Local Child Outcomes Measurement System (L-COMS)

The Local Child Outcomes Measurement System (L-COMS) is a framework developed by ECTA and DaSy that identifies 7 key components of a high-quality child outcomes measurement system at the local level. The following resources were developed for local Part C and Part B 619/Preschool programs to evaluate their systems and to encourage and support efforts to improve those systems. *Local program*, as used throughout these documents, refers to a local/regional early intervention services program or a local educational agency or school district.

- Local Child Outcomes Measurement System (L-COMS) – describes the framework's 7 components, 13 quality indicators and their associated elements of quality

- L-COMS Self-Assessment – an Excel-based tool that provides a structure for local programs to record the current status of their child outcomes measurement system on the 13 quality indicators and associated elements, and to set priorities for improvement

- L-COMS Guide – contains general guidance for using the self-assessment tool

The L-COMS framework was designed to apply to all local programs regardless of their specific child outcomes measurement approach. Development of the L-COMS originated with the ECTA/DaSy technical assistance cohort on child outcomes data quality. Several states were interested in a product that would help support the improvement of child outcomes measurement systems at the local level.

It was derived from the Child Outcomes Measurement System (COMS)[1], a similar framework developed by the Early Childhood Outcomes (ECO) Center in 2011 for state use. ECTA and DaSy staff developed a draft of the L-COMS, using the COMS to identify comparable quality indicators and elements that could be used as is or revised to make applicable to the local level. Staff from several states then reviewed and piloted it at the local level and provided input.

For more detailed information on how to complete the Self-Assessment, see *the L-COMS Guide*.

> **L-COMS Components**
> Purpose
> Data Collection and Transmission
> Analysis
> Reporting
> Using Data
> Evaluation
> Cross-system Coordination

---

[1] The COMS was renamed the State Child Outcomes Measurement System (S-COMS) in 2017.

Acknowledgments

L-COMS Components and Quality Indicators

Purpose	
PR1.	Local program has articulated purpose(s) of L-COMS.

Data Collection and Transmission	
DC1.	Data collection procedures are carried out efficiently and effectively.
DC2.	Providers, supervisors, and others involved in data collection have the required knowledge, skills, and commitment.
DC3.	Local program's method for entering, transmitting, and storing data is effective and efficient.

Analysis	
AN1.	Local program identifies accountability and program improvement questions related to child outcomes.
AN2.	Local program analyzes data in a timely manner.
AN3.	Local program ensures completeness and accuracy of data.

Reporting	
RP1.	Local program interprets, reports, and communicates information related to child outcomes.

Using Data	
UD1.	Local program makes regular use of information on child outcomes to improve programs.

Evaluation	
EV1.	Local program evaluates its L-COMS regularly.

Cross-system Coordination	
CC1.	Part C and Part B 619 coordinate child outcomes measurement.
CC2.	Child outcomes measurement is coordinated across early childhood programs in community/regional area
CC3.	Local program has a longitudinal data system to link child outcomes data from EC program participation to K–12 data.

Purpose
Quality Indicator PR1: Local program has articulated purpose(s) of L-COMS.
Elements of Quality
PR1a. Written statement addresses why data are being collected and how data will be used. Statement specifies who will use the data and for what purposes.
PR1b. Purposes include meeting reporting requirements and providing ongoing information for data-based decision-making for program improvement.
PR1c. The purpose statement is identical to or consistent with purpose as articulated by the state.
PR1d. Statement is easily accessible to local administrators, providers, and general public.
PR1e. Stakeholders were involved in development of the purposes.
PR1f. Program staff fully understands why outcomes data are collected and how they are being used for program improvement.
PR1g. Families receiving services are fully informed of the purpose of collecting data on outcomes.

Data Collection and Transmission
Quality Indicator DC1: Data collection[2] procedures are carried out efficiently and effectively.
Elements of Quality
DC1a.   Local program has clear and comprehensive written policies and procedures describing the outcomes data collection process and staff roles and responsibilities.
DC1b.   Policies and procedures for data collection are readily accessible.
DC1c.   Procedures are revised as necessary and a systematic process exists for communicating changes in a timely manner.
DC1d.   Families are fully informed about the data collection.
DC1e.   Processes are available to facilitate efficient and complete data collection.
DC1f.   Local program has evidence that the data collection procedures are being implemented with high fidelity.
DC1g.   Ongoing support and technical assistance for data collection issues are readily available; problems are addressed in a timely fashion.
DC1h.   There are structures (e.g., time for teaming, support for engaging families, space, sufficient resources) in place to ensure the collection of quality child outcomes data.
DC1i.   Local program has policies and procedures that identify child outcomes information and supporting documentation to be included in the child's record and provided to families as part of that record.

---

[2] Data collection refers to the set of activities resulting in good outcomes data, e.g., administration and scoring of assessment tool(s) either as stand-alone data or as a data source for the Child Outcomes Summary (COS) rating, discussion of multiple sources of information to select COS rating.

Quality Indicator DC2: Providers, supervisors, and others involved in data collection have the required knowledge, skills, and commitment[3].	
Elements of Quality	
DC2a.	Professional development is consistent with and incorporates information in state policies, procedures, and guidance related to outcomes data collection.
DC2b.	Local program has written expectations for professional development for outcomes data collection and supervision of data collection.
DC2c.	Local program has articulated competencies, aligned with those of the state, related to data collection for all those involved in child outcomes measurement.
DC2d.	Professional development for outcomes data collection is integrated in overall professional development for service delivery.
DC2e.	New staff members and/or newly contracted providers are trained in data collection procedures before they are expected to provide data.
DC2f.	Local program has process for ensuring staff, including contracted providers, have been trained and have the requisite competencies.
DC2g.	Local program has evidence that all or almost all staff have the requisite competencies.
DC2h.	Local program provides readily accessible, ongoing support to all staff participating in outcomes data collection, for example, through supervision, mentoring and coaching.
DC2i.	Local program has ongoing feedback loop to evaluate and revise professional development.

---

[3] Good assessment procedures are essential for valid child outcomes data. Examining the quality of assessment procedures is beyond the scope of this scale but local programs/districts are encouraged to familiarize themselves with the principles of good assessment and examine the extent to which these principles are being consistently applied.

Quality Indicator DC3: Local program's method for entering, transmitting, and storing data is effective and efficient.
Elements of Quality
DC3a. Local program has a data system in place to collect and store high-quality outcomes data.
DC3b. Data elements to be used for outcome analyses are entered efficiently and accurately.
DC3c. Systematic checks on data entry are in place.
DC3d. Local program staff entering and transmitting data have access to necessary hardware and software and know how to use them.
DC3e. Technology support is effective.
DC3f. Procedures are in place to communicate changes/updates that have been made to data system.
DC3g. Local program staff have real-time access to the data. Data system is web-based.
DC3h. Child-level outcomes data can follow child across programs/districts electronically as needed.
DC3i. Local program staff handling data understand and protect confidentiality.
DC3j. Data system protects confidential information.
DC3k. Protocols for archiving data are in place.

Analysis

Quality Indicator AN1: Local program identifies accountability and program improvement questions related to child outcomes.

Elements of Quality
AN1a. Local program has a written set of publicly available accountability and program improvement questions related to child outcomes.
AN1b. The questions were developed with broad stakeholder input, including families.
AN1c. The questions are aligned with the vision and purposes of the local program's outcomes measurement system.
AN1d. The questions address how outcomes relate to child, family, and service characteristics.
AN1e. Answers to the questions will provide useful information for accountability and program improvement.
AN1f. Local program regularly reviews and revises the questions.

Quality Indicator AN2: Local program analyzes data in a timely manner.

Elements of Quality
AN2a. Local program can access all the data elements necessary to address its accountability and program improvement questions.
AN2b. Local program has sufficient resources to conduct data analyses in a timely and accurate manner.
AN2c. Local program keeps records as to how the analyses were conducted.
AN2d. Local program conducts analyses or works with another entity to conduct analyses in a timely and accurate manner.
AN2e. Local program follows state policy or guidance with regard to data analysis.
AN2f. Local program conducts ad hoc analyses as needed.

Quality Indicator AN3: Local program ensures completeness and accuracy of data.
Elements of Quality
AN3a.   Local program routinely checks the completeness and accuracy of its data.
AN3b.   Local program has evidence that the data are accurate.
AN3c: Local program regularly tracks missing and incomplete data and has implemented a plan for reducing missing and incomplete data.
AN3d.   Levels of missing or incomplete data are less than 5% of cases.
AN3e.   The data are representative of the children served in the program.

Reporting
Quality Indicator RP1: Local program interprets, reports, and communicates information related to child outcomes.
Elements of Quality
RP1a.   Local program interprets, reports, and communicates information related to child outcomes in a manner appropriate to the size of the program (e.g., large programs disaggregate the data).
RP1b.   Local program has procedures in place to address confidentiality issues raised by analyses that produce cells with small numbers.
RP1c.   Local program conducts systematic and comprehensive review of analyses including consideration of possible interpretations about child outcomes and the relationships between outcomes and child, family, service, and system characteristics per the program's questions.
RP1d.   Local program includes representative staff in the process of developing interpretations. Interpretations reflect stakeholder input.
RP1e.   Local program staff are knowledgeable about the child outcomes and can explain results to relevant audiences.
RP1f.   Local program communicates results to target audiences for intended purposes in appropriate formats.

Using Data
Quality Indicator UD1: Local program makes regular use of information on child outcomes to improve programs.
Elements of Quality
UD1a.   Local program regularly implements a stakeholder process that includes families for considering the implications of child outcomes data and other data.
UD1b.   Local program improvement activities are aligned with state plans and initiatives.
UD1c.   Local program uses data to develop a plan for program improvement.
UD1d.   Local program regularly implements and evaluates program improvement activities related to child outcomes.

Evaluation
Quality Indicator EV1: Local program evaluates its L-COMS regularly.
Elements Of Quality
EV1a.   Local program regularly develops/updates a comprehensive evaluation plan addressing whether the individual components of L-COMS are being implemented as planned and producing intended results for the system.
EV1b.   Local program implements its evaluation strategies according to plan.
EV1c.   Local program regularly uses evaluation results to improve L-COMS components and the overall effectiveness of the outcomes system, and to revise the evaluation plan.

Cross-system Coordination
Quality Indicator CC1: Part C and Part B 619 coordinate child outcomes measurement.
Elements of Quality
CC1a.   Local program Part C and Part B 619 staff regularly communicate about outcomes data issues.
CC1b.   Local program follows state and federal requirements related to data sharing.
CC1c.   Part B 619 program staff have access to Part C child outcomes exit data for children entering their program.
CC1d.   Part C program data can be linked to data from Part B 619, and both Part C and Part B 619 have access to longitudinal analyses.

Quality Indicator CC2
Quality Indicator CC2: Child outcomes measurement is coordinated across early childhood programs in community/regional area.
Elements of Quality
CC2a.   Local program uses common data standards that will allow data to be linked across EC programs.
CC2b.   EC program routinely shares outcomes measurement resources.

Quality Indicator CC3
Quality Indicator CC3: Local program has a longitudinal data system to link child outcomes data from EC program participation to K–12 data.
Elements of Quality
CC3a.   Child outcomes data for most or all EC programs are linked to K–12 data.
CC3b.   Child outcomes data within longitudinal data systems are analyzed and used for improving the programs.