NAEYC Early Learning Programs Standards and Criteria: Additional Best Practices

On February 23, 2011, 39 criteria were intentionally removed from the NAEYC Early Learning Program Standards and Criteria, the Sources of Evidence Checklist, and all tools related to Self-Assessment. These criteria are not currently assessed by the NAEYC Early Learning Programs during site visits and verification visits for NAEYC Accreditation.

On October 1, 2013, these criteria were reincorporated into the NAEYC Early Learning Program Standards and Criteria, in order to offer a comprehensive account of the criteria. Because these criteria are not currently assessed, they remain omitted from the Sources of Evidence Checklist and all tools related to Self-Assessment.

Rationale

By analyzing data from site visits, the NAEYC Early Learning Programs was able to remove 39 criteria from its assessment instruments without compromising the reliability and validity of the site visit process. NAEYC still considers these criteria to be statements of best practice, but no longer requires programs to gather specific documentation related to how they are met. Many of the following criteria are addressed in other, similar criteria.

1.A.04	**I-T-P-K**	**Not Currently Assessed: Best Practice**
a	Teachers are sensitive to family concerns and reassure family members who are concerned about leaving children in non-family care.	
Examples may include conversations with family members.		

1.E.02	**T-P-K**	**Not Currently Assessed: Best Practice**
a	Teachers observe children who have challenging behavior. They identify events, activities, interactions, and other contextual factors that predict challenging behavior and may contribute to the child's use of challenging behavior.	
Definition of challenging behavior: "Challenging behavior is any behavior that (1) interferes with children's learning, development and success at play, (2) is harmful to the child, other children, or adults, [or] (3) puts a child at high risk for later social problems or school failure." (Kaiser & Rasminsky, Challenging Behavior in Young Children (2nd Ed.), Pearson Education Inc., 2007, p. 8). Examples of challenging behavior: Physical aggression (hitting, biting, shoving, whacking with toys), relational aggression ("You can't play with us", verbal bullying), tantrums, whining, testing limits, refusal to follows directions or observe classroom rules.		

2.D.05	**T-P-K**	**Not Currently Assessed: Best Practice**
a	Children who are non-verbal are provided alternative communication strategies.	

2.D.07	**P-K**	**Not Currently Assessed: Best Practice**
a	Children are provided varied opportunities and materials that encourage them to engage in discussions with one another.	
Dramatic play props (telephones, dolls, clothes), puppets, flannel boards, language board games, and small animal figures are examples of materials that promote discussion when used.		

2.E.06	**P-K**	**Not Currently Assessed: Best Practice**
Children are regularly provided multiple and varied opportunities to develop phonological awareness:		

2.E.06	P-K	Not Currently Assessed: Best Practice
a	Children are encouraged to play with the sounds of language, including syllables, word families, and phonemes, using rhymes, poems, songs, and finger plays.	
b	Children are helped to identify letters and the sounds they represent.	
c	Children are helped to recognize and produce words that have the same beginning or ending sounds.	
d	Children's self-initiated efforts to write letters that represent the sounds of words are supported.	
Examples may include lesson plans, schedules, charts, and conversations.		

2.K.05	P-K	Not Currently Assessed: Best Practice
a	Children are provided opportunities to discuss, ask questions, and express fears about visiting the doctor, clinic, hospital, or dentist; getting shots; and taking medicine.	
Examples may include conversations, books, posters and materials related to these topics.		

2.L.09	P-K	Not Currently Assessed: Best Practice
Children are provided varied opportunities and materials that allow them to contribute to the well-being of		
a	their classroom and	
b	the community, including care for the social and physical environments in which they live.	
The intent of this criterion is to teach and provide materials so that children can positively contribute in creating a harmonious environment within both their classrooms and their community. The program itself may be included as part of the community; program wide initiatives in which children participate can be used to meet this criterion. *Examples include, but are not limited to: Lesson plans, pictures, materials of sending out get-well cards to sick classmates, helping out younger children in their center, child-developed rules, and job-charts, food drives, clothing collections, etc.*		

3.B.07	I-T-P-K	Not Currently Assessed: Best Practice
Teachers' responses to challenging, unpredictable, or unusual behavior are informed by their knowledge of children's		
a	home and	
b	classroom life.	
Examples may include conversations with the parent and/or child, lesson plans, and narration, etc. *Definition of challenging behavior: "Challenging behavior is any behavior that (1) interferes with children's learning, development and success at play, (2) is harmful to the child, other children, or adults, [or] (3) puts a child at high risk for later social problems or school failure." (Kaiser & Rasminsky, Challenging Behavior in Young Children (2nd Ed.), Pearson Education Inc., 2007, p. 8).* *Examples of challenging behavior: Physical aggression (hitting, biting, shoving, whacking with toys), relational aggression ("You can't play with us", verbal bullying), tantrums, whining, testing limits, refusal to follow directions or observe classroom rules.*		

3.B.08	I-T-P-K	Not Currently Assessed: Best Practice
a	Teachers notice patterns in children's challenging behaviors to provide thoughtful, consistent, and individualized responses.	

3.B.08	I-T-P-K	Not Currently Assessed: Best Practice
Definition of challenging behavior: "Challenging behavior is any behavior that (1) interferes with children's learning, development and success at play, (2) is harmful to the child, other children, or adults, [or] (3) puts a child at high risk for later social problems or school failure." (Kaiser & Rasminsky, Challenging Behavior in Young Children (2nd Ed.), Pearson Education Inc., 2007, p. 8). Examples of challenging behavior: Physical aggression (hitting, biting, shoving, whacking with toys), relational aggression ("You can't play with us", verbal bullying), tantrums, whining, testing limits, refusal to follows directions or observe classroom rules.		

3.B.13	P-K	Not Currently Assessed: Best Practice
Teachers provide children opportunities to affect what happens in the classroom through participation in decision making about issues concerning		
a	classroom behavior,	
b	plans, and	
c	activities.	
Examples may include children creating classroom rules, talking about behavior, contributing to lesson plans (i.e. what projects to do that day, week or month) or choosing classroom activities during free choice/free play. Lesson plans, photos and posted materials may also be examples of such opportunities.		

3.D.07	T-P	Not Currently Assessed: Best Practice
At snack times, teaching staff		
a	sit and eat with children and	
b	engage them in conversation.	
When provided, meals are		
c	served family style, and teaching staff	
	Family style is defined as when food is served in containers holding multiple portions so that children may serve themselves. Food that is distributed in a cafeteria line or on plated trays is not considered family style.	
d	sit and eat with children and	
e	engage them in conversation.	
Programs define whether they offer meals and/or snacks. Teaching staff are expected to sit with children and engage them in conversation when time for a snack or meal is provided, even if the food is brought from home. Conversations must extend beyond rules and expectations for behavior at the table. Note that snacks do NOT need to be served family-style.		

4.B.06	I-T-P-K	Not Currently Assessed: Best Practice
a	Staff share an understanding of the purposes, values, and uses of assessment in their program and can explain these to others.	
Examples may include documentation of staff training regarding uses of assessment in the program or communications to families about the use of assessments in the program.		

5.A.04	I-T-P-K	Not Currently Assessed: Best Practice
The program follows these practices in the event of illness:		

5.A.04	I-T-P-K	Not Currently Assessed: Best Practice
The program follows these practices in the event of illness:		
a	If an illness prevents the child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children or if a child's condition is suspected to be contagious and requires exclusion as identified by public health authorities, then the child is made comfortable in a location where she or he is supervised by a familiar caregiver. If the child is suspected of having a contagious disease, then until she or he can be picked up by the family, the child is located where new individuals will not be exposed.	
b	The program immediately notifies the parent, legal guardian, or other person authorized by the parent when a child has any sign or symptom that requires exclusion from the program.	
A program that allows ill children or staff to remain in the program implements plans that have been reviewed by a health professional about		
c	what level and types of illness require exclusion;	
d	how care is provided for those who are ill but who are not excluded; and	
e	when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.	

5.A05	I-T-P-K	Not Currently Assessed: Best Practice
a	Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that families should implement at home.	
b	The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.	
	Examples of cooperative arrangements may include documented visits or communications with local health authorities, reports of communicable illnesses reported to local health authorities, and reports received from the local or state health authority (e.g., downloaded press releases).	

5.A.15	I-T	Not Currently Assessed: Best Practice
a	Infants and toddlers/twos do not have access to large buckets that contain liquid.	
If buckets of liquid are in areas separated from infants by barriers (e.g., in a hallway separated by a closed door), then they do NOT have access.		

5.B.01	I-T-P-K	Not Currently Assessed: Best Practice
a	If the program provides food for meals and snacks (whether catered or prepared on-site), the food is prepared, served, and stored in accordance with the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) guidelines.	
CACFP regulations, policies, and guidance materials on meal requirements provide the basic guidelines for good nutrition, food storage, preparation, service and sanitation practices. Meals and snacks offered to young children should provide a variety of nourishing foods on a frequent basis to meet the nutritional needs of young children, as well as be stored, served and prepared in accordance with the USDA and CACFP guidelines. Programs not eligible for reimbursement under the regulations of CACFP are encouraged to use the CACFP food guidance.		

5.B.02	I-T-P-K	Not Currently Assessed: Best Practice
Staff take steps to ensure the safety of food brought from home:		

5.B.02	I-T-P-K	Not Currently Assessed: Best Practice
Staff take steps to ensure the safety of food brought from home:		
a	They work with families to ensure that foods brought from home meet the USDA's CACFP food guidelines.	
b	All foods and beverages brought from home are labeled with the child's name and the date.	
c	Staff make sure that food requiring refrigeration stays cold until served.	
d	Food is provided to supplement food brought from home if necessary.	
e	Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers. (This indicator only is an Emerging Practice.)	
CACFP regulations, policies, and guidance materials on meal requirements provide the basic guidelines for good nutrition, food storage, preparation, service and sanitation practices. Meals and snacks offered to young children should provide a variety of nourishing foods on a frequent basis to meet the nutritional needs of young children, as well as be stored, served and prepared in accordance with the USDA and CACFP guidelines. Programs not eligible for reimbursement under the regulations of CACFP are encouraged to use the CACFP food guidance.		

5.B.05	I-T-P-K	Not Currently Assessed: Best Practice
a	For each child with special health care needs or food allergies or special nutrition needs, the child's health care provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care.	
	Children with special health care needs are defined as "...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."(1) *Reference: McPherson, M., P. Arango, H. Fox, C. Lauver, M. McManus, P. Newacheck, J. Perrin, J. Shonkoff, and B. Strickland. 1998. A new definition of children with special health care needs. Pediatrics 102:137--40*	
b	The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.	
This criterion refers specifically to children with diagnosed food allergies or special nutritional needs because of medical conditions. A program may choose to honor family preferences regarding food (for example, vegetarian or kosher diet) in the absence of a diagnosed food allergy or medical condition without obtaining an individualized care plan by the physician as long as the request conforms with the nutritional guidelines of the US Department of Agriculture's Child and Adult Care Food Program.		

5.B.07	I-T-P-K	Not Currently Assessed: Best Practice
a	Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.	
This criterion is intended to protect children from burns from hot coffee, tea, soups, and other foods that adults may have brought into a classroom. Children can participate in well-supervised cooking experiences. *Although the USDA cites specific temperatures for cooking and holding food, cooking and holding temperatures are different than recommended temperatures for food served to young children.*		

5.C.05	I-T-P-K	Not Currently Assessed: Best Practice
a	Classroom pets or visiting animals appear to be in good health.	

5.C.05	I-T-P-K	Not Currently Assessed: Best Practice
b	Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children.	
c	Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals.	
d	Program staff make sure that any child who is allergic to a type of animal is not exposed to that animal.	
e	Reptiles are not allowed as classroom pets because of the risk for salmonella infection.	
	Examples of reptiles include lizards, turtles, snakes, iguanas, and geckoes.	

9.A.06	I-T-P-K	Not Currently Assessed: Best Practice
a	When climbers, climbing gyms, slides, and other play units are part of the indoor environment, the program provides safety surfacing that is rated and installed in the fall zone as recommended by the manufacturer for the fall height of the play equipment. Furnishings such as lofts are constructed to prevent falls (e.g., with appropriate barriers), or safety surfacing is installed in the fall zone.	

9.A.13	I-T-P-K	Not Currently Assessed: Best Practice
Staff select and use materials, equipment, and furnishings to		
a	support the curriculum,	
b	meet program goals, and	
c	foster the achievement of desired outcomes for children.	
Materials, equipment and furnishing should be developmentally appropriate. A classroom furnished with primarily passive or directive materials would not meet the intent of this criterion. *Examples may include a policy or perhaps a mission statement regarding the selection and purchase of materials and equipment.*		

9.C.11	I-T-P-K	Not Currently Assessed: Best Practice
a	Fully working fire extinguishers and fire alarms are installed in each classroom and are tagged and serviced annually.	
	Hard-wired smoke detectors are acceptable as fire alarms when they can be heard throughout the facility. Fire extinguishers are not required in every classroom when all classrooms are equipped with sprinklers or when the facility otherwise meets the current standards of the National Fire Protection Association (http://www.nfpa.org) regarding the placement of fire extinguishers.	
b	Fully working carbon monoxide detectors are installed in each classroom and are tagged and serviced annually.	
c	Smoke detectors, fire alarms and carbon monoxide detectors are tested monthly, and a written log of testing dates and battery changes is maintained and available.	
Materials, equipment and furnishing should be developmentally appropriate. A classroom furnished with primarily passive or directive materials would not meet the intent of this criterion. *Examples include a policy or perhaps a mission statement regarding the selection and purchase of materials and equipment.*		

9.C.12	I-T-P-K	Not Currently Assessed: Best Practice
a	Any body of water, including swimming pools, built-in wading pools, ponds, and irrigation ditches, is enclosed by a fence at least four feet in height, with any gates childproofed to prevent entry by unattended children. To prevent drowning accidents, staff supervise all children by sight and sound in all areas with access to water in tubs, pails, and water tables.	

9.C.14	I-T-P-K	Not Currently Assessed: Best Practice
a	Vehicles that programs use are held to school bus standards or are multifunction school activity buses. These vehicles are labeled with the program's name and phone number. Program vehicle maintenance is performed according to manufacturers' recommended maintenance schedule. Documentation of maintenance is available on-site for each vehicle, showing date of regular and at least quarterly inspections and preventative maintenance. Staff carry out daily pre-trip inspections of vehicles and correct any unsafe conditions, including unsatisfactory air pressure in tires.	
If program staff are on the bus, pre-trip inspections could be conducted by staff and documented. If the program does not provide staffing on the bus, pre-trip inspections could be addressed as part of the contract or agreement with the leasing company.		

9.C.15	I-T-P-K	Not Currently Assessed: Best Practice
a	Staff use vehicles and approved child and adult safety-restraint devices in accordance with the manufacturer's instructions, and they use the restraints at all times when transporting children.	
This criterion applies to vehicles that are owned or operated by, or on behalf of, the program.		

9.D.01	I-T-P-K	Not Currently Assessed: Best Practice
a	Documentary evidence, available on site, indicates that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazard from friable material. Evidence exists that the program has taken remedial or containment action to prevent exposure to children and adults if warranted by the assessment.	
Lead, radon, radiation, asbestos, and fiberglass have all been identified as potentially hazardous. Friable materials are easily crumbled or reduced to powder, increasing the potential for inhalation. Recognizing variations in local context, programs are advised to seek guidance from local authorities to identify environmental issues potentially hazardous in the area, appropriate forms of testing, and necessary steps for remediation.		

9.D.05	I-T-P-K	Not Currently Assessed: Best Practice
a	All rooms that children use are heated, cooled, and ventilated to maintain room temperature and humidity level. The maintenance staff or contractor certifies that facility systems are maintained in compliance with national standards for facility use by children.	
Examples may include HVAC (Heating, Ventilating, and Air-Conditioning) systems that are maintained in accordance with national standards for facility use by children. Programs should refer to the ASHRAE or EPA standards for more specific information.		

9.D.07	I-T-P-K	Not Currently Assessed: Best Practice
a	Areas used by staff or children who have allergies to dust mites or to components of furnishings or supplies are maintained by the program according to the recommendations of health professionals.	

10.A.05	I-T-P-K	Not Currently Assessed: Best Practice
a	The program administrator provides leadership to staff to implement the program mission.	
Examples may include: the program has a mission statement or clear statement of its purpose, goals and responsibilities to the children and families and can show that it is communicated to staff; the program has evidence of providing in-services and trainings to staff.		

10.A.06	I-T-P-K	Not Currently Assessed: Best Practice

10.A.06	I-T-P-K	Not Currently Assessed: Best Practice
a	The program administrator responds proactively to changing conditions to enhance program quality.	
The program administrator anticipates changes or difficulties and is prepared for and prepares the staff for the change/difficulty before it occurs.		

10.B.02	I-T-P-K	Not Currently Assessed: Best Practice
a	All components of program operation are guided by written policies and are carried out through articulated plans, systems, and procedures that enable the program to run smoothly and effectively and that guide the program toward achieving its goals.	
"Components" are broadly defined and can vary by program mission and structure. Written policy should guide each component of the program's daily operations, and all components should work together to meet the overall program mission. For example, policies regarding staffing ratios, child assessment, family involvement, curriculum planning, napping schedules, etc. should function cohesively together in line with the program goals and mission.		

10.B.08	I-T-P-K	Not Currently Assessed: Best Practice
The program has written policies and procedures that demonstrate how the program prepares for, orients, and welcomes children and families. These policies and procedures are shared verbally and in writing with families of enrolled children and are available in languages that families use and understand.		
Policies address		
a	the program's philosophy and	
b	curriculum goals and objectives,	
c	the program's commitment to welcome children and families; and	
d	guidance and discipline.	
Procedures address		
e	the variety of strategies used by the program for ongoing communication with families, including communication in their preferred language or through translation;	
f	how Individualized Family Service Plans (IFSPs), Individualized Education Plans (IEPs), and other individualized plans will be addressed for children with disabilities and other special learning needs;	
	IFSP = Individual Family Service Plan. IEP = Individual Education Plan.	
g	health and safety precautions and requirements that affect families and their children including building security and access, medications, inclusion or exclusion of ill children, and emergency plans;	
h	the variety of techniques used by the program to negotiate difficulties and differences that arise in interactions between families and program staff;	
i	payment, meals and snacks, and sleeping arrangements;	
j	how the program ensures confidentiality of child and family information;	
k	how and when children are scheduled for field trips;	
l	safety precautions that will be used to safeguard the children on trips, including having a communication device to call for help whenever necessary while on the trip, having first-aid supplies on the trip, and alternate transportation arrangements if there is a problem with the transportation vehicles during the trip.	

10.B.08	I-T-P-K	Not Currently Assessed: Best Practice
The program has written policies and procedures that demonstrate how the program prepares for, orients, and welcomes children and families. These policies and procedures are shared verbally and in writing with families of enrolled children and are available in languages that families use and understand. Policies address		
Examples may include relevant information from parent handbooks, introductory information, welcome packets, parent newsletters, etc.		

10.D.07	I-T-P-K	Not Currently Assessed: Best Practice
a	Transportation services are managed and program vehicles are licensed and insured in accordance with applicable federal and state laws. Certification of licensing and insurance is available on-site.	
Transportation services are defined as regular, expected transportation services provided by the program (e.g., pick-up/drop-off services between the program and schools, outside activities, etc.). This definition does not include one-time or irregular transportation in instances of fieldtrips/special events. When transportation services are contracted through an outside company, certification of licensing and insurance should be kept on file.		

10.D.08	I-T-P-K	Not Currently Assessed: Best Practice
The program has written and posted disaster preparedness and emergency evacuation procedures. The procedures		
a	designate an appropriate person to assume authority and take action in an emergency when the administrator is not on-site.	
The procedures include		
b	plans that designate how and when to either shelter in place or evacuate and that specify a location for the evacuation;	
c	plans for handling lost or missing children, security threats, utility failure, and natural disasters;	
d	arrangements for emergency transport and escort from the program; and	
e	monthly practice of evacuation procedures with at least yearly practice of other emergency procedures.	
Evacuation procedures should be posted in rooms in which children or adults may gather (e.g., office, staff lounge, library or indoor play area). All other policies should be documented. *Examples may include posted emergency procedures, a policy from the staff and/or family handbook, memos, and emergency handbooks.*		

10.D.10	I-T-P-K	Not Currently Assessed: Best Practice
Policies address the use of medications and special medical procedures needed by enrolled children:		
a	Medications are labeled with (a) the child's first and last name, name of clinician, expiration date, and manufacturer's instructions or (b) the original prescription label that details the name and strength of the medication as well as directions on administering and storing.	
b	Medication is administered only with written permission of the parent or legal guardian and as prescribed or as recommended in writing or by another form of direct communication with a licensed health care provider for a specific child. A standing order from a licensed health care provider may guide the use of over-the-counter medications with children in the program when that order details the specific circumstances and provides specific instructions for individual dosing of the medication.	
c	Teaching staff who administer care to children requiring special medical procedures are competent in the procedure and guided in writing by the prescribing health care provider.	

10.D.10	I-T-P-K	Not Currently Assessed: Best Practice
b-c	*Non-prescription preventatives such as sunscreen, insect repellent, diaper cream, lotion, lip balm, and toothpaste are not considered medications and only require parental/guardian consent. Staff do not need to be trained or evaluated in their use.*	
Examples may include program policies addressing these aspects of medication handling and administration.		

10.E.04	I-T-P-K	Not Currently Assessed: Best Practice
Programs maintain current health information from documented health assessments for all paid staff and for all volunteers who work more than 40 hours per month and have contact with children. A current health assessment (not more than one year old) is received by the program before an employee starts work or before a volunteer has contact with children. The health assessment is updated every two years. Documented health assessments include		
a	immunization status,	
b	capacities and limitations that may affect job performance, and	
c	documentation by a licensed health professional of TB skin testing using the Mantoux method and showing the employee to be free from active TB disease. For those who have positive TB skin tests and who develop a persistent cough or unexplained fever, immediate assessment by a licensed physician is required. For those who have increased risk of TB according to the Centers for Disease Control (CDC), documentation is required annually by a licensed health professional showing that the employee is free from active TB disease.	
The health assessment for staff is to be updated according to state requirements. Individuals with previously negative skin test results do not need to be retested for tuberculosis unless required by the local or state health department. Those who have increased risk of TB based on the definitions of the Centers for Disease Control need to provide annual documentation by their physician that they are free of active TB disease.		

10.E.10	I-T-P-K	Not Currently Assessed: Best Practice
a	An individual professional development plan is generated from the staff-evaluation process and is updated at least annually and ongoing as needed.	
Examples may include written policies, sample staff evaluation forms with individualized professional development plan, relevant information from program handbooks, and new employee orientation materials.		

10.F.01	I-T-P-K	Not Currently Assessed: Best Practice
a	At least annually, administrators, families, staff, and other routinely participating adults are involved in a comprehensive program evaluation that measures progress toward the program's goals and objectives. Valid and reliable processes are used to gather data and evidence.	
Examples may include family and teaching staff surveys developed for self-study or self-assessment.		