justice & McGinty, 2012; Zaslow et al., 2010).

RELEVANCE TO TEXAS RISING STAR

The Texas Rising Star measures emphasize the importance of ongoing, guided, and multi-format professional development. Each caregiver is to have a clear plan for professional development and this is used to guide the individual's specific activities. Although the guidelines do not demand that the hours of professional development are organized in a particular way (e.g., distributed over time versus within a workshop), the guidelines do suggest a balance of in-house vs. externally-provided professional support, as well as a balance of in-person vs. independent or off-line experiences. The TRS guidelines also emphasize the importance of focusing professional development activities to be specific to the ages or needs of the children being served. In this way, the TRS guidelines create a flexible structure for professional development and yet mandate a level of intentionality and focus that is consistent with the research literature. The guidelines also mandate that programs set aside a fairly significant amount of time toward professional development. The specific number of hours demanded for both caregivers and directors reflects the understanding that professional development is a powerful and necessary tool to maintain quality caregiving. In fact, the TRS guidelines' emphasis on director qualifications and ongoing training supports the idea that mentorship support and mentorship culture is important to the quality of the caregivers. The importance of leadership and organizational culture to quality caregiving is discussed in the next section.

SUPPORTIVE WORK ENVIRONMENTS SUPPORT A QUALITY WORKFORCE

The organizational environment in which caregivers are expected to work is essential to retaining and developing a high quality workforce. Indeed, turnover is one of the most detrimental forces on quality caregiving (Whitebrook, & Sakai, 2010) because it jeopardizes the relationship children have formed with caregivers and impedes efforts, such as professional development efforts, designed to cumulatively build quality caregiving skills in staff. Caregiving staff show a turnover rate four times that of K-12 classroom teachers (Bueno, et al., 2010) and center directors show a similarly high level of instability (Phillips & Howes, 1991). Although low wages and other job opportunities are often seen as the primary reasons for turnover in child care and child welfare professionals, job satisfaction and aspects of the work environment are important factors in the decisions of those who stay (Dickinson & Perry, 2002; Manlove & Guzell, 1997; Strolin, McCarthy, & Caringi, 2006).

A strong leader is one of the defining characteristics of a supportive and satisfactory work environment. Two of the most discussed aspects of leadership include supportive mentorship and administrative supervision (Ingersoll & Strong, 2011; Kagan & Hallmark, 2001; Phillips &

Howes, 1991; Strolin et al., 2006). The mentorship that a leader provides creates an important bridge for caregivers between their specific day-to-day tasks and the broader goals of the child care experience (Ingersoll & Strong, 2011; Kagan & Hallmark, 2001). A leader who builds mentorship into the work environment connects staff to the mission of high quality caregiving through workplace activities and structures. For example, studies of workplace satisfaction note that caregivers in a supportive work environment feel there is a director who is observing and supporting their professional growth and performance and actively discusses this with them (Torquati, Raikes, & Huddleston-Casas, 2007). Mentorship within an organization also goes beyond the role of the director. For new caregivers, a type of workplace induction—often by more experienced colleagues—is seen as a particularly important practice to establishing a broad culture of mentorship or support (Ingersoll & Strong, 2011; Whitebrook et al., 2009). In fact, as caregivers have access to systems of technical and emotional support, the organizational structure appears to buffer many of the challenges of the job (Strolin et al., 2006; Vu, Jeon, & Howes, 2008).

Administrative supervision differs from mentorship but also appears to be an important aspect of a high quality and supportive work environment. Administrative supervision creates a managed work environment where issues of work overload, scheduling, and day-to-day needs, such as needs for materials or completion of paperwork, are actively addressed. In a well-managed work environment, there are regular practices for orienting and socializing new staff (Strolin et al., 2006), as well as clear practices around budgeting, staffing, hiring, and planning (Kagan & Hallmark, 2001). Underlying a managed work environment is an administrator who is able to view the caregiving system as a business and manages the organizational tasks related to that business with expertise (Kagan & Hallmark, 2001).

RELEVANCE TO TEXAS RISING STAR

The Texas Rising Star measures emphasize rigorous director qualifications and place value on having an overall highly qualified staff. Requirements that directors are highly qualified caregivers as well as have some background in administration and management is consistent with the type of leadership that is seen as important to a high quality work environment. The recognition that all staff within a program may not be highly qualified acknowledges the reality of the available caregiving workforce. However, the value placed on having high percentages of qualified staff recognizes the latest thinking about workplace quality and the role that colleagues may play in creating a supportive and learning-oriented environment. Further, the specificity

around caregiver orientation, as well as training, suggests the value of professional workplace practices, as well as points toward the value of professional induction and potential establishment of mentorship relationships.

CATEGORY 2: CAREGIVER-CHILD INTERACTIONS

One of the most important aspects of high-quality caregiving is in the nature of the moment by moment interactions that an adult has with a child (Hamre, et al., 2013; Howes, et al., 2008; Mashburn, et al., 2008; McCartney, Dearing, Taylor, & Bub,2007). Children learn to navigate the world around them and navigate their own internal world of thoughts and feelings with the guidance and modeling of adults in their everyday environments. For this reason, the predominant measures of caregiving quality now emphasize the importance of observing caregivers and children together to understand the nature of their interactions (Hamre et al., 2013). There are specific ways that caregiver behaviors can promote positive interactions and positive growth in children. These include a warm, responsive and supportive style, support for language and learning, support for children's behavior and organization, and support for children's play and autonomy (Bodrova & Leong, 2013; Bredekamp, 2004; Dickinson & Porche, 2011; Hamre et al., 2013; Rimm-Kaufman & Wanless, 2013) . These dimensions of caregiving reflect processes that occur between adults and children on a moment-by moment basis. The extent to which these aspects of high quality behaviors are evident and consistent—across activities, times of the day, and children—define a high quality environment. The extent to which these behaviors are absent because of missed opportunities or are replaced by more negative behaviors (e.g., controlling vs. responsive style; reactive behavior management vs. proactive support) define more mid-range to lower quality environments (Pianta, La Paro, Hamre, 2007).

There are also many aspects of the caregiving environment that have an indirect influence on children. These are often called structural aspects of caregiving quality because they tend to be requirements about the physical space of the caregiving environment, requirements about caregiver qualifications, or requirements about child-adult ratios and class size (Mashburn, et al., 2008; NICHD, 2002). Research suggests that these structural aspects of caregiving quality are important largely because they help foster high quality processes or interactions between adults and children, as just described. In other words, these structural requirements appear to be necessary, but not sufficient, to ensure a high quality environment. For example, research shows that even within state-funded preschool programs, where there are clear structural requirements in place, there is wide variety in the quality of interactions between children and adults (Locasale-Crouch et al., 2007).

Taken together, it seems that the most comprehensive approach to defining a high quality environment for young children is to provide both structural requirements and an emphasis on high quality adult-child interactions. The Texas Rising star guidelines have both structural requirements—in the form of class size and adult-child ratios—as well as process measures that reflect well accepted dimensions of high quality caregiver-child interactions. The structural requirements related to group size and adult-child ratios are used as parameters of high quality caregiving environments and are present across state programs, Head Start, and private programs (Barnett, Carolan, Squires & Clark Brown, 2013). While there is limited research that links group size and staff ratios to better child outcomes, researchers and policymakers estimate that these requirements moderate process indicators such as caregiver-child interactions by providing the caregiver with a more manageable number of children. For example, a caregiver who is responsible for fewer children is more likely to respond warmly, scaffold learning, and have meaningful conversations on a more frequent basis with each individual child.

The measures for group size and staff ratios are listed below. The remainder of this section will expand upon the rationale and importance of measures including: Warm and Responsive Style; Language Facilitation and Support; Play-Based Interactions and Guidance; Support for Children's Regulation.

WARM AND RESPONSIVE STYLE

Warm and sensitive caregiving is seen as one of the most important aspects of a pro-social and high quality caregiving environment (Hamre & Pianta, 2001; Howes, 2000; Mashburn et al., 2008). Warm and sensitive caregiving helps support the building of strong relationships between the caregiver and children and this, in turn, creates a safe environment for children to explore and learn (Birch & Ladd, 1997; Pianta, Hamre, & Stuhlman, 2003). Sensitive caregiving and a strong relationship are seen to promote young children's ability to function socially in a classroom—promoting cooperation, peer relations, adaptability, and engagement. A warm and sensitive classroom environment is also seen as a protective factor towards adverse outcomes, such as problem behaviors (Howes, 2000; Rimm-Kaufman, La Paro, Pianta, & Downer, 2005). Further, a warm and sensitive classroom environment is seen as conducive to learning and has positive relations to children's math and reading outcomes (Hamre & Pianta, 2005). When young children have early experiences marked by warm and sensitive caregiving, research shows evidence of positive benefits years into the future (Howes, 2000; Hamre & Pianta, 2001).

The lasting influence of positive early caregiving experiences speaks to the power of both early childhood, as well as the importance of sensitive caregiving, specifically. Through even a single, nurturing classroom experience, young children seem to learn patterns of positively relating to caregivers, the classrooms, and peers in a way that they can carry with them through varied other classroom and school experiences (Hamre & Pianta, 2001). Let's consider an example of what warm and sensitive caregiving may look like within an early childhood classroom:

A caregiver is smiling at the children who are on the rug. She is sitting in a chair low to the floor and children are spread out around her. Some children are sitting with their legs criss-cross, a few are sitting on their side with their elbows propping them up. One child leans against a cabinet. All children appear generally attentive and the caregiver does not comment on the varied sitting styles. A number of children are quite close to her and a few are touching her knee or leg. One of the children closest to her is leaning against her. Smiling warmly at the group, she holds up two fingers in a signal for everyone to get quiet. Fairly quickly the majority of the children do the same signal and, as each child quiets down, she compliments each by name. She lightly touches the shoulder of one girl who was having trouble getting quiet and, as she settles, the caregiver starts off the circle time with a little chant all the children know. Some children do the little gestures with the chant, some don't and some don't even say all the words, but are following along. The caregiver makes eye contact around the room, smiling and accepting the different ways the children participate. She lets the children know she has a new book to share. She introduces the book and notices the excited look between a few children and notices that one child sitting at the back is making a pout. She says in a light tone, "Well, I see some are excited and some may be a little disappointed by today's book!" She smiles at the girl who was pouting and sings to the class, "In some ways we are different. But in so many ways, we are the same" (a familiar jingle for the class from a popular children's show). She says, "I bet we can each find at least one thing that we like in this book as we listen." The song makes the girl smile and the caregiver continues to introduce the book to the class.

In this very brief look at a classroom, it is evident that this caregiver has a very warm and sensitive caregiving quality. This caregiver shows a true enjoyment of the children in her classroom and there are multiple non-verbal signs of closeness and acceptance (eye contact, shared proximity/physical closeness, shared smiles). She shows support for individual styles of participation (allows children to sit as they are most comfortable, accepts varied ways of participating during the chant). She shows patience with the children as they work to settle down (using signals and routines, but not moving toward negativity or demands/threats). She is

attuned to varied signals from the children and acknowledges these signals with sensitivity and humor. Although she couldn't 'fix' the young girl's disappointment in the book choice, she was able to respond in a way that was attuned to her state. The use of the song was a judgment the caregiver made to help move the child towards a more positive feeling, which would, in turn, allow her to be more willing to engage in the book reading.

What research finds, however, is that many classrooms do not display high levels of warm and sensitive caregiving. Although most classrooms are not overly controlling or harsh environments, research shows that the most common pattern is for moderate levels of warm and sensitive caregiving (Locasale-Crouch et al., 2007; Phillips, Gormley, & Lowenstein, 2009; Pianta, Belsky, Houts, & Morrison, 2007). In such mid-range classrooms, we can imagine shifts to the scenario painted above that are meaningful to young children.

A caregiver is smiling at the children who are on the rug. She asks all the children to sit upright and criss cross. It takes some time to get all the children in this position as a few of the 'wiggly' children are resistant. She asks the children who are leaning against her to sit up and she puts some physical distance between her and these children by moving into a chair. This correction—to the sitting of certain children—takes time and, as this is happening other children begin talking. To gain everyone's attention, she holds up two fingers—a signal that she uses to try to calm the classroom. The children are distracted and not all are responsive immediately to her gesture, so she offers a warning in a somewhat impatient tone (but not overly harsh) that they will not have time for the book if they can't settle down. One child tries to explain that he wants to lean against the cabinet as he likes to sit that way but she cuts him off before he finishes speaking and says in a sing-song voice that she is asking everyone to show they are ready by sitting up and not talking. She does not make eye contact with the little boy who was speaking up. She seeks to facilitate the 'getting ready' process by putting her focus on the children who are not yet listening, calling out their names and says "we are waiting..." . When everyone is settled, she begins the morning circle chant. Her tone is upbeat and she smiles at the children as she starts the chant, but the smile is not shared by all the children and does not feel entirely genuine. During the chant she scans the room to ensure all are fully participating and gives a 'look and head shake' at children who are not doing the gestures to indicate that she expects their cooperation. She gestures for the little boy (who had wanted to sit against the cabinet) to sit back up as he is wiggling/starting to lie down. After the chant she says, "Hmm... I think we can do better. Not everyone was with us. Let's try again and let's all do the hand gestures." The children are compliant but are not necessarily all demonstrating enjoyment

during the chant re-do. After the morning chant, she lets the children know she has a new book. She introduces the book and notices the excited look between a few children and notices that one child sitting at the back is making a pout. She says, “I really like the enthusiasm of Jonah and Tobias” and gives them a big smile. Let’s see if we can all try to be positive. Julia, let’s not pout. I am sure you will be able to find something you like in this book, don’t you think?”

In this scenario, the caregiver is more controlling and less accepting of the varied perspectives and needs of the children in the classroom. This caregiver does offer smiles and praise, but these tend to be for compliance and for children who fit her conception of what is ‘right’, rather than being a true gesture of warmth and acceptance for individuals in the classroom. There are low levels of disrespect for children, shown by publicly correcting a child for her feelings and cutting off another child when he was speaking. It is easy to imagine that, once-in-a-while, this type of interaction would occur in a classroom of young children. However, if this is the normal or prevalent pattern of interaction between the caregiver and children, the differences are meaningful. This type of controlling and demanding style could also lead to a somewhat negative pattern throughout the morning circle activity. For example, it is likely that children who were ‘called out’ may become less cooperative or engaged and require ongoing correction; high demands for compliance could mean the caregiver may become increasingly impatient or harsh if children cannot meet these demands. This caregiver’s approach shows an emphasis on moving children, quickly, towards the ‘right’ behaviors, at a cost of being highly supportive of their self-regard and self-confidence and individual needs.

This type of mid-level sensitivity and warmth—when the caregiver is not harsh or mean but lacks sensitivity to individual needs and developmental tendencies—is quite common (Pianta et al., 2007). Unfortunately, in classrooms serving children in poverty, it is more likely to find patterns of interaction that are actually much harsher and controlling than that painted above (Locasale-Crouch, 2007; Pianta et al., 2005). In such classrooms, caregivers would rarely compliment children, few smiles are noted, and correction and harsh or disrespectful tones would be prevalent. Unfortunately children in poverty often experience the same type of controlling and harsh environments at home (Hart & Risely, 1995) and also may have tendencies towards more problem behaviors or social difficulties (Brooks-Gunn & Duncan, 1997). Research suggests the importance of warm and sensitive caregiving, particularly for populations who are at-risk demographically and/or developmentally, and, yet, these are the children least likely to experience such caregiving. Recent intervention studies point to the potential of enhancing warm and sensitive interactions in the classroom through caregiver

training and coaching (Bierman, Nix, Greenberg, Blair, & Domitrovich, 2008; Domitrovich et al., 2008; Jennings & Greenberg, 2009). Collectively the evidence suggests that it is not easy to provide consistently warm and supportive care to young children and that building such classrooms begins with supporting caregivers and ensuring they have the skills, knowledge, and working conditions to meet the challenge.

RELEVANCE TO TEXAS RISING STAR

The Texas Rising Star guidelines emphasize the value of warm and supportive interactions between caregivers and children and define critical behaviors that comprise such interactions. The key behaviors that mark warm and sensitive caregiving within the TRS measures are the same as were highlighted in the scenarios and research review just presented. The TRS measures emphasize the importance of a warm and safe environment (seen in the scenario by positive tones, lack of harsh tones), use of non-verbal behaviors for acceptance (seen in the scenario by physical proximity, touch, shared smiles), a patient relaxed style (seen in the scenario with patience with settling down routines), awareness of children's signals (seen in the scenario by awareness of reactions to book and willingness to engage children), prompt response to affective signals (seen in the scenario through her attempt to lightly support young girl's disappointment with a song/hopeful message), and flexibility in attitude (seen in the scenario by tolerance for children's movement, tolerance for varied levels of participation). The TRS scoring allots higher scores in these areas when warm and sensitive caregiving is seen consistently and is not tempered by more negative behaviors, such as the presence of harshness, anxious caregiving, impatience, or lack of awareness of children's needs.

LANGUAGE FACILITATION AND SUPPORT

Children are hard-wired to pay attention to adult language and mirror the language they hear (Hoff, 2006). The language of children's everyday environment has an incredible influence on their development (Huttenlocher, Waterfall, Vasilyeva, Veva, & Hedges, 2010; Justice, McGinty, Zucker, Cabell, & Piasta, 2013). In fact, young children are so sensitive to differences in the language of their everyday environment that major gaps in vocabulary and language processing are evident by 18 months of age, when comparing children from homes that tend to provide high language support versus those that tend to provide low levels of language support (Fernald, Marchman, & Weisleder, 2013). By preschool, these differences have cascaded into major differences across language milestones and by school entry, children from language-rich

environments know thousands or more words, when compared to children from less language-rich environments (Hart & Risley, 2003; Hoff, 2013). Notably, these early differences in development can have major, lifelong, impacts across children's academic and social trajectories (Shonkoff & Phillips, 2000).

To accelerate children's language development, research finds that it is critical for early childhood classrooms to provide intentional and frequent opportunities for language support and stimulation (Dickinson & Porche, 2011; Lonigan & Shanahan (NELP), 2009; Wasik, Bond, & Hindman, 2006). In language-rich classrooms, talk becomes the primary tool to help children navigate socially and cognitively. Facilitated conversation during social activities—such as lunch or play—can be a means of providing children labels for things in their everyday environment and help children learn social routines of conversation. Opportunities for extended conversations during learning circles or shared book time expose children to complex language forms and vocabulary that are not present in everyday conversation (Lonigan & Whitehurst, 1998; Wasic & Bond, 2001). Such opportunities also help teach children the ways of using language for complex thinking and complex academic-like tasks. Indeed, capacity for such academic language use is one of the most distinguishing features in the language skills of advantaged versus disadvantaged children, or those children entering school ready to learn versus those who are not (Neuman, 2009). In a high support classroom, language is used intentionally to build children's concepts, routines, and self-esteem. Let's consider a snapshot of a small group activity:

The caregiver is sitting at a table with a small group to help facilitate a hands-on art activity. The activity involves creating a picture from a book that they just read. The caregiver begins by having the children help her remember key facts from the book, as a way to spark their ideas and reinforce vocabulary from the book during the art activity that follows up on a book they just read. This is an excerpt of the conversation that is occurring during that activity.

Caregiver (holding up the book): We read this book earlier today. Who remembers it? (Children say yes, nod, and raise hands).

Casey: There are purple, and blue, and yellow days!

Caregiver: Oh yes, Casey remembers—you must have really enjoyed this book! The book was called *My Many Colored Days* (by Dr. Seuss). In it we learned that we can have lots of different moods and feelings on different days. Let's see (turning to the purple page). Reading: "On a

purple day, I am sad.” I see a dinosaur here walking alone. Does anyone remember what he does?

Casey: He groans, and drags his tail.

George: He is hanging his head and walking away.

Caregiver: Oh yes! He groans and drags his tail as a way of showing he feels down or sad.

George, you noticed his body language. He must feel very sad and slow to hang his head like that. Has anyone ever felt like that?

Lots of children: Yes! (And many act like a dinosaur walking sad and slow).

Casey: Yesterday, I couldn't have my favorite dress on because it was dirty. And I felt sad and slow and purple! (Giggling).

Caregiver: Oh yes, I remember that morning. Casey came in and told me she couldn't wear her favorite dress.

Tim: I am purple and slow when my sister won't play with me.

Elias: Purple and slow now! (Giggling).

Caregiver: We all feel purple sometimes, don't we? We also feel lots of other colors too! In fact, sometimes our purple day lasts all day and sometimes, poof, something changes and we are at another color. (Turning to another page). What do you see on this page?

Multiple children shout out various colors.

Caregiver: Wow! You are all so observant today! The book says that after any day or any mood “I go back to being me.” And I am lots of different colors! We can go from slow and purple to – Pink! And Happy! Elias said he was purple and slow but then he laughed and—poof. What did you become Elias?

Elias: Pink!

Caregiver: How did you become pink?

Elias: Because I laughed (giggling).

Caregiver: I had a pink day the other day when I got a card from my best friend in the mail. I felt pink inside when I read her words.

Jennifer: We went ice skating and I was pink!

Caregiver: Oh wow! Did you go ice skating last weekend with your whole family? How was that?!

Jennifer: Yes, we went ice skating down at the park downtown and I went, and Drew, and Lilly and grandma and grandpa!

Caregiver: Oh wow- your whole family went ice skating last weekend at the park downtown! That's sounds fun!

Jennifer: And we all went on the ice, but my mom couldn't skate very well and we got a bucket so we didn't fall and went around the ice.

Caregiver: A bucket for balance! That's ingenious—so smart! I can picture you and your mom using a bucket to help you keep your balance when you went around the ice rink! That does sound like a pink day!

Jennifer: And it was a pink day because I had a pink coat on too!

Tamara: Me too, I have a pink coat too! (Girls giggle together)

Caregiver (smiling and flipping through the book): There are so many types of days. Look—the bright blue days—or a buzzy yellow day—(she is going slow, pausing between page turns and looking up to see if children have something to share...)

George: A busy yellow day like a busy bee.

Caregiver: Oh yes. George, why is a yellow day like a busy bee?

George: Bees are yellow and they buzz around busy!

Caregiver: Yes, bees are yellow and they are often quite busy gathering pollen to make into honey. George, what is a time you remember being yellow and busy?

George: I was a busy bee when I did my painting. I was painting and painting and painting.

Caregiver: I remember your painting. It had all the colors on it, like a rainbow. Or like a many colored day!

George: Yes, I made a rainbow painting like when a rainbow comes out after it rains!

Caregiver: Yes, when it rains and the sun comes out we sometimes get to see the many colors of the light around us in a rainbow.

Caregiver: Well, we get to do another painting today. We will use these finger paints to make our own many colored day. You can choose one color or choose many colors. Think of a day that you want to share and think of how you felt that day. Choose a color that matches how you felt on that day. After we do our paintings we can tell each other what they are about.

Caregiver walks around as children paint and comments on what she sees.

Caregiver: Elias, I like the bright pink you are choosing to draw flowers. They look like bright pink daisy flowers with all the petals.

In this small group activity, the caregiver is supporting children with varied levels of language. By having something physical that serves as a visual reminder of their conversation, she helps scaffold their listening/attention, as well as provides a prompt to their expressive language. Overall, the caregivers' responsive conversational style allows the dialogue within the activity to be something jointly created by the caregiver and children. This responsive conversational style is most evident by the fact that she almost never provides a short or single word response to children. In fact, even her praise is lengthy and descriptive (e.g., when complimenting George's picture she provides a rich description of it as being "like a rainbow"). Consistently, this caregiver builds upon what children say to encourage multiple rounds of conversation. To build upon children's contributions within the discussion, the caregiver repeats their ideas with a more sophisticated sentence structure/vocabulary (e.g., Oh wow—your whole family went ice skating last weekend at the park downtown), adds ideas and information (Yes, bees are yellow and they are often quite busy gathering pollen to make into honey), or follows what they say with a leading question (George, what is a time you remember being yellow and busy?).

When asking questions, the caregiver balances yes/no questions with more open-ended questions, often in a sequence, which is a helpful approach for first getting children to participate and then expanding upon answers they provide. The caregiver not only draws out children's contributions through repetitions and extensions, but she also offers children complex

language models and vocabulary. For example, the caregiver intentionally infuses complex vocabulary into the conversation (e.g., balance, rick, ingenious). This type of intentional and contextualized vocabulary exposure is one of the most important ways young children come to know so many words so quickly (Marulis & Neuman, 2010). Further, the caregiver is focusing the conversation very intentionally around events that are not in the 'here and now'. So, even though she is using the book as a physical prompt for their discussion, she guides most of the talk toward children's experiences in the past and towards the cognitively complex idea of metaphor (i.e., colors stand for feelings). The kind of talk that occurs when discussing the past, future, or abstract ideas is quite different than language used to navigate everyday routines (e.g., meals, clean-up, routines) and is an important type of language model for young children (Benson, 2009; Tabors, Snow, & Dickinson, 2001).

The conversational approach the caregiver took in the example above was one of repeat, extend, and/or expand and these behaviors are hallmark indicators of an environment with high language support (Dickinson & Porche, 2011). Unfortunately, the types of language-rich experiences illustrated in the example are quite uncommon within early childhood classrooms. Notably, even when caregivers are using language-focused activities or curricula (such as shared reading or a language lesson from a curricula), the quality of the conversations within those activities tend to be quite low (Justice, Mashburn, Hamre, & Pianta, 2008; Piasta et al., 2012). Conversations tend to be one-way (caregiver-directed), short, and lacking in cognitive complexity (Cabell, Justice, McGinty, DeCoster, & Forston, 2014; Massey, 2004). Language for feedback tends to be perfunctory and evaluative, rather than expansive and descriptive, and caregivers rarely expand upon what children say. The difference in the conversation in such low support classrooms, as opposed to the high support scenario described earlier, is quite notable.

The caregiver has the children at their desks and is introducing an activity that they will do around a book they just read.

Caregiver: (holding up the book): We read this book earlier today—it was called My Many Colored Days. In a minute we are going to each paint our own colored day with whatever color, or colors, you would like.

Caregiver: Let's take a look back through the book to remember some of the colors and days.

Caregiver: Blue (turning pages of the book to remind them of what they read/allow them to see the pictures), bright red, low down brown, buzzy yellow...

Caregiver: Let's share the color you are feeling today. Jonah, what color do you feel like?

Jonah: Red.

Caregiver: Elias, what color do you feel like?

Elias: Purple

Caregiver: Jennifer, what about you?

Jennifer: Pink

Caregiver: Great—we can all feel different colors. We can't all share so put down your hands, but you will get to show me the color soon when you paint.

Caregiver: OK, so everyone can grab a paper plate and I will come around with the paints. You can let me know what color or colors you want. I will put some finger paints on your plate and you can use this to make your many colored days. Ms. Magnum is also here to help.

Caregiver (after handing out paints and getting materials, walks around, says to various child(s)). Great job! I like that! Hmm (for a child mixing together a lot of colors).

What is clearly evident in this scenario is that language is a functional tool to facilitate a language/literacy activity (i.e., craft around a shared book reading), but language development, itself, is not supported through the conversational interchanges within the activity. Unfortunately, it is the conversation around the activity, not the activity itself, which is the most important to children's development. Yet, in this low-support environment, extended conversation is not promoted and, in fact, may be viewed as a distraction from the real activity (doing an art activity related to a book reading). The questions that are asked are closed-ended (i.e., require one-word answers) and repetitive. Absent is a link between the talk around the activity and the higher level ideas that the art activity is supposed to promote (i.e., the idea of feelings as colors and emotions being variable/changeable). It is also evident that in this environment, children's contributions are limited. Children provide one-word answers to questions about their favorite color and there is nothing to suggest they are in the habit of offering more extended contributions. There is a lack of specific and rich vocabulary and feedback is seen to be mostly evaluative (hmmm; well), rather than descriptive.

What is striking in most classroom environments with low levels of language support are the missed opportunities. As seen in the low-support example, the caregiver made attempts to elicit language, but these attempts fell short in many of the nuanced aspects of language facilitation promoted by research. Creating a language-rich classroom requires understanding of children's language development; yet, research shows that caregivers are often not trained in children's language development or in the ways they might promote such development (Dickinson & Brady, 2006; Piasta et al., 2012). Increasingly, research points to the very subtle shifts that caregivers need to make to enhance the quality of their language support to children. With respect to the low support example, if the caregiver had asked even one or two of the children to describe why they selected the color they did when asked, that would reflect an important difference. It would reflect an attempt to provide children an open-ended question, or a question that children cannot answer in one word, and provides opportunity for more extended talk. It would also reflect an additional conversational turn. If the caregiver had provided a description of a time she felt "like a certain color," she would be modeling the complex language used to talk in the abstract and would provide a prompt that may elicit other children to share in the same way. The type of feedback or structure of the activity could also have been shifted to be more conducive to language support. For example, the caregiver may have gone around and asked children to describe what they were painting and the feelings they are showing with their colors. She may have even written some of what they said down for a group discussion after the activity. These sorts of shifts still do not reflect the rich, deep conversations we might see in classrooms with high levels of language support, but they would reflect important improvements. In fact, research suggests that even small differences in quality for language and literacy support can have important impacts on children (Burchinal et al., 2010).

RELEVANCE TO TEXAS RISING STAR

The Texas Rising Star measures for Language Facilitation and Support highlight the value of a highly responsive conversational style and intentional language modeling. The indicators emphasize the value of consistent and intentional use of language facilitation strategies for lengthy conversations. The particular language facilitation behaviors promoted within TRS are consistent with those discussed in the literature and illustrated in the examples above. These include positive language (seen in the positive and descriptive comment the caregiver made about George's painting as a rainbow), expansion of the children's ideas (seen in the information she added about busy bees), communication throughout the day, attentive listening with clear responses to acknowledge contributions (seen in approach to the story about ice

skating and throughout group discussion), use of questions to elicit talk (seen in initial questions about feelings and colors; questions about being “pink”), and intentional expansion of what children say (e.g., seen when she rephrases sentences with more detail or more sophisticated sentence structure, as with the idea of the family ice skating at the ice rink). The TRS indicators for this measure also emphasize the value of language models, as seen by the use of specific labels/sophisticated vocabulary (seen in the caregiver’s infusion of vocabulary) and extensions to what children say or to the topic being discussed (seen in her commentary about feelings being changeable across a day or many days). Importantly, the TRS scoring approach emphasizes the idea that language support needs to be infused throughout the day, not just occurring in isolated instances. Within TRS, higher scores are provided when the use of language modeling and language facilitation occur often and consistently, rather than sporadically.

PLAY-BASED INTERACTIONS AND GUIDANCE

Children’s play, particularly children’s pretend play, is a quintessential activity of childhood that is seen as important to children’s language, social, cognitive, and emotional development (Brendekamp 2004; Lilliard, et al., 2012; Pelligrini, 2009). Through play, young children engage in role play and scenarios, problem solve, act out social ideas and relationships, and are able to practice and apply skills in a fun and joyful way (Frederickson, 2001). Play is seen as an important means of supporting symbolic development; as children play and allow objects or people to take on pretend roles, they are learning to allow one thing to stand for another (Vygotsky, 1978). This symbolic understanding is of central importance to children’s language and literacy development and there are clear benefits of play to these areas (Roskos & Neuman, 1998; See Lilliard et al., 2012 for a review). As young children engage in the talk of play—whether to jointly problem solve a puzzle, establish and enact a scenario or story re-tell, or discuss rules of a game—they are stretching and expanding language skills in important and unique ways. Beyond language benefits, play also appears to be an activity that supports young children in developing regulatory abilities, such as inhibition and impulse control and capacity for sustained and directed attention (Diamond, Barnett, Thomas, & Munro, 2007; Hirsh-Pasek, Golinkoff, Berk, & Singer, 2009). This type of relationship makes sense as children must navigate complex rules and/or social situations during play; importantly these regulatory skills have a direct relationship to children’s school readiness and academic outcomes (McClelland et al., 2007).

What research finds is that some of the positive benefits of play can be enhanced when adults are present and supportive but not overly controlling (Bodrova & Leong; see <http://prek.spps.org/uploads/importanceofplayful.pdf>). Adults can be particularly supportive during pretend play when enhancing the maturity and length of play scenarios. For example, the extent to which young children use generic objects for specific scenarios (e.g., empty plates, pretending it has food; swaths of fabric, pretending it is a cape/gown/ etc.), the extent to which pretend play involves multiple roles and people, and the extent to which there are rules to the play or scenario (e.g., stay in character; some children are the doctors and others the patients) are all signs of mature play. Also flexibility within the rules (e.g., first they are doctors of people, now they are doctors of pets) is also a sign of mature play. These aspects of play—degree of pretend, rules, flexibility, and inclusion/multiple roles—require significant language and the capacity to extend and continue each other’s ideas. These can be difficult areas for young children and reflect areas in which adults can play a supportive role (Bodrova & Leong, 2012).

High Quality Scenario

Three young children are playing pet salon/pet wash. The caregiver has joined these three children, sitting on a low chair within the play area, but is initially sitting back and watching as they plan for the game. One young girl is gathering things—a bucket, a brush from the baby toys—and is looking around. The caregiver asks if she can help her find anything and the young girl says she needs to gather shampoo. The caregiver knows there is no shampoo prop, but turns the question to the group. “Hmm... what could we use for the shampoo bottle?” A little boy comes back with a wooden ketchup and mustard prop from the kitchen and says “Here, these are bottles!” The young girl is considering this as an option and the caregiver says “Oh! Strawberry shampoo and lemon conditioner. Won’t our pets love that?” The other little boy pretends to smell the bottles, saying “Mmmm.” And the little girl takes the bottles, accepting these as part of the props. The little boy finds a stuffed animal and the little girl says, “I will be the one washing the pets and you bring in your dog.” The little boy has not gathered a dog but has gathered a stuffed monkey and they begin to argue about whether or not this is allowed. Although not directly interfering in their discussion, the caregiver says, “Well, I bet monkeys have to get washed too sometimes. I wonder where monkeys in the zoo go to be washed.” The little girl says “Oh yes! We can be washing pets at the zoo!” The little boy says, “I can be at the zoo too!” The caregiver, supporting their ideas and adding vocabulary to the conversation, says “Wonderful—are you both zoo keepers?” The children answer yes and Tamara (the young girl)

assigns them roles. She will be working at the pet care station and George is in charge of bringing the pets to her.

Caregiver: George, what kind of monkey is that?

George: It's a grey monkey like the ones we read about.

Caregiver: Oh! Is it a Rhesus monkey like we saw in the animal book? I wonder what trouble that smart little monkey may get into at the pet salon!"

The children continue to play, acting out a scene where George brings the monkey in and asks for him to be washed. And the little girl engages in a washing scene while George watches. To facilitate some additional talk, the caregiver asks if she can pretend she is a visitor to the zoo. She asks, "How did that monkey get so dirty?" George says he was eating bananas and the banana got all over the monkey's face. Tamara joins and says that she notices banana everywhere—even in the monkey's ear! The caregiver asks, "Do monkeys like to get their ears washed? I hope he doesn't run away like the monkey in the book we read!" At this point, the children do not answer her, but talk to each other about an idea to pretend the monkey has run away because it doesn't like getting its ear washed. The little boy 'hides' a monkey under the table and he and the little girl engage in a pretend scenario where they are searching for the monkey. The caregiver asks, "How are we going to find her?"...

In this scenario, the caregiver was a presence in the activity but was not directing the play. She builds off the ideas of the children and maintains a playful attitude that allows the children to expand the humor and fun of the scenario. For example, when the children were considering how to find a shampoo bottle, she models the use of imagination in play but does not direct them into specific roles or responses. Similarly, she does not interfere with the children's discussions, or negotiations, about George's choice of a monkey as a pet. Rather, she offers the children the model of how to respond in a flexible way and gives them the freedom to consider this guidance. Throughout the play scenario, she takes a language-rich approach to supporting their play and this approach simultaneously supports language development and scaffolds the maturity of the play. For example, when she restates the children's roles as "zookeepers," the caregiver is providing a sophisticated vocabulary word (that they are likely to use/repeat during their play) and this label also creates definition to the children's roles within the adapted play scenario (adapted from pet salon to zookeepers). Similarly, her use of open-

ended questions supports the children's language-use within the activity and also guides them to extend/expand the pretend scenario (Dickinson & Tabors, 2002).

It can be difficult to balance involvement versus directness within pretend play. Often caregivers are in the role of play manager within open-ended play scenarios and/or are providing more directive help to play with objects (Kontos, 1999). Within this type of managerial role, talk during play can also be highly literal and directive, with an emphasis on praise, directions, or redirection of behavior (Massey, 2004). For example, it is easy to imagine shifts to the scenario just described, in which the caregiver's presence is more intrusive and/or managerial.

Mid-Range Scenario

Three young children are playing pet salon/pet wash. The caregiver has joined these three children, sitting on a low chair within the play area, but is initially sitting back and watching as they plan for the game. One young girl is gathering things—a bucket, a brush from the baby toys—and is looking around. The caregiver asks what she needs and when the little girl says, shampoo, the caregiver says, “I know where an empty spray bottle is” and finds that prop for her. The little boy finds a stuffed animal and the little girl says, “I will be the one washing the pets and you bring in your dog.” The little boy has not gathered a dog but has gathered a stuffed monkey and they begin to argue about whether or not this is allowed. The caregiver attempts to facilitate this argument by directing the children toward an easy solution, “George, the pet salon would not allow a monkey. Let's choose something different. What about this dog? Here is a leash. What do you think?” The little boy takes the dog and the little girl tells George to pretend to bring the dog into the salon. Again, the caregiver steps back to watch. The little boy brings the pet into the “salon” and answers the girl's questions about the dog's name, and whether he wants lemon or strawberry flavored shampoo (his answers are primarily one-word answers). The little girl engages in a washing scene while George watches. The caregiver participates by directing the little girl to comb the dog after washing it and says, “Don't forget to dry him. That dog sure is wet!” She asks George, “Is your dog clean now?” and George nods. Tamara says, with a flourish, that she is done and George says, “thank you” and pretends to leave. The little girl tells the caregiver it is now her turn to bring in a pet. The caregiver acts out the same scenario as George, bringing in an animal and answering questions about the animal's name and what shampoo to use. After this, Tamara tries to get George to bring in another animal. George says he doesn't want to and walks away. The caregiver tells Tamara she can keep playing pet salon but she has to check on some other children.

In this scenario, the caregiver is seeking to join the play; however, her primary contributions are to redirect and manage the children's behavior within the play scenario. Her role as manager reduces the opportunity for children to engage in problem solving and discussion within the play experience and, thus, reduces the potential benefit of play to these areas of development. Her more directive style does not offer children the language modeling that might occur if she was more focused on building on children's play. For example, rather than describing what Tamara might have been doing when washing George's dog (thus infusing language modeling and reinforcement to her play), her guidance seeks to direct what Tamara does within the scenario. Although the caregiver is clearly attempting to extend the children's play with the directions she provides, her contribution is aimed at showing and solving for children, rather than guiding and supporting with children. This can be seen in her emphasis on the accuracy or completeness of the pretend scenario. The caregiver seems to feel her role is to help children "get it right," rather than help children build autonomy, language, and problem solving skills as they navigate the act of pretending.

RELEVANCE TO TEXAS RISING STAR

The TRS measures for Play-based Interaction and Guidance recognize the developmental value of play to children's regulatory, emotional, and language development. The behaviors emphasized within this measure point adults toward being active facilitators of children's developmental attempts at play and seek to discourage overly controlling or managerial involvement in play activities. The key indicators within TRS are similar to those illustrated within the example and include support to a playful attitude (i.e., modeling and promoting play, seen by the caregiver joining play and having clear time in the day for play), participating and expanding on play (seen by the caregiver modeling sophisticated aspects of play, such as pretending about objects, flexibility in twists and turns of the play scenario, engaging multiple roles within the play scenario), and use of guidance rather than directive strategies to encourage play (seen by the caregiver letting children make decisions and offering suggestions on how to problem solve, but not directing the children to a solution). Higher scores are given for caregivers that value play, offer language modeling and support during play, emphasize children's own autonomy and social development through play, and guide rather than direct when engaging with children.

SUPPORT FOR CHILDREN'S REGULATION

Young children's capacity to manage their feelings and impulses, sustain attention toward a task, cooperate with the classroom or activity rules and with peers, and organize behavior toward the completion of goals are all aspects of their self-regulation (Diamond, 2006; Ponitz, et al., 2008; Ponitz et al., 2009). For young children to navigate the learning demands of the classroom, they are often drawing upon aspects of their self-regulatory skills (Blair & Razza, 2007). For example, when a caregiver seeks to transition children from one activity to the next, children must inhibit preferences to keep working in order to cooperate with these rules. When children are given time to navigate center-time, they must direct their attention and focus their activities in a goal-oriented way. If children are introduced to a new activity, they must focus on the directions and, possibly, manage emotions they may have about trying something new. Thus, it is no surprise that children's self-regulatory skills are linked to learning in math, language, and literacy (Duncan, et al., 2007; McClelland, et al., 2007; Ponitz et al., 2009). Aspects of children's self-regulation have also been linked to their ability to navigate the classroom environment socially. Research finds links between children's regulatory abilities and their peer relations, social problem solving, capacity for sharing and ability to be empathetic (Bierman et al., 2008; Fantuzzo et al., 2004). The link between regulatory abilities and social functioning also makes sense. Positive social interactions require children to suspend their own perspective in order to understand another's (i.e., impulse control, an important aspect of self-regulation) and also demand that children, at times, manage difficult emotions, such as feeling disappointed, frustrated, or confused.

Research finds that caregiving or classroom environments can have an important influence on children's regulatory abilities. Although children's self-regulation evolves in part from aspects of their temperament and genetic predispositions, research finds children's everyday environments can have an important influence on how children engage their regulatory system and the extent to which they develop positive regulatory capacities (Rimm-Kaufman & Wanless, 2012). The extent to which children's environments allow them to successfully practice regulatory skills—within games, routines, structured activities and play—and support children's increasingly independent use of these skills are important aspects of a high quality caregiving environment (Bodrova & Leong, 2012). Classrooms that organize children's behavior through routines foster independence and autonomy and help children apply their regulatory skills towards successful outcomes (Cameron, Connor, & Morrison, 2005). Routines also create predictable approaches to work and predictable transitions and these aspects of routines may help children regulate, emotionally, within the day-to-day of classroom activities (e.g., minimize feelings of being

overwhelmed or unsure; minimize feelings of frustration or surprise at times of transition). An important mechanism by which adults support children's regulation is through the language they use around problem solving (Bodrova & Leong, 2012). When adults consciously model language that reflects a strategy for approaching a problem and/or use language to specify feelings related to a situation, children begin to have 'scripts' for approaching similar problems or situations. Over time, children's exposure to this type of regulated and supportive dialogue may become internalized and thus becomes an aspect of children's regulatory development (Rimm-Kaufman, Curby, Grimm, Nathanson, & Brock, 2009). Beyond routines and aspects of caregiver language, aspects of warm and sensitive caregiving are also critical to children's regulation (Rimm Kaufman & Wanless, 2012). In fact, many of the behaviors discussed previously in relation to warm and sensitive caregiving are not only supportive of children's social development, but are also supportive of children's regulatory development. Let's return to the scenario presented initially, around warm and sensitive caregiving, and consider the interaction from a different lens. Rather than focus on the ways that the caregiver established a positive and warm climate, we will focus on strategies that support children's regulation.

A caregiver is smiling at the children who are on the rug. She is sitting in a chair low to the floor and children are spread out around her. Some children are sitting with their legs criss-cross, a few are sitting on their sides with their elbows propping them up. One child leans against a cabinet. All children appear generally attentive and the caregiver does not comment on the varied sitting styles. A number of children are quite close to her and a few are touching her knee or leg. One of the children closest to her is leaning against her. Smiling warmly at the group, she holds up two fingers in a signal for everyone to get quiet. Fairly quickly the majority of the children do the same signal and, as each child quiets down, she compliments each by name. She lightly touches the shoulder of one girl who was having trouble getting quiet and, as she settles, the caregiver starts off the circle time with a little chant all the children know. Some children do the little gestures with the chant, some don't and some don't even say all the words, but are following along. The caregiver makes eye contact around the room, smiling and accepting the different ways the children participate. She lets the children know she has a new book to share. She introduces the book and notices the excited look among a few children and notices that one child sitting at the back is making a pout. She says in a light tone, "Well, I see some are excited and some may be a little disappointed by today's book!" She smiles at the girl who was pouting and sings to the class: "In some ways we are different. But in so many ways, we are the same." (A familiar jingle for the class from a popular children's show). She says, "I

bet we can each find at least one thing that we like in this book as we listen.” The song makes the girl smile and the caregiver continues to introduce the book to the class.

In this scene, the caregiver has a clearly established routine for gathering and organizing attention towards the circle time activity and this is seen by how responsive children are to her signal for gathering (i.e., holding up two fingers). The caregiver’s chant provides additional evidence of a routine that is in place to engage the children’s attention. The chant, as opposed to verbal directions about paying attention, reflects a positive and proactive approach to supporting children’s behavior regulation. The chant has the desired effect on children’s behavior (i.e., teaches them to orient to the caregiver for circle time), but it does so by capitalizing on children’s natural tendency to orient to a fun song or chant, rather than by introducing a directive or demand (which often has a more negative impact on young children). The caregiver is also very tolerant as children work to settle-in toward the circle time activity; this can be seen by her patience with the young girl who needed an extra cue (i.e., touch on the shoulder) and is also seen in her tolerance of the children who are not yet fully participating in the chant and its gestures. She relies on her warm connection to these children—demonstrated by her smiles and eye contact and physical touch—to engage them more fully, but she does not demand that they comply at this particular instance. This response not only reflects a warm and sensitive style, but reflects an understanding that participation and cooperation, particularly in a large group setting, require many aspects of regulation to come together (i.e., sustained attention, memory, ability to ignore other distractions). Her tolerance likely reflects, in part, an understanding that engagement and participation are developmental processes and are not to be viewed from the lens of ‘children’s compliance.’ Similarly, her tolerance for children sitting in various positions (e.g., some crisscross, some leaning on their elbow) not only reflects a child-centered attitude, but also reflects the caregiver’s support for children’s own autonomy and self-management. She allows children the opportunity to experiment with movement and body position as a support to their attention; for some children this type of movement is an important strategy for sustaining attention in a difficult situation, such as a large-group shared book reading. Finally, the caregiver models various strategies for helping children regulate difficult emotions. She labels the young girl’s ‘feeling of frustration’ as related to the shared reading, and this provides both a label and quick explanation for the young child about her initial negative feeling.

Research suggests that children’s regulatory abilities are among the most valued by teachers (Rimm-Kaufman, Pianta, & Cox, 2000). And yet, half the kindergarten teachers surveyed in a

large-scale national survey stated that a majority of the children in the classroom do not have the regulatory abilities needed to benefit from instruction (Rimm Kaufman, et al., 2000). Increasingly, young children are being expelled from preschool for poorly regulated behavior (Gilliam, 2005) and these early childhood programs are failing to have a significant impact on young children's regulatory development (Bodrova & Leong, 2012, see also Skibbe, et al., 2011). In the typical classroom, the support for children's regulation is often less supportive and more demanding, as illustrated in this example.

Low-Mid Scenario

A caregiver is smiling at the children who are on the rug. She asks all the children to sit upright and criss-cross. It takes some time to get all the children in this position as a few of the 'wiggly' children are resistant. She asks the children who are leaning against her to sit up and she puts some physical distance between her and these children by moving into a chair. This correction—to the sitting of certain children—takes time and, as this is happening other children to begin talking. To gain everyone's attention, she holds up two fingers— a signal that she uses to try to calm the classroom. The children are distracted and not all are responsive immediately to her gesture so she offers a warning in a somewhat impatient tone (but not overly harsh) that they will not have time for the book if they can't settle down. One child tries to explain that he wants to lean against the cabinet as he likes to sit that way but she cuts him off before he finishes speaking and says in a sing-song voice that she is asking everyone to show they are ready by sitting up and not talking. She does not make eye contact with the little boy who was speaking up. She seeks to facilitate the 'getting ready' process by putting her focus on the children who are not yet listening, calling out their names, and saying "we are waiting..." When everyone is settled, she begins the morning circle chant. Her tone is upbeat and she smiles at the children as she starts the chant, but the smile is not shared by all the children and does not feel entirely genuine. During the chant she scans the room to ensure all are fully participating and gives a 'look and head shake' at children who are not doing the gestures to indicate that she expects their cooperation. She gestures for the little boy (who had wanted to sit against the cabinet) to sit back up as he is wiggling/starting to lay down. After the chant, she says, "Hmm... I think we can do better. Not everyone was with us. Let's try again and let's all do the hand gestures." The children are compliant but are not necessarily all demonstrating enjoyment during the chant re-do. After the morning chant, she lets the children know she has a new book. She introduces the book and notices the excited look between a few children and notices that one child sitting at the back is making a pout. She says, "I really like the enthusiasm of Jonah

and Tobias” and gives them a big smile. Let’s see if we can all try to be positive. Julia, let’s not pout. I am sure you will be able to find something you like in this book, don’t you think?”

In this scenario, routines are much less established and support to children’s autonomy is not as evident. There are fewer instances of proactive behavior management and techniques used to support and engage children’s attention are largely absent. Rather, attention is constantly redirected with more negative comments about misbehavior or punitive threats (low-grade threats; we won’t have time to read this book). Such an approach escalates, rather than diffuses, rising tensions or challenges. Further, the caregiver’s own regulation—and capacity for flexibility and tolerance of mishaps—is less evident. She demands specific compliance to the structure of the activity and this, actually, provides children with less support to their regulatory development than an approach that placed more value on their independence and decision-making (Rimm-Kaufman & Wanless, 2012; Cameron et al., 2005). The caregiver seeks to create a positive environment by having children all ‘feel’ positive; yet, this approach fails to provide children guidance in managing their feelings. In fact, minimal evidence is seen of language designed to help children understand, label, and process their emotional states.

The techniques that define high levels of support to children’s’ regulatory behavior are subtle and challenging, particularly when there is a lack of knowledge about children’s self-regulatory development and an ability to assess these capacities within the classroom (Bodrova & Leong, 2012). Structured curricula designed to help caregivers in their support to children’s regulation have been seen to be effective (Diamond, Barnett, Thomas, & Monro, 2007) and are continuing to evolve.

RELEVANCE TO TEXAS RISING STAR

The TRS framework promotes key behaviors seen as important to young children’s regulatory development, including modeling emotional expression and interpreting emotions, using logical consequences, consistently implementing rules and routines, demonstrating flexibility, deescalating rising tensions, and supporting communication. Exemplars of these same aspects of support were highlighted in the scenarios and these are consistent with the research discussed.

CATEGORY 3: CURRICULUM

On the surface, the activities of many preschool classrooms can appear quite similar—with children engaging in art, play, physical movement, books, blocks, and other toys and games. Yet, the extent to which these activities are instructional—that is, organized and managed, intentionally, to promote critical areas of development—is a distinguishing feature between high and low quality programs. Organizing instruction for clear developmental impact is not an easy task. For example, research shows that a key aspect of impactful instruction is that it follows a progressive approach when introducing young children to new skills and activities. A progressive approach supports children's learning as it mirrors the natural trajectories of children's development (Clements & Sarama, 2012; Clements, Sarama, Spitler, Lange & Wolfe, 2011). Research support for this idea has been seen within mathematics (Clements & Sarama, 2012), as well as in language/literacy (Piasta & Wagner, 2010).

Organizing instruction in a progressive way, in which the developmental impact is maximized, requires intentionality. Decisions must be made regarding what to teach (i.e., what are the most fundamental skills linked to later learning), what order to teach these skills, how to pace learning within and across skills, how to structure activities to ensure the 'right' level of difficulty (Bodrova & Leong, 2006; Middleton & Spanias, 1999), and how to assess and measure progress (i.e., for this age, what is an acceptable benchmark; what reflects meaningful growth?). In a high quality classroom, a progressive, developmentally-oriented approach would be seen across key outcome areas—from language, literacy, math, and science to art, physical movement, and social and emotional development (Note: this is an exemplary list of skills based on common early learning standards, not a specific or comprehensive list). It would be difficult, if not impossible, for any one person to have the necessary depth of understanding of development to guide such nuanced decisions across such a broad spectrum of developmental outcomes. Indeed, research across the fields of literacy, math, science, and language all speak to the challenge of providing caregivers sufficient training in children's development (Clements & Sarama, 2009; Dickinson & Brady, 2006; Garbett, 2003; Roskos, Rosemary, & Varner, 2006; Tu, 2006). Thus, curriculum—at least a research-based and validated curriculum—provides caregivers a structural tool that is increasingly seen as necessary for creating an intentional and developmentally-oriented structure to classroom instruction.

Notably, curriculum by itself does not reflect the quality of instruction that is occurring in the classroom. It is the use of the curriculum and how caregivers respond to children, moment-by-moment, within the activities and experiences of the curricula, that reflects quality instruction. In fact, research finds that the way caregivers use curricular materials can differ significantly and these differences matter to children’s outcomes (Domitrovich, Gest, Jones, Gill, & DeRopusie, 2010; Hamre, et al., 2010; McGinty, Breit-Smith, Fan, Justice, & Kaderavek, 2011; Tu, 2006). Notably, however, appropriate usage of curricula often requires significant support (Kinzie, Whittaker, Kilday, Williford, 2012; Pence, Justice, Wiggins, 2008). Understanding how often curricular tools are employed and how well the tools are used (i.e., quantity and quality of curricula usage) are consistently seen as the most critical areas to consider when examining the role curriculum plays within the classroom environment.

RELEVANCE TO TEXAS RISING STAR

The TRS measures related to curricula all emphasize the process of using and implementing curricula to support children’s development. This focus—on curriculum as a living aspect of the classroom rather than as a structural consideration (i.e., is there a curriculum ‘on the books’)—is important and consistent with research. There are three key dimensions considered within TRS:

1. How central are the use of curricular materials to daily instruction (i.e., Lesson Plans and Curriculum);
2. How well curricula are used to support all children’s learning (i.e., Planning for Special Needs and Respecting Diversity); and
3. How well instructional strategies—used within curricular tools—are flexible to accommodate a range of learning styles (i.e., Instructional Formats and Approaches to Learning).

Also embedded within the TRS measures is the notion that curricular materials must be aligned to specific developmental areas. This is seen in TRS by the emphasis on curricular tools across all major developmental areas and on the distinction between key developmental areas for children 0-2 versus 3-5. The progression—from general cognitive development in 0-2, to more fine-grained aspects of cognitive and academic learning in 3-5 (e.g., Emergent Literacy, Science, Social Studies, etc.) points to the way that the TRS expectations around curricula evolve to be consistent with children’s own development. The shifts in developmental areas of

focus, from 0-2 to 3-5, reflect the growing breadth, depth, and specificity of knowledge children are gaining across this period of time (Shonkoff & Phillips, 2000).

LESSON PLANS AND CURRICULUM

The importance placed on early childhood curricular programs has increased substantially in the past ten years. The availability of evidence-based curricular tools is one clear indicator of this point. For example, the WhatWorks Clearinghouse currently posts intervention reports for 77 early childhood practices and programs, with over 40 of these being commercially available curricula. The idea, that curriculum is a tool for promoting the quality of preschool programming, is one that has received significant federal investment. For example, in 2002, the federal government awarded 12 grants to study 14 preschool curricula, an investment of upwards of \$20 million (Albro, 2013). The monetary investment that has been made is paralleled by the focus on curricula within the policies of many state-run early childhood programs. A report out of the National Institute for Early Education Research (NIEER) found that 18 out of the 38 states with funded preschool programs had selected and endorsed a specific list of approved comprehensive curricula (Barnette et al., 2009). In this way, curriculum has become a critical indicator of quality preschool programming for many states.

The research evidence on early childhood curricula, however, is more mixed. Some studies find significant and positive benefits of curricula on young children's learning, while other studies find few or no positive results (What Works Clearinghouse Intervention Reports; PCER, 2008; Shanahan & Lonigan, 2010). Yet, reviews that have examined characteristics of effective preschool programs consistently point toward the presence of curricula as a common element (Burns, Donovan, & Bowman, 2000). The difference between curricula having impact, versus having no impact, may lie in the way the curricula plays out within the day-to-day of the classroom. For example, one of the largest federally-funded projects on curricula, the Preschool Curriculum Evaluation Research (PCER) project, examined the impact of 14 different curricula on children's learning. For all but one of the curricula examined, the benefits to children's skills were non-existent or quite minimal (i.e., a single, isolated skill). Interestingly, however, the research teams found that most of the curricula were not used as often nor in the manner that was intended. Indeed, average ratings of fidelity typically fell in the "low" to "medium" range (1-2 points out of 4) for most programs. Collectively, findings seem to reiterate an important idea—that the impact of curricula is linked to its usage (Durlak & DuPre, 2008; Hamre, et al., 2010; McGinty, et al., 2011; Odom, et al., 2010).

The idea that a curriculum will impact children when it is used frequently and consistently makes sense when we look to key ideas about how children learn. For sustained learning to occur, children must build from the information they have, must acquire strategies and approaches to learning, and must acquire discrete skills that serve their growing understanding of specific 'big ideas' (e.g., learning letters to understand the idea of print and reading; learning counting while also gaining understanding of how numbers stand for quantity; Burns, Donovan, & Bowman, 2000). This type of synthesis and integration can take time and requires repetition—not rote repetition but meaningful exposures to an idea and skill across context and time (Willingham, 2006).

RELEVANCE TO TEXAS RISING STAR

The Texas Rising Star measures around Lesson Plans and Curriculum emphasize the importance of using curricular tools in the classroom. The key indicators within this measure emphasize the need for having a curricular tool—or a set of tools—that work to address the range of children's development outcomes seen as most important to later school readiness and success. Within these indicators, higher ratings are achieved when there is evidence that the curricular lesson plans are a central focus of instruction on a daily basis. The approach to measuring curriculum and lesson plans reflect what the research emphasizes as important to the selection and use of a strong curricula. That is, the indicators and higher lever ratings within indicators point, collectively, to the importance of comprehensive curricula (or set of curricular tools) as well as the need for these tools to be central in guiding the daily experiences of the children.

PLANNING FOR SPECIAL NEEDS AND RESPECTING DIVERSITY

Today's early childhood care and classroom settings reflect a diverse community of learners from various cultural and linguistic backgrounds and with varied special learning needs (NAYEC, position, 2009). The sheer volume of 3-5 year old children now served by some type of full-day school setting has increased from 32% in 1980 to 58% in 2010 (NCES, 2010). With this volume has also come an increase in diversity. Estimates from a national sampling of children entering kindergarten in 1999 suggest that approximately 42% of children were of a racial or cultural minority; projections suggest that this will increase to over half of children between 2020 and 2030 (Espinosa, 2005). Today, the fastest growing minority population in the

U.S. is people of Hispanic descent, with an increase of approximately 58% between 1990-2000 (Census Bureau, 2001).

Mirroring this growth in diversity of the general population is the racial and cultural make-up of children in the PreK-12 school system. Estimates suggest approximately 9.1% of all children in the public school system are labeled as English Language Learners and these percentages are higher in certain geographic regions and urban areas (NCES, 2014). More telling is the fact that a large percentage of all ELL children (44%) are concentrated in the early grades (PreK-3) and that the largest group of ELL children are Hispanic (Laosa & Ainsworth, 2007). In addition to increased cultural, racial, and linguistic diversity in the early childhood classroom, a joint position statement released in 2009 by the DEC of the Council for Exceptional Children and the NAEYC (2009) emphasize the importance of early childhood inclusion for children with disabilities. This perspective has changed the expectations for the early childhood classroom and has emphasized the importance of organizing instructional experiences to be available and accessible to a wide range of children.

For both groups of children—English Language Learners and children with disabilities or special learning needs—the potential for preschool to serve as an important scaffold to development is not yet fully realized. Children of Hispanic descent who are 3-5 years of age are less likely to attend preschool when compared to their same-age peers. Unfortunately, Hispanic children with multiple risk factors—such as having mothers with low levels of education and low levels of family income—are among the fewest in attendance (Laosa & Ainsworth, 2007). Similarly, only about one third of preschool-aged children eligible for special education services spend time in an inclusive setting as their primary placement (Odom, Buysse, Soukakou, 2011). The message from this research is that access to preschool programming is an important component of supporting these diverse populations. However, research also points to the importance of ensuring that access to preschool actually reflects access to high quality programs that are prepared to meet the diverse range of needs of children (Odom, 2004; Odom, Buysse, Soukakou, 2011).

Although model preschool programs appear to have a significant benefit on both ELL and children with disabilities (Laosa & Ainsworth, 2007; Justice, Logan, Lin, & Kaderavek, 2014), there continue to be significant gaps in school readiness (and persistent gaps through schooling) for diverse populations. Early learning environments that seek to offset this disparity must integrate scaffolds and accommodations into their daily instructional experiences (Odom et

al., 2011; Espinosa, 2005). A key idea for children from varied cultural and linguistic backgrounds is that of a culturally sensitive curriculum (Espinosa, 2005). Research points to the importance of having and incorporating the language and culture of families into instructional experiences, allowing for adaptations within instructional interactions (e.g., wait time, explicit cues), and supporting peer interactions within small groups (Espinosa, 2005). Notably, many of these same strategies—including modeling and support to participation, inclusion of peers in learning, and explicit cues and supports during instructional interactions—are also seen as beneficial to a variety of children with special learning needs.

RELEVANCE TO TEXAS RISING STAR

The Texas Rising Star measures on Planning for Special Needs and Respecting Diversity recognize the range of children who are now being served within early childhood classrooms and programs. TRS places the idea of diversity at the center of curricular planning, reflecting the mindset of inclusion and cultural sensitivity that research and policy emphasize as necessary to actualizing the promise of preschool for all children. TRS seeks to see evidence of planning for and accommodating children with special needs—particularly high incidence disabilities, children from varied cultural backgrounds, and children who are learning English as a second language. Further, TRS is structured to ensure that planning for each of these aspects of diversity are present consistently across all instructional and curricular activities. This idea—of embedded accommodations to the mainstream curricular activities—is important and reflects leading thinking on how to create preschool learning environments that offer the most promise to all children (Buisse; Boat, Boat, Dinnebeil, & Bae).

INSTRUCTIONAL FORMATS AND APPROACHES TO LEARNING

The use of curricula is not as simple as selecting a single program or set of programs, and assuming the work of planning and organizing instruction is taken care of. The way that classrooms balance instruction across activity settings and formats, balance the nature of caregiver-child interactions within instructional experiences, and balance the diversity of curricular tools and materials used is critical to establishing a flexible learning environment. Young children engage in information in very different ways and may have quite different strengths and weaknesses in how they show what they know and what they are learning (CAST, 2010). Young children will differ in how well they can express themselves verbally, how

well they can focus attention toward a task or maintain engagement, and the manner and ease with which they take in new ideas or concepts.

These differences in the processes of learning have little to do with a child's capacity for learning from curricula. As a result, research, as well as state-level and federal-level legislation, increasingly point to the need of having curricula and lesson plans which were designed from the start to reflect variations in children's needs, skills, and interests in flexible ways. When curricula or lesson plans are designed to be flexible, they do not alter the key content. Rather, flexible curricula and lesson plans weave in options for children throughout the process of learning (King-Sears, 2009). This type of flexible design ensures that curricula or lesson plans are not, inadvertently, introducing "roadblocks" to learning in ways that would unevenly disadvantage certain types of learners or certain children (Rose & Meyer, 2006; Spencer, 2011). An important research-based framework for considering flexible curricular use is that of Universal Design for Learning (see CAST, 2010). This framework speaks to three key ways that children may differ in their engagement with curricula and instruction. The first is that they may differ in the way they represent information. This means that children may take in information differently. Although the typical way a classroom might present information is verbally (e.g., caregiver instructions or caregiver-led lecture), flexible use of curricula means adding in choices. For example, verbal instructions or presentations can be paired with visual supports or manipulatives; another option would be to weave in technology-based modalities to reinforce information (e.g., videos, interactive websites, etc.; Spencer, 2011). The second dimension of UDL is expression. Children, particularly children with disabilities or those who are English Language Learners, may need to demonstrate what they know and understand in nontraditional ways. Even children without specific challenges in oral expression may prefer to draw, write, or create as a means of integrating and synthesizing during learning. Finally, children may differ in the type of learning experiences that motivate or engage them. Balancing, for example, the extent to which instruction is caregiver-directed versus child-directed may have important impacts on children's comfort and empowerment with the learning process and, thus, may influence their learning outcomes (Connor, Morrison, & Slominski, 2006).

RELEVANCE TO TEXAS RISING STAR

The TRS measures on Instructional Learning Formats emphasize the importance of ensuring that learning extends across the day through formal and informal settings (e.g., during transitions as well as during more structured activities) and involves opportunities that balances

the various learning styles and needs of the classroom. TRS emphasizes, for example, the importance of hands-on activities being paired with more traditional, language-based learning activities (e.g. stories, discussions) and the value of integrating props and manipulatives into daily activities. This perspective is a direct reflection of the idea that children may use and need these types of concrete scaffolds for many different reasons—as a support to their comprehension, as a means of expressing themselves, or as a means of enhancing their attention to the task. Similarly, TRS discusses the value of balancing child initiated activities with caregiver-directed activities, reflecting the research that suggests the importance of a flexible learning environment to children’s development. The perspective, embedded throughout the TRS measures on high quality instructional learning formats, is that effective use of curricula involves caregiver practices that make curricula accessible to a variety of children, with a variety of needs.

BRINGING TOGETHER THE TRS GUIDELINES FOR CURRICULUM INTO CLASSROOM PLANNING

A formal and comprehensive curriculum can help caregivers be intentional in their instruction across the days and weeks of school and across developmental areas. A curriculum helps caregivers ensure their support to children’s learning is progressive, in that skills are building upon each other and supports are slowly faded to give children increasing independence. However, a formalized curriculum may not be possible in all cases or, in some cases, there is a strong curricular framework in place that the caregivers and program feel is working well for the children. In these cases, or even in the case of having adopted a formalized curriculum, it is important to ensure that curricular materials are used in ways that intentionally support children across key developmental areas. An important bridge between curricular materials and intentional teaching are lesson plans.

CATEGORY 4: NUTRITION AND INDOOR/OUTDOOR ENVIRONMENT

Environmental factors affect children's development and obesity risk during their early years, when eating, physical activity and sleep habits are developing. These habits continue to influence obesity, health, and well-being throughout life. Recently, the Institute of Medicine (IOM) issued policy recommendations to prevent obesity in infancy and early childhood by encouraging a healthy early environment in settings outside the home (Institute of Medicine, 2011). These included:

- Increase physical activity in young children
- Decrease sedentary behavior in young children
- Help adults increase physical activity and decrease sedentary behavior in young children
- Promote the consumption of a variety of nutritious foods, and encourage and support breastfeeding during infancy
- Create a healthy eating environment that is responsive to children's hunger and fullness cues
- Help adults increase children's healthy eating
- Promote age-appropriate sleep durations among young children

Obesity occurs over time. Young children with excess weight may not be able to move well, hindering their normal levels of growth. Children between the ages of 2 and 5 who are overweight have a higher risk of later obesity than children who are at normal weight sizes (Freeman et al., 2005; Goodell et al, 2009).

Children learn lifestyles from adults. Responsive caregiving is an effective tool that encourages children's social, emotional, cognitive, and physical growth, health, and development (Black, Aboud, 2011; Eshel, 2006). Learning what foods to offer each age group of children in care is very important. For example, offering a 3 month old baby breast milk or formula is more appropriate than offering pureed foods (AAP, 2005). Children develop food and flavor preferences based on the foods they are exposed to when they are young (Birch, 1999). These preferences will influence food choices throughout life. Many young children can regulate their food intake; for example, infants will turn away when full.

At times a caregiver's approach to feeding practices can either promote or interfere with children's ability to learn to regulate their food intake. Often caregiver's control the food consumption including what is offered and the amount. Many times caregivers will encourage children to eat everything on their plates instead of allowing children to stop when they are full. This habit forces children to eat larger quantities (Fisher, 2007) and reduce their responsiveness to hunger and fullness signals (Birch, 1987). One way to help children learn about food choices is to sit with children and eat the same foods; many child care centers call this "family – style". Caregivers can model positive food choices, practice taking turns, passing foods and serving themselves. When new foods are introduced caregivers can encourage children to try healthy foods (Addessi, 2005). Considering all this information caregivers feeding practices can play an important role in helping children learn healthy habits around nutrition.

A well planned environment promotes and enhances children's development through learning and playing activities. It builds schedules, routines and procedures to move children throughout the day from activities and settings. How the environment is developed directly influences children's understanding of cognitive, social, emotional, language and physical skills (Early Head Start National Resource Center, 2010). Enriching early childhood environments are important to the development of children because young children's brain connections are developing rapidly in the first few years. Having intriguing, fun materials and experiences for children will provide them with tools for this development (National Scientific Council, 2007). Another reason for providing an enriching environment is the amount of time children spend in care, for example a baby who starts child care at 6 months will spend as much as 12,000 hours in care away from parents (Greenman, 2005a).

The physical environment includes both indoor and outdoor spaces that influence the way children feel, act and behave. Both spaces include the materials and activities that caregivers provide for the children to grow and develop. The physical environment is a result of caregivers carefully planning and arranging the materials in the space so that children can access activities independently. It should be well organized, clean, comfortable, and personable with a large variety of materials/manipulatives/toys for cognitive, social, emotional, and physical development (Catron & Allen, 2007). Include spaces where children can play with friends or alone without interference of by other children.

NUTRITION

The Texas Rising Star structural requirements for Nutrition emphasize that programs have written policies that include food temperature control, healthy snacks menus (i.e., milk, fruit, vegetables, etc.), allergy information with protocols to ensure children are protected, and that food served to children is commercially prepared or that kitchens follow local health inspections. Home providers follow similar practices with written policies for food storage, education, allergies, and sample menus. Menu planning is necessary to ensure that children are provided a variety of food as recommended by the Dietary Guidelines for Americans guidelines established by the USDA (CACFP Menu planning Guide, 2011). The TRS process measures also highlights that caregivers offer drinks with food, seconds available upon request, and that food is not used as a reward. Children should feed themselves, when appropriate, and not hurried to finish meals. To maintain a healthy daily fluid intake, drinks should be offered during meal time (CDC, 2012). They should also have the opportunities to sit with friends and caregivers to engage in conversations during meal time. During this time, caregivers should model dining etiquette while encouraging children to try new food items. Infants are fed when infants' signal unless a physician or parent has provided written instruction to feed at other times. The TRS measures also indicate that caregivers observe satiation indicators for babies. The TRS scoring approach emphasizes that measures are observed often or sometimes rather than rarely. Clarification has been provided specifying bottle feeding and pacifiers.

INDOOR LEARNING ENVIRONMENTS

The physical environment for young children will vary slightly depending on age. The structural requirements include space to facilitate active and quiet learning, nap/resting time, child initiated play under adult supervision, materials that are clean and in good repair, and all materials are available and accessible to all children. Classrooms with literacy rich focus include accessible books, meaningful print on the walls, and materials that encourage print and drawing (Bennett-Armistead, V.; Duke, N. & Moses, A. 2005). Infant classrooms have equipment for diapering, resting and feeding. Many rooms designate a 'clean area' for babies to be on the floor for 'tummy' time to explore toys, to look at, listen, feel, chew, pull, roll, and shake the things around them (Vance & Boals, 1989). Diapering areas include items that enhance cognitive and communication skills. These items include hanging mobiles or colorful objects. Include an area for caregivers and mothers to sit and hold infants while feeding (Zero to Three, 2015).

As infants begin to move around and become toddlers, the classroom will need eating, napping, diapering, toileting and playing areas. Play now becomes very important. Since toddlers are on

the move they need lots of space to explore, experiment, and discover things around them. Caregivers plan center activities that include materials and opportunities to pretend and act out books and events that children have experienced, build with blocks, read books, work puzzles, use manipulatives and science tools, soft furnishings, balls, toys that push and pull for gross motor and draw with a variety of materials in an art area. Toddlers will need many opportunities to play and practice with these materials daily (Bodrova & Leong, 2003). Center materials need to be accessible and well organized for all children so that they spend time playing not trying to figure out where the materials are located.

Preschool classrooms will no longer need a diapering area. However, toileting is still a concern for some preschoolers. Classrooms with easy access to toileting facilities help foster autonomy. Learning centers contain materials and activities that are intentional, with connections to a theme and/or specific learning goals. These themes/learning goals change throughout the year. Preschoolers are becoming more and more independent and can make choices about their learning. They also like to play in cozy, nook like spaces. Room arrangement is important for preschoolers. Caregivers will need to provide several activities in each center so that children have choices while playing. Space should be arranged so that there are work areas for whole and small groups, eating, and napping. Since young children learn through play and repeated exposure to activities, caregivers should provide opportunities throughout the day and again throughout year to readdress stories, books, games and materials (Bennett-Armistead, V; Duke, N. & Moses, A. 2005).

REQUIREMENTS: INDOOR LEARNING ENVIRONMENT

Well planned and organized indoor learning environments are arranged in a way that helps provide guidance and direction for both children and caregivers. Centers are planned and have a purpose. Noisy and quiet centers are in separate areas in the room. Nap/rest space is conducive for children to relax, rest or sleep. Routines are established so children can play with other children or independently. Materials and equipment are clean, in good condition and accessible (Landry, S. H. , 2005). Infants have space available for tummy time, active play, quiet play and messy play. Feeding areas for babies should include comfortable chairs to hold infants while feeding or breast feeding. Diapering areas have pictures or items to encourage conversations and build cognitive skills. Materials are appropriate and encourage stimulating opportunities for learning. These include soft blocks, rattles, push and pull toys, colorful mobiles. Toddler classrooms are roomy and inviting with large cardboard/foam blocks, cloth/board books,

wooden puzzles, dramatic play items, and creative supplies for art. Preschoolers are becoming more independent and will enjoy activities in centers such as dramatic play, blocks/wood working, sensory/discovery, music, manipulatives, puzzles, books, writing, and art. School Age areas are arranged to include a quiet place with tables, chairs and lighting to facilitate completion of homework.

POINTS-BASED MEASURES: INDOOR LEARNING ENVIRONMENT

The arrangement of the classroom effects how children learn and play together. Room setup is the physical layout of the classroom. Setting up a classroom environment requires a lot of thought and strategic planning to provide a safe place for children to explore and learn (Birch & Ladd, 1997; Pianta, Hamre, &Stuhlman, 2003). The overall design plays a significant role in the level of interaction and engagement for learning as well as providing support for children's social and emotional development and cognitive learning (Howes, 2000; Rimm-Kaufman, La Paro, Pianta, & Downer, 2005).

Classrooms should include space for centers as well as space for whole group and small group settings. Pictures around the room portray people in non-stereotypical manners and culturally sensitive. Posted learning materials, child –created and caregiver -created materials are posted at eye level so that the information is relevant to the children. Materials/manipulatives are inviting, realistic when possible to provide opportunities for social interactions and stimulating to encourage exploring all five senses (Bodrova & Leong, 2003). The role of print is highly important and plays a critical part in children's literacy development. Print rich classrooms include opportunities for children of all ages to engage in activities that include hearing text read to them, writing materials to draw and/or write about stories and ideas, and having books available for children to read on their own (Duke, Moses, Subedi, Billman, & Zhang, 2005). Materials and manipulatives are clean, labeled and neatly arranged in open baskets on low shelves.

Walking into classroom Toddler 123, children and parents are immediately greeted by the caregiver will a warm smile and outreached arms for a morning hug. All children are encouraged to welcome other friends with a smile and 'hello'. As children hug parents' good-bye, the caregiver encourages them to choose between two of the seven learning areas, book library and blocks. While children are engaged in play at centers, diapering occurs for those children who need changing. At 7:45a, breakfast arrives, the caregiver starts a cleanup chant and the

children put toys in baskets or near the baskets, then gather near the sink to wash hands and find seats around low tables and chairs. The caregiver serves children food on sectioned plates so that food is appealing. She describes the items on their plates and asks children to tell her how items taste. As children eat with forks and/or spoons, the caregiver sits at the table and talks about the food they are eating and asks simple questions. "Wow, today you are eating eggs toast and sausages. Yummy! Connor, how do you like the eggs? Are they tasty? Yes, those are really yummy eggs. Karen, would you like more eggs?" Karen responds "yes", while nodding her head. The caregiver serves more eggs. As the children continue to eat, the caregiver continues to ask questions and offer support to children who are struggling to use utensils. As she helps a child hold a spoon, she talks about what she is doing. "Ogden, let's try to hold your spoon with the handle and scoop your eggs into the spoon." Ogden utters "spoo". The caregiver responds, "Yes, spoon. You are using a spoon to scoop your eggs." As children finish with breakfast the caregiver assists with hand washing and diapering. The children are roaming in an area of the room designed for large group play. There are three standing play structures with buttons that push, knobs that turn, mirrors that show reflections, and bells that ring. There is a short treehouse climbing structure with a slide. Glancing around the room, the children have access to several play areas with toddler size materials. Pictures are posted on the walls of people and places in the community. A bulletin board area has pictures of all the children's families and each picture is labeled with names. A small carpet is positioned in one corner with a shelf that holds big blocks. Beside that area is a dramatic play area with a low three cubbie box shelf in the boxes are soft, cloth animal masks, a variety of hats, and a box of other props. Across the room is a cozy library low book shelf with 12 to 15 mostly, board books, a toddler size couch and two very toddler size stuffed animals. A low shelf near the window has a basket of magnifying glasses, sound tubes, a container with sand and funnels, connecting links, and a basket with a variety of textured, cloth squares. After the caregiver finishes diapering, she takes a book from the library and sits on the carpet. The children toddle over and sit by the caregiver. She starts reading, showing pictures and talking about the animals on each page. Jevon brings the animal masks to the caregiver. She starts using the masks to make animal sounds and the child each want to wear one. As she puts the masks on the children, she makes the animal sounds. Some children move near the caregiver and make animal sounds other children toddle over to and stay playing with toys from the shelves. The caregiver keeps singing a song with animal sounds with some children. Then she tells the children that it's time to play in learning areas and to growl over to an area to play. The children continue to play with

center toys. The caregiver checks in with the children in centers and encourages those who are around her activities to play then she starts diapering.

In this scenario, the caregiver has established routines and procedures with the children that help to keep the children engaged and moving through the morning at a comfortable pace. The children are able to move freely around the room playing with materials and on play structures without negative directions given by the caregiver. In centers, materials are at child's eye level so that they can find activities that will engage their interest and there are enough items for children to have choices about how they spend their time. The caregiver is checking in with all the children throughout the morning. She uses songs and animal sounds to engage the children for a short period of time. She makes connections between the book she is reading, animal masks and the sounds animals make. The classroom is friendly and organized for both the caregiver and the children.

What research finds, however, is that many classrooms are not organized or provide materials for easy access. Often caregivers are controlling all activities that children engage in during the day. In mid-range classrooms, caregivers may be starting to arrange their space so that children can more easily access materials. Often caregivers will designate 3 or 4 learning areas and think about having several activities for the children to possibly have a slight choice. Caregivers may even group together loud areas and quiet areas. Materials and equipment will be mostly, age appropriate, clean and in good condition on low, open shelving. Nap/rest, diapering and feeding areas will be well defined; however, the areas may lack cognitive activities. Some materials and equipment, around 1 – 4, will portray people in a non-stereotypical and culturally sensitive way. Some caregiver- and child- created materials will be displayed at children's eye level. These will include, but not limited to, colorful realistic pictures of nature, people and objects, family members, familiar places and people and child artwork, labeled with child's name.

Mid-Level Scenario

Walking into classroom Toddler 124, children and parents are greeted with a smile and a wave from the caregiver. Some children smile or say 'hi'. As children hug parents' good-bye, the caregiver encourages the children to play with a few toys from a box in the middle of the floor. While children are engaged in play with the toys, diapering occurs for those children who need changing. At 7:45a, breakfast arrives and the children are asked to sit down at low tables and

chairs. The caregiver calls each child over to wash hands. Once the children have washed their hands the caregiver serves children food on sectioned plates. As children eat with forks and/or spoons, the caregiver sits at the table. She asks children a few questions about how their food tastes but doesn't wait to hear answers that children give. "Today you are eating eggs and sausages. Eggs are really good for you." The caregiver serves more eggs. As the children continue to eat, the caregiver continues to ask a few questions and offer support to children who are struggling to use utensils. She does help children who are struggling with their forks. As children finish with breakfast the caregiver starts diapering. The children start roaming in an area of the room designed for large group play. The caregiver glances over and tells the children to only play on the treehouse with a slide structure. There are also three other standing play structures with buttons that push, knobs that turn, mirrors that show reflections, and bells that ring. Glancing around the room, the children have access to a few play areas with some toddler size materials. One wall has pictures of some of the children's families. A small carpet is positioned in one corner with a shelf that holds about 10 big blocks. Beside that area is a dramatic play area with a high shelving unit on one of the shelves are 2 soft, cloth animal masks and a few other play props. Across the room is a library with a low book shelf with 5 to 8 board and paperback books, a toddler size couch. After the caregiver finishes diapering, she takes a book from the library and sits on the carpet. The children toddle over and sit by the caregiver. She starts reading, showing pictures and talking about the animals on each page. Jevon brings the animal masks to the caregiver. She tells him to put the mask in the box for later. Some children start to wiggle and the caregiver tells everyone to sit still. After she finishes reading the book, she tells the children where to go play so that there are two or three children in centers. The children continue to play with center toys. The caregiver starts changing diapers. While changing diapers, the caregiver glances around the room. She says, "Good boy" to the child she is changing. When finished with one child, she goes and picks up another child to change.

In this scenario, the caregiver is more directive and controlling over how and when the children play. The caregiver seemed more interested in diapering and eating. Although she did read a book, she read it without asking questions or providing interesting ways for the children to relate to the story. When children didn't follow directions, the caregiver reminded them to do what was right instead of providing more explanation and direction about how to play with them materials and each other. There a few activities and materials for the children to select for learning time. However, not all children had something that they choose. There wasn't evidence to support availability of real objects. Equipment/materials provided some opportunities for children to work

alone or together however, there was no evidence to support that materials were rotated or correlated to current learning objectives.

Low-level Scenario

Walking into classroom Toddler 125, children and parents are greeted by the caregiver with “hello”. Some children are sitting around a table eating breakfast. As children hug parents’ good-bye, the caregiver tells children to go to the table. She asked the group if anyone wants more eggs. One child utters, “uh, uh”. The caregiver serves this child a small portion of eggs, and then moves away. Once all children have finished eating, the caregiver hands each child a cloth wipe and tells them to wash their hands. As children finish with wiping hands the caregiver starts diapering. Children are told to sit still until it’s their turn to be changed. As each child is changed, the caregiver tells that child to go “play”. The children start roaming in an area of the room designed for large group play. The caregiver glances over and tells the children to “play nice”. Glancing around the room, the children have access to a few play areas with some toddler size materials and a play structure in the middle of the room. Two large posters of dogs are hanging on the walls. A small carpet is positioned in one corner with a shelf that holds about 10 big blocks. Beside that area is a dramatic play area with a box. In the box are 2 soft, cloth animal masks and a few other play props. Across the room is a library book shelf with 5 board and paperback books. After the caregiver finishes diapering, she takes a book from the library and sits on the carpet. She tells the children to stop playing and come to sit around her. She starts reading, showing pictures and talking about the animals on each page. Jevon starts to stand, she tells him to sit down crisscross. After a few seconds Jevon sits and the caregiver continues reading. Some children start to wiggle and the caregiver tells everyone to sit still. After she finishes reading the book, she tells the children where to go play, The children go to the play structures. The caregiver plays music very loudly. The children continue to play, sometimes pushing each other. The caregiver starts changing diapers. While changing diapers, the caregiver glances around the room. She tells the children to play nice with each other. She has to use a loud voice so children can hear her over the music. She finishes changing the child. When finished with one child, she goes and picks up another child to change. As she walks over to the changing table she tells everyone, “Hurry, play. I’m almost finished changing diapers.”

In this scenario, the room environment has limited opportunities for children to experience a variety of materials/equipment. The play space has a few play areas with few realistic pictures around the room. Children are directed where to go and what to do. Little direction is given for

play, resulting in possible misbehavior situations. Interaction among children and lack of available materials causes children to become bored.

RELEVANCE TO TEXAS RISING STAR

The Texas Rising Star guidelines highlight the importance of designing an indoor environment that will promote positive caregiver-child interactions and cognitive development for children. The key behaviors that mark a well-planned indoor environment include distinct division of active and quiet spaces, rest/nap space that is conducive for children to relax, rest or sleep, space to play protected from other children interference, and clean materials/equipment. Diapering areas, when necessary include items that enhance communication and cognitive development. School age indoor environments also include areas for homework completion. The TRS emphasizes the importance of developmentally appropriate materials organized to facilitate independent use and provide choices for children to engage in activities based on interest learning centers, such as: literacy/creative writing, dramatic play/theater, art, blocks/wood working, music/listening, sensory discover/natural science, manipulative/table games/ puzzles, cozy area with soft furnishings, and gross motor materials for preschool and school age children. For infants materials may include: soft blocks, rattles, push and pull toys and colorful mobiles. For toddlers material include: large cardboard blocks, cloth books, wooden puzzles, dramatic play items and art supplies. People are portrayed in non-stereotypical and culturally diverse pictures, puppets, dolls, food, clothes, and stories. TRS supports posting realistic pictures of families, pets, familiar places and work created by children, arranging materials/equipment so that children can easily access, facilitating social interactions. The TRS scoring allots higher scores in these areas when the environment provides a variety of opportunities and experiences for children to explore materials/equipment in fun and accessible ways that limit boredom and behavior issues.

OUTDOOR LEARNING ENVIRONMENTS

Just as caregivers plan stimulating indoor classroom environment, time and thoughtfulness should be put into planning for outdoor environments. Outdoor play allows for children to explore the world around them, increase their knowledge of living things and space to run and play games. Children who play outdoors develop cognitive and social/emotional skills. While outdoors children use more of their senses to explore and experience their surroundings. Children can also be loud, messy, and silly while expending lots of energy that is usually not

acceptable indoors (Pica, 2000). Learning from the indoors can often extend into outdoor time. Themes from the classroom can be used with activities and games that children play outdoors.

Outdoor environments should include living things such as non-toxic trees, flowers, plants, vines and vegetables. Providing habitats like birdhouses and feeders will help children understand and appreciate living things. Young children use all their senses to learn about their world. Outdoor environment has many different opportunities for children to see, hear, smell, feel and taste. Research has shown that young children should have daily opportunities to be active outdoors. Young children are more active outdoors than indoors (Brown, 2009; Klesges, 1990; Sallis, 1993). Play structures and activities that allow children to run, jump, climb, crawl, balance, hop, roll and skip help support growing bodies and provide opportunities to burn calories. Infants having tummy time and exploration time outdoors will increase their understanding of sun, wind, plants and space (Metcalf, J. & Clark, 2000). Space outdoors should be inviting so that children want to be active and not sedentary (Institute of Medicine, 2011). Activities with portable playground toys such as balls or wheeled toys significantly increases children's physical activity (Brown, 2009; Cardon, 2008); Dowda, 2009). Outdoor spaces with natural grass, trees, shrubbery and dirt encourage children to play and interact with nature (Boldemann, 2006).

High-level Scenario

Toddlers at Friendly Child Care are playing outside. Glancing around, you see a playground with lots of space for running, hopping, skipping, and rolling on the grass. Along the perimeter of the space is a soft-paved, curvy path that branches in two different directions toward the middle of the playground. Along the path are low traffic signs, stop and yield. In the corner of the play area is a parking lot with two tricycles and two domed push cars. In the middle of the play area is a large, canopy-covered climbing structure with a slide surrounded by mulch. Children are riding around the pathway stopping at the stop sign and then moving on. To the right of the stop sign is a low birdfeeder hanging from an extended hook connected to the fence. Some children are climbing on the play structure laughing and singing songs from earlier learning. Along the fence is a low planting box with carrots, tomatoes, beans, and flowers. In one corner of the garden area is a bird bath filled with water. Kendie is leaning over to smell a flower and saying, Pretty, flur.

Caregiver (walks over): What a pretty flower, it smells sweet. Kendie do you remember something that is in our room that smells sweet?

Kendie (stops and looks toward the playground door): hand bubbles.

Caregiver: Yes, you are right. When we wash our hands, the soap smells like this flower. Great thinking. Do you want to water the flowers? (Child nods head).

Caregiver: Okay, where's the watering can?

Kendie runs over to the water hose. Caregiver turns on the water, fills the can, and hands it to Kendie.

Kendie (walks to the flowers and sprinkles the water while singing): Grow, grow big flower.

The caregiver turns toward the sand box under the canopy. In the box are a variety of digging tools, buckets, a sifter. Marquee and Sonjah are digging with shovels and filling a bucket together. Sonjah says, This is a castle.

Caregiver: How are you going to make that a castle?

Sonjah: Dump it.

Caregiver: Oh, you and Marquee are going to dump the bucket so that the sand can come out.

Sonjah: It be together.

Caregiver: Yes, when you dump the bucket the sand will be packed together so that it sticks and makes a castle.

The children start packing and adding sand in a bucket. Once the bucket is filled they dump it upside down. The caregiver says, Wow, that's a really big castle. What else are you doing with the castle?" The children look at each other. The caregiver continues the conversation.

Caregiver: Do you think you'll need doors and windows? How will you add doors and windows?

Marquee: Like this (draws lines to make a door on one side.)

Caregiver: Great job adding a door.

Marquee (piling sand beside the castle): This is a house.

Caregiver: Oh, you are adding a house beside the castle. Who lives in the house?

Marquee: Me.

Caregiver: Who lives with you?

Marquee: Grandma.

Caregiver: Grandma and you are living in the house together?

Marquee: I live in the castle too.

Caregiver: So you have two places to live?

Marquee: Uh-huh.

Caregiver: Well, that will be fun. You can visit Grandma and play in the big castle.

Marquee: Fun.

The caregiver looks around the playground and notices that some children have gathered under the slide. She goes over to learn that they are watching a caterpillar crawl under the mulch.

In this scenario, children are playing in an outdoor environment that includes opportunities to enjoy the sounds, smells, and touch of living things and appreciate the beauty of nature such as non-toxic flowers. Plants are growing along the perimeter providing opportunities to care and appreciate. A large play structure is surrounded by mulch and soft pathways provide a variety of exposure to different outdoor materials. Children are motivated to climb, swing, crawl, and balance while interacting with one another in a way and exciting way.

Low-level Scenario

Toddlers at Friendly Child Care are playing outside. Glancing around the playground, there is a little space for running, hopping, and skipping. Most of the playground is sparsely covered with grass. There is a child-sized log cabin playhouse near the back of the fence. Beside the cabin is a play box with sand. Growing inside the play box are several dandelions. Also in the box are a shovel and two plastic shoe boxes. Across from the cabin is one domed push car and a partly

deflated ball. Beside the door to the center is a water hose. Several children are wandering around the playground looking at the ground or pulling grass. Two children are inside the play cabin looking out the window. Another child is pulling the dandelions and blowing the seeds. The caregiver is standing by the center door telling the children to stop running. When a child wants a drink of water she pours a cup and hands it to the child.

In this scenario, the contrast in quality is evident by the lack of opportunities provided for the children to engage in living/natural elements in the outdoor environment. Some outdoor equipment is available however; it is limited in size and variation of activities that can be play. This lack of variation will result in bored children who then will demonstrate challenging behaviors because of long wait times or undue competition for the limited materials provided. This environment does not support play or social emotional development.

RELEVANCE TO TEXAS RISING STAR

The Texas Rising Star guidelines provide an emphasis on outdoor learning environments that are linked to and reinforce indoor learning. Environments that provide a variety of natural elements such as non-toxic trees, shrubs, or vines, ground coverings, smooth rocks, mulch, sand, grass, pebbles, wood or logs, garden plants, , and birdhouses promote opportunities for children to interact and learn to care for living things. Materials/equipment is accessible for all children to use without undue competition or long wait times. Having a variety allows for children to make choices and supports social emotional development.

CATEGORY 5: PARENT EDUCATION AND INVOLVEMENT

Historically, parent involvement has implied a relatively superficial engagement of parents in classrooms and classroom-based activities (e.g., presence at a special event, chaperoning field trips) (Henrich, 2013). Although this type of parent-initiated involvement does foster positive relationships between families and schools, its impact is limited when compared to more comprehensive approaches to parent involvement or engagement (Epstein, 2001; Fantuzzo, McWayne, Perry, & Childs, 2004; Weiss, Bouffard, Bridglall, & Gordon, 2009). Indeed, when parent involvement focuses primarily on limited participation in school activities in traditional, school-led ways (e.g., classroom volunteering), there are often tensions in terms of sensitivity to family schedules, resources, and capacities, and these can lead to biases within home-school relationships. This is particularly true in groups that may not share the same mainstream views as the school or caregiver regarding their role in children's education or schooling (Souto-Manning & Swick, 2006). Indeed, these traditional, and more limited, models of parent involvement have tended to disenfranchise groups of parents with varied ethnic or language backgrounds, as well as fail to integrate family strengths with school strengths in support of children (Souto-Manning & Swick, 2006; Wong & Hughes, 2006).

More recent models of parent involvement have emphasized a deeper partnership between parents and schools (Weiss et al., 2009). Parents, like caregivers, have a significant influence on children's cognitive, academic, social/behavioral, and wellness outcomes (Bronfenbrenner & Morris, 2006; Shonkoff & Phillips, 2000). In fact, the idea—that parents and caregivers are joint stewards of children's developmental outcomes—is supported by research showing a strong parallel between high quality parenting behaviors and high quality teaching behaviors (Smith, Robbins, Stagman, & Mahur, 2013). For example, behaviors like shared reading, cognitive stimulation, rich language and conversation, and warmth and responsiveness are all seen as markers of high quality parenting (e.g., Burns, Donovan, & Bowman, 2000; Landry et al., 2012; Ramani & Siegler, 2008; Senechal, Pagan, Lever, & Ouellette, 2008). Likewise, these very same behaviors are seen as being at the center of high quality teaching behaviors (e.g., Hamre, Hatfield, Pianta, & Jamil, 2014).

Models of parent partnership recognize this joint influence and seek to actively integrate family strengths and school strengths into a coherent base of support for children. Such

comprehensive parent partnership models are now seen as the most powerful, and culturally sensitive, approaches to involving parents in their children's schooling and development (Epstein & Sheldon, 2006; Halgunseth, Peterson, Stark, & Moodie, 2009; Henrich, 2013). Such partnership-oriented approaches are also consistent with developmental theories that point to child outcomes as the function of various everyday environments (e.g., home, school) and the ways those environments interact together (Bronfenbrenner & Morris 2006). Although the home environment and school environment do not need to be replicas of each other, the more alignment there is in routines and expectations for children between home and school, the more environments can be mutually reinforcing and supportive (Weiss, et al., 2009). As such, children have a clear framework for successful and positive interactions with adults, peers, and within learning activities, across settings. Further, it is important to note that alignment between home and school does not always mean that parents are aligning to the school or early education program. Rather, within a strong home-school partnership, alignment occurs in both directions so that early childhood programs work to bring in family strengths and culture to the classroom, as well as support parents in building capacity for high quality parent behaviors in the home. (Souto-Manning & Swick, 2006; Weiss, et al., 2009).

Across these more comprehensive models of parent involvement, there are a number of recommendations for how early childhood programs or centers can foster true parent partnership. Key practices related to building parent partnership include the establishment of shared expectations and open communication, involvement of families and support to families in relation to children's learning and development, and establishment of parents as joint partners in decisions and/or around problem-solving (Halgunseth, et al., 2009). In the remainder of this chapter, we will focus on how the activities of early childhood programs can be structured to successfully establish these dimensions of parent partnership and how these principles are reflected within the Texas Rising Star measures and requirements.

RELEVANCE TO TEXAS RISING STAR

The Texas Rising Star measures related to Parent Education and Involvement reflect many aspects of a partnership-oriented approach to parent engagement. Collectively, these measures establish a framework for thinking broadly about how to involve parents at various levels of engagement. For example, the requirements related to Parent Education emphasize the importance of sharing policies and procedures of the early childhood program or center with parents. However, TRS recognizes that this is just an initial step toward establishing shared

expectations and practices between home and school/early education centers. Thus, the points-based measures related to Parent Education reflect the broader concepts of joint communication, parent capacity-building, and family supports, which are critical pieces of parent involvement within a partnership framework. By combining measures in this way, TRS points to the importance of having a system of parent partnership that acknowledges the value of more traditional and fundamental aspects of parent involvement (e.g., sharing policies, procedures, and structures), while also pointing toward the importance of more comprehensive and partnership-oriented activities.

BUILDING SHARED EXPECTATIONS AND FAMILY CAPACITY

The way that early childhood programs manage their parent outreach and education efforts can have a significant influence on establishing the home and school environments as a joint base of support. For example, ensuring that parents are connected to the school through a variety of formal and informal mechanisms—such as participation in parent-caregiver conferences, school meetings, newsletters, and emails—can be a means of setting shared expectations for children’s learning (Harvard Family Research Project [HFRP], 2006; Marcon, 1999; McWayne, Hampton, Fantuzzo, Cohen, & Sekino, 2004). Basic communication, such as sharing of policies and procedures, can be quite important for ensuring that families who are more economically disadvantaged or who do not share the dominant social culture have a sense of access to the school (Weiss, et al., 2009). Beyond providing parents this sense of school access, however, it is also important that programs and centers actively cultivate the expectation that information can (and should) flow in both directions. In this way parents are encouraged to help shape the conversation, and not simply sit as recipients of the program’s or school’s perspective (Smith et al., 2013). Again, a center’s or program’s culture of communication is an important mechanisms for establishing shared expectations and shared responsibility for children’s learning.

Successful parent outreach and education efforts do not just seek to engage parents at school or share information about school, but seek to involve them in schooling. Thus, an important way for early childhood programs to reach out and support parent involvement is through their active support for high quality parenting at home (Fantuzzo et al., 2004; Smith et al., 2013). Yet, research finds that efforts to demand more of parents—in terms of having them implement reading programs or academic interventions, for example—tend to fall short for those children most in need (e.g., low income; English Language Learners; Smith et al., 2013). For example, a research study reviewing the influence of home-based, shared-book reading interventions on

young children find weaker impacts for children from lower-income families, as compared to effects on children from more advantaged homes (Mol, Bus, DeJong, & Smeets, 2008). In many cases, barriers to participation within such interventions rest within the broader context of family poverty or family stressors (Weiss, et al., 2009). From the lens of parent partnership, these realities suggest a role for early childhood programs and centers in fostering parents' capacity to be involved in children's learning and school success, rather than simply demanding or requiring such involvement.

When early childhood programs or centers make an effort to educate parents on best practices related to children's learning and development, they must do so in ways that establish a trusting relationship with parents, reflect sensitivity to the parents' capacities and culture, and address the stressors and challenges that may be barriers to parent participation in education efforts (Smith et al., 2013). A number of highly successful parent education efforts aimed at high-risk populations have demonstrated positive impacts on parents' support for children's learning as well as children's learning outcomes when they take these ideas into consideration (e.g., Bridges, Cohen, & Fuller, 2012.; Mendez, 2010; Sheridan, Knoche, Edwards, Bovaird & Kupzyk, 2011; Starkey & Klein, 2000). What appears important within and across these initiatives is the extent to which they did not simply focus on what to tell parents, but gave considerable thought on how to help parents connect to the information in meaningful ways.

One key dimension of successful parent education efforts is that it addresses potential barriers to parent participation, such as transportation to education events, childcare during the event, involvement of multiple family members (e.g., not just the mother), and ongoing coordination or connection about the schedule. These barriers tend to be unequally distributed and are more entrenched within families with fewer resources; therefore, failure to address such barriers tends to perpetuate the cycle of unequal access to school involvement and unequal support to children's learning. On the other hand, when such barriers are actively addressed, parent involvement and outreach efforts can have a fairly high degree of success. For example, within one successful model of parent education, the program had an established parent liaison (i.e., someone to reach out each week to parents and problem solve any issues that would preclude participation; Starkey & Klein, 2011). With this support, participation rates (within a high-risk sample) were quite high (fewer than 1.5 missed sessions out of 8 sessions, on average, as reported in Smith et al., 2013).

A second dimension of many successful parent education efforts is that children in the family were actively involved in the initiative. This may take different forms. For example, sometimes, family education initiatives are extended into the home. Thus early education centers or programs actually initiate home visiting programs and work with parents in the home on specific skills or strategies. Sometimes this approach is taken within school or center-based programs, but these occur at a convenient time for whole family to participate (e.g., Saturday classes) and are designed for parents to work with their children under the coaching or guidance of a trusted caregiver. Both these approaches give parents access to the type of coaching support seen as critical to adult learning. Further, by involving children within education initiatives, parents do not have to make a trade-off between participation in an education opportunity and spending time with the family. This reflects sensitivity to the limited time and capacity within many families, particularly those families that lack abundant resources or flexibility in their schedules (Weiss et al., 2009).

Another dimension of many successful parent education initiatives is that they reflect sensitivity to family diversity. This can be seen in various ways. For example, it is important for programs serving diverse families to be sure to use culturally relevant materials and examples (e.g., video models that involve various ethnicities), as well as give thought to the match between the language and ethnicity of the caregiver and that of the families. When possible, translation of materials into multiple languages is also an important way to recognize and acknowledge the needs of families being served (Halgunseth et al., 2009). Sensitivity to broader family needs can also be seen in efforts that include incentives for participation. These incentives typically reflect awareness to the needs of families and seek to establish a sense of caring and concern for the family as a whole. The types of incentives that are often seen include food during the education event, take-away materials or 'kits' to support families in using ideas and strategies presented, as well as referrals and connections to needed resources, as part of the education initiative.

RELEVANCE TO TEXAS RISING STAR

TRS measures reflect critical features of communication and education highlighted within the research. For example, the TRS requirement on Parent Education points to the importance of establishing a clear mechanism of communication between the program and parents. High quality parent communication is defined in TRS by practices which encourage parents to share information related to their child or family, the establishment of ongoing channels of communication between parents and caregivers (e.g., regular notes sent home on children's

progress), and the creation of formal mechanism for parents to offer feedback (e.g., surveys). TRS also emphasizes the importance of valuing parent perspectives and actively reflecting these within the program policies and procedures. Collectively, these aspects of TRS emphasize the importance of two-way communication channels (e.g., parents to caregivers, caregivers to parents) and multiple routes of communication for parents. In this way, TRS works to formalize important communication mechanisms that are important to reaching parents and establishing shared expectations and shared responsibility for children's learning.

In addition to the value the TRS places on open and shared communication, the TRS points-based measures (on Education and Involvement) point to the value of sharing information on children's development and establishing the expectation that parents play a role in children's development. For example, TRS defines a high quality orientation as one which involves speaking to parents about developmental milestones and making a formalized statement about the family's role in learning. Similarly, the measures related to parent involvement indicate that high quality parent conferences are seen to center around children's learning, work, and progress, and note that all of this information should not be new at the conference time but has been shared throughout the day and weeks of school on an ongoing basis. Collectively, these aspects of TRS help establish the expectation that parents are partners within their children's learning—an idea that research-based models of parent involvement tend to emphasize (HFRP, 2006).

The research on parent involvement places a strong emphasis on creating frequent and well-designed opportunities for parent learning through early education centers and programs. The TRS measure on Parent Involvement also points to these types of high quality parent education practices. Although TRS does not mandate any specific format for parent education initiatives, the points-based measures that define high quality parent education suggest the importance of education initiatives which are sensitive to diverse family needs. This is a critical concept within the research on parent education. For example, the TRS measure on education shows that high quality parent education efforts work to schedule around families (e.g., holidays/weekends/home-based), make multiple types of resources available to parents through parent 'centers' (within the Parent Education measure), and seek to meet family needs by connecting parents to resources within the community. Further, TRS suggests that high quality education initiatives will be offered frequently and that centers will find ways to encourage parents to participate in at least three of these events. As such, TRS reflects the research-based and partnership-oriented perspective on parent education—which points to the

importance of early education centers and programs taking an active role in building alignment and capacity within families for the improved learning outcomes of children.

BUILDING PARENTS AS JOINT DECISION-MAKERS AND PROBLEM SOLVERS

Joint decision-making and problem solving between schools and parents is another important dimension of a partnership-oriented model of parent involvement. Early childhood programs or centers need to establish routines that allow parents to advocate for their children's needs and also need to be involved in addressing issues that arise, preferably before issues have escalated into more serious problems (Halgunseth, et al., 2006). The concept of advocacy has been emphasized within parent involvement models for children with special needs or learning needs. Indeed, research finds that parent involvement tends to be heightened when a child has a difficulty or a disability, even among parents that tend not to be highly active (Tang, Dearing, & Weiss, 2012). One area in particular around which parents need to be involved in joint problem solving and decision-making is child behavior problems. This is a particularly critical area in which to ensure strong parent involvement because problem behaviors tend to be one of the primary causes for adverse outcomes in preschool, such as preschool expulsion. Preschool expulsion rates within preschool are growing rapidly with national data suggesting 6.7 expulsions per 1000 preschoolers (within state-funded programs; Gilliam, 2008) and this rate is three times the national average of expulsions in K-12. Preschool expulsion is seen as a missed opportunity, as research suggests that preschools can effectively work with children and families to minimize or end negative behavior cycles (McCabe & Frede, 2007). Although much of the research on addressing expulsion rates has focused on caregiver training and classroom curricula, the role of parents is an obvious and central one when considering the importance of creating positive, and reinforcing systems of support for these children across their everyday environments (Bronfenbrenner & Morris, 2006).

RELEVANCE TO TEXAS RISING STAR

The research around parents as joint decision-makers and joint problem solvers is reflected within the TRS guidance for managing problem-behaviors or challenging behaviors or children. As the research suggests the basis to effective joint problem solving is a strong parent-school relationship, as well as a prevention-oriented approach to addressing children's needs and difficulties. TRS has specific structural requirements that mandate a problem-solving approach

to children's problem behavior and requires that parents are actively involved within the conversation. Further, points-based requirements around parent communication and parent involvement in school-based trainings, as well as TRS measures advocating for the value of connecting families to needed resources, suggest a more holistic and 'wrap-around' approach to supporting families who have children with challenging behaviors.

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