Emerging Practice Criteria

Programs are encouraged to meet these criteria; however, because they are currently not widely practiced and may require time for training and facility renovations, performance on these criteria will not negatively affect the accreditation decision at this time.

3.D.12	Adults sit and eat with kindergarten children at snack and meal times and engage them in conversation.
4.C.01	All children receive developmental screening that includes • the timely screening of all children within three months of program entry; • screening instruments that meet professional standards for standardization, reliability, and validity; • screening instruments that have normative scores available on a population relevant for the child being screened; • screening children's health status and their sensory, language, cognitive, gross motor, fine motor, and social-emotional development; • a plan for evaluating the effectiveness of the screening program; • using the results to make referrals to appropriate professionals, when appropriate, and ensuring that the referrals are followed
4.D.02	Teaching teams meet at least weekly to interpret and use assessment results to align curriculum and teaching practices to the interests and needs of the children.
4.E.07	The program staff provide families with a full explanation of confidentiality by • listing the categories of individuals who will have access to individual child screening and assessment results and the reasons for their access. • sharing regulations governing access to files and familial rights. • describing the procedures used to keep individual child records confidential. • explaining how and why children's individual screening results and assessment information will be represented, used, and interpreted.
5.A.02	The program has and implements a written agreement with a health consultant who is either a licensed pediatric health professional or health professional with specific training in health consultation for early childhood programs. • The health consultant visits at least two times a year and as needed. Where infants and toddlers/twos are in care, the health consultant visits the program at least four times a year and as needed. • The health consultant observes program practices and reviews and makes recommendations about the program's practices and written health policies to ensure health promotion and prevention of infection and injury. The consultation addresses physical, socio-emotional, nutritional, and oral health, including the care and exclusion of ill children. • Unless the program participates in the United States Department of Agriculture's Child and Adult Care Food Program, at least two times a year a registered dietitian or pediatric public health nutritionist evaluates the menus for nutritional content; portion sizes; nationally recommended limits on juice, sugar, sodium, and saturated fats; food service operations; special feeding needs to be met by the program; and procedures used for

	food brought from home. The program documents compliance and implements corrections according to the recommendations of the consultant(s).
5.A.08	*This indicator only:* Each changing area is separated by a partial wall or at least 3 feet from other areas that children use and is assigned for exclusive use to one group of children.
5.A.10	Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children come to participate in the water play activity. The water is drained when the group of children allowed to use the table during the activity period completes the activity. Alternately, fresh potable water flows freely through the water play table and out through a drain in the table.
5.A.13	After each feeding, infants' teeth and gums are wiped with a disposable tissue to remove liquid that coats the teeth and gums
5.B.10	*This indicator only:* Except for human milk, staff serve only formula and infant food that comes to the facility in factory-sealed containers (e.g., ready-to-feed powder or concentrate formulas and baby food jars) that staff prepare according to the manufacturer's instructions.
6.A.11	All teachers and assistant teachers/teacher aides have specialized professional development training in how to accurately use the program's assessment procedures for assessment of child progress and program quality. Their training is used to adapt classroom practices and curriculum activities.
6.B.02	All teaching staff continuously strengthen their leadership skills and relationships with others and work to improve the conditions of children and families within their programs, the local community or region, and beyond. Teaching staff participate in informal or formal ways in local, state, or regional public-awareness activities related to early care by joining groups, attending meetings, or sharing information with others both at and outside the program.
7.A.04	To better understand the cultural backgrounds of children, families, and the community, program staff (as a part of program activities or as individuals) participate in community cultural events, concerts, storytelling activities, or other events and performances geared to children and their families.
7.C.05	Program staff provide families with information about programs and services from other organizations. Staff support and encourage families' efforts to negotiate health, mental health, assessment, and educational services for their children.
8.A.06	Program staff advocate for the program and its families by creating awareness of the program's needs among community councils, service agencies, and local governmental entities.
8.A.07	Program staff include information gathered from stakeholders in planning for continuous improvement, building stakeholder involvement in the program, and broadening community support for the program.
9.A.01	*This indicator only:* A solid barrier or at least three-foot spacing separates sleeping children from one another.

9.B.07	The findings of an assessment by a Certified Playground Safety Inspector are documented and available on site. The assessment documents • the safety of play equipment to protect against death or permanently disabling injury for children aged two through kindergarten. • that, through remedial action, the program has corrected any unsafe conditions, where applicable. • that an inspection and maintenance program has been established and is performed on a regular basis to ensure ongoing safety. • that the outdoor play area accommodates abilities, needs, and interests of each age group the program serves.
10.B.03	Technology-based information management systems are in place. Procedures guide staff in collecting and analyzing data that are used to monitor the operation of the program and to inform program improvement.
10.B.10	Policies guide the appropriate use of specialized consultants to support staff's efforts to meet the needs of children and families to participate fully in the program, including children with disabilities, behavior challenges, or other special needs. Policies address consultant skills, payment, access, and availability, and working relationships with staff. Policies also address arrangements with other agencies to utilize their consultants for children who are eligible for their services.
10.F.05	The program has an ongoing monitoring system to ensure that all program goals and requirements are met. The program has a data system that is used to collect evidence that goals and objectives are met; this evidence is incorporated in the annual program evaluation.