

NAEYC Early Learning Program Accreditation Standards and Assessment Items

**Approved by the NAEYC Council on the
Accreditation of Early Learning Programs**



*Applies to all accreditation site visits
beginning July 2019 until otherwise informed.

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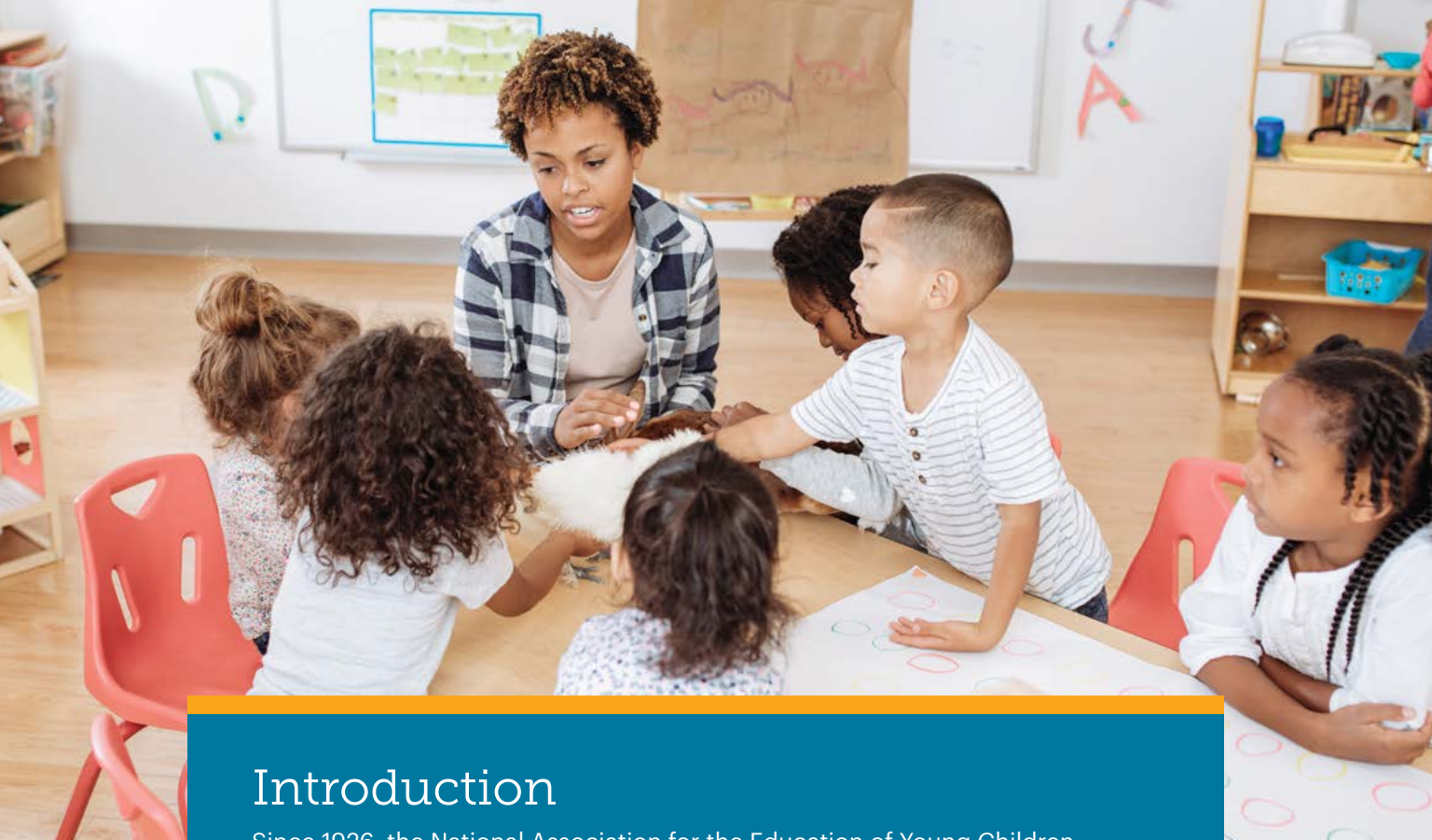
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Introduction

Since 1926, the National Association for the Education of Young Children (NAEYC) has strived to improve the quality of early learning programs for young children by defining a vision for high quality and providing tools and resources to achieve that vision. For more than 30 years, NAEYC Accreditation of Early Learning Programs has been one of the Association’s most powerful mechanism in this regard. The NAEYC accreditation system sets the standard for excellence—for families, the early childhood education profession as well as the public—and offers support to programs to meet the standards.

The comprehensive nature of the NAEYC Early Learning Program Accreditation Standards and Assessment Items outlined in this document—with its combined focus on children, staff, partnerships, and administration —promotes program accountability and makes it possible for programs to consistently provide high quality learning experiences for each child and maintain the infrastructure needed to sustain this high level of quality over time. The NAEYC Early Learning Program Accreditation Standards and Assessment Items provide guidance to all programs about making improvements regardless of whether they intend to seek accreditation.

Each of the 10 standards is a broad statement that describes an essential element that together with the other nine standards provide a definition of quality for early learning programs serving young children birth through kindergarten.

Mirroring the value of continuous improvement, the NAEYC Accreditation of Early Learning Programs process and standards are constantly reviewed under the auspices of the Council on the Accreditation of Early Learning Programs to ensure that they are informed by current research and reflect the ever-evolving early childhood landscape.

NAEYC gratefully acknowledges early childhood educators, program administrators, accreditation assessors, accreditation facilitation specialists, coaches, families, policy makers, researchers, NAEYC governance bodies, and NAEYC staff for their continued guidance and support.

Limitations of Use

This document outlines the NAEYC Early Learning Program Accreditation Standards and Assessment Items. However, it does not include the complementary tools and guidance that are needed to gain a deeper understanding of how these standards and assessment items drive accreditation decisions. Use of complementary tools and guidance is highly recommended.

Basic Structure

Standard

- › Definition
- › Rationale
- › Topic Areas
 - Description
 - Recommended Best Practices
- › Accreditation Assessment Items (measured to determine the accreditation decision)

Overview

STANDARD 1

Relationships

The program promotes positive relationships between all children and adults to encourage each child's sense of individual worth and belonging as part of a community and to foster each child's ability to contribute as a responsible community member.

STANDARD 2

Curriculum

The program implements a curriculum that is consistent with its goals for children and that promotes learning and development in each of the following areas: social, emotional, physical, language, and cognitive.

STANDARD 3

Teaching

The program uses a variety of developmentally, culturally, and linguistically appropriate and effective teaching approaches that enhance each child's learning and development in the context of the program's curriculum goals.

STANDARD 4

Assessment of Child Progress

The program uses a variety of formal and informal assessment approaches to provide information on children's learning and development. These assessments occur in the context of reciprocal communications between teachers and families, and with sensitivity to the cultural contexts in which children are developing. The program uses assessment results to inform decisions about the children in their care, to improve teaching practices, and to drive program improvement.

STANDARD 5

Health

The program promotes the nutrition and health of children and protects children and staff from illness.

STANDARD 6

Staff Competencies, Preparation, and Support

The program employs and supports a teaching and administrative staff that have the qualifications, knowledge, and professional commitment necessary to promote children's learning and development and to support families' diverse needs and interests.

STANDARD 7

Families

The program establishes and maintains collaborative relationships with each child's family to foster children's development in all settings. These relationships are sensitive to family composition, language, and culture.

STANDARD 8

Community Relationships

The program establishes relationships with and uses the resources of the children's communities to support the achievement of program goals.

STANDARD 9

Physical Environment

The program has a safe and healthful environment that provides appropriate and well-maintained indoor and outdoor physical environments. The environment includes facilities, equipment, and materials to facilitate child and staff learning and development.

STANDARD 10

Leadership and Management

The program effectively implements policies, procedures, and systems that support stable staff and strong personnel, fiscal, and program management so all children, families, and staff have high-quality experiences.



STANDARD 1

Relationships

Definition of Standard 1—Relationships

The program promotes positive relationships between all children and adults to encourage each child's sense of individual worth and belonging as part of a community and to foster each child's ability to contribute as a responsible community member.

Rationale

Positive relationships between adults and children are essential for the development of children’s sense of personal responsibility and for fostering their capacity for self-regulation, their constructive interactions with others, and their academic functioning and mastery. Warm, sensitive, and responsive interactions with adults help children develop a secure, positive sense of self and encourage them to respect and cooperate with others. Positive relationships with adults help children gain the benefits of instructional experiences and resources. Children who see themselves as highly valued are more likely to feel secure, thrive physically, get along with others, learn well, and feel part of a community.

The Relationships Standard includes six topic areas (1.A, 1.B, 1.C, 1.D, 1.E, and 1.F).

Topic Areas

- › 1.A—Building Positive Relationships Between Teachers and Families
- › 1.B—Building Positive Relationships Between Teachers and Children
- › 1.C—Helping Children Make Friends
- › 1.D—Creating a Predictable, Consistent, and Harmonious Classroom
- › 1.E—Addressing Challenging Behaviors
- › 1.F—Promoting Self-Regulation

1.A—Building Positive Relationships Between Teachers and Families

Topic 1.A addresses the development and maintenance of positive, reciprocal relationships between teachers and families, emphasizing the need for ongoing communication and sensitivity to family diversity.

Recommended Best Practices

We cannot overstate the importance of the relationship between teacher and family. At the start, teachers need to be sensitive to the fact that some families are uneasy about having their children in child care. Trust building takes time and attention, but is essential. Parents need to feel trust in their child’s teachers, and teachers need to know and understand the family in order to fully understand the child. Teachers should solicit input from families about their child’s needs and how the family defines their race, culture, religion, home language, and family structure (e.g., nuclear, single parent, childless, multi-generational, same-sex, blended families). Regular two-way communication is an essential element for maintaining positive relationships with families. Teachers keep families informed about their child’s progress at the program, and parents share information about what’s going on in the child’s home life. Teachers also give families practical information about classroom routines, rules, and expectations. Nurturing a strong partnership with families helps to ensure that children’s needs are met, families’ concerns are addressed, and transitions between program and home are smooth.

1.B—Building Positive Relationships Between Teachers and Children

Topic 1.B addresses the development of positive, individualized relationships between teachers and children, emphasizing the need for consistent, predictable care; frequent social interactions; acceptance of a wide range of emotions; and support and acknowledgement of all children as capable and resourceful.

Recommended Best Practices

Children learn best when they feel respected and valued. Teachers can create a positive emotional climate in their classroom through their warm, affectionate verbal and physical interactions and consistent, predictable care. All teaching staff must also demonstrate the ability to interact appropriately with young children: communicate at their level, protect them from harm, provide activities, encourage socialization, and manage them gently. Smiles, eye contact, and calm tones of voice all contribute to positive relationships. Physical punishment such as shaking, slapping, pulling limbs, pinching, or requiring a child to remain inactive for a long period of time is never permitted. It is important that teachers appreciate each child's unique personality, abilities, activity level, and pace of development and that they respond to children's individual needs. For toddlers and older children, teachers show respect for children by listening to them, answering their questions, and engaging them in meaningful conversations. Children feel more secure when teachers encourage children's self-reliance in the classroom and acknowledge their accomplishments.

As children learn to express and manage their emotions, teachers are important as guides and models. They provide comfort and support when children experience hurt, fear, and anger, and they encourage children to express both positive and negative emotions in appropriate ways. Teachers must themselves model good emotional expression and management. To avoid creating a negative emotional climate, teachers do not engage in psychological abuse such as verbal abuse, threats, harsh remarks, ridicule, or stand by when other adults or children do these things. Coercive tactics such as rough handling, forcing a child to sit or lie down, or physically forcing a child to perform an action are also never used.

With infants and young toddlers, relationship building begins when teachers learn to read a baby's nonverbal signals and to sense mood and level of attention, and adjust their interactions accordingly. Social interactions include singing, narrating, and responding to a baby's coos and sounds. Making eye contact and giving one-on-one attention during caregiving routines (e.g., diapering, changing clothes, cleaning) also help teachers create a positive, individual relationship with each little one.

1.C—Helping Children Make Friends

Topic 1.C addresses the role teachers play in the development of friendships between children: they design opportunities that promote peer engagement, help children sustain and enhance play, and help children resolve conflict.

Recommended Best Practices

Children need help navigating the complexities of forming positive social relationships with peers. For infants, this begins with creating opportunities to interact with other babies. As children grow, teachers have to supervise children's interactions and engage with them during play to help them build friendships. While allowing children to take the lead, teachers' participation in children's play can help make it more complex and cooperative. Teaching staff should encourage children to resolve their own conflicts and support them in identifying their feelings and working together to develop and try a variety of solutions. To help all children feel included, teachers may need to ensure that socially reserved children are invited into other children's play and helped to practice positive peer interaction skills such as sharing materials, exchanging thoughts or ideas, saying nice things and being helpful to others. Children who hurt or bully others are helped to follow classroom rules.

1.D—Creating a Predictable, Consistent, and Harmonious Classroom

Topic 1.D addresses the creation of classroom environments in which limits are clear, bias is countered, and prosocial behavior is promoted.

Recommended Best Practices

Teachers create harmonious classrooms when they model consideration and respect for all the children, intentionally address issues of bias, and value differences. For example, children's environments should display images of children and their families and include materials that reflect the cultures of the children in the class. Staff should review and remove older books, posters, music, and other materials that might promote stereotypes. Teachers are aware of caricatures of gender, racial or ethnic groups, age, and class. To support prosocial behaviors in children, teachers model sharing and caring by encouraging children to listen to each other and by helping them negotiate their interactions as they play. Teachers identify and label children's prosocial behaviors when they see them and foster positive self-identity by encouraging children to name and embody affirming personal attributes such as "I am good at doing puzzles", "I am a good big brother", "I can run fast". Teachers also intentionally teach social skills such as playing cooperatively, turn taking, expressing emotion in non-harmful ways, and learning about self and others. They follow up with guidance and prompts to help children learn to take turns and listen to others. To encourage a sense of community,

teachers have children participate often in decision making about classroom rules, plans, and activities and expect children to help care for their classroom. To proactively maintain a harmonious environment, teachers learn to anticipate potential behavior problems and take steps to prevent them.

Teachers promote emotional competence by helping children talk about emotions in themselves and others. They help children identify different feelings and the way feelings can be expressed. Children are encouraged to comfort their friends who are sad or distressed.

1.E—Addressing Challenging Behaviors

Topic 1.E addresses the skills teachers need to protect children from harm and the support teachers must provide to help children develop new and more adaptable ways to relate to peers and adults. Sharing information between staff and families, helping families advocate for their children, and linking families and the program with community resources help ensure that children and families receive necessary support. Proactive ways to address challenging behaviors include carefully designing the learning environment.

Recommended Best Practices

Staff understand and recognize that challenging behaviors are children’s attempts to communicate a message, such as, “I am scared,” “I am hurt,” or “I want to play with you.” To that end, they use multiple strategies to prevent and address these behaviors and to build children’s positive social and emotional regulation and their communication skills. Common examples of challenging behaviors in the early learning setting include physical aggression such as hitting, biting, shoving, whacking with toys, relational aggression (“You can’t play with us.”), verbal bullying, tantrums, whining, testing limits, or refusal to follow directions or observe classroom rules.

To help minimize challenging behaviors, teachers should routinely observe their group in action to identify events, activities, interactions, and other contextual factors that may be predictive of challenging behavior. When they identify environmental factors that might be contributing to behavior problems, they make environmental modifications and implement targeted teaching strategies designed to support appropriate behaviors.

When responding to challenging behaviors, teachers avoid using negative responses (e.g., “stop pushing!”, “No running!”). Teachers help children learn appropriate social, communication, and emotional regulation skills such as taking turns, moderating voice, and expressing emotions in non-harmful ways, persisting when frustrated, and gaining control of physical impulses. Teachers are respectful and calm, and they ensure the emotional and physical safety of the child and others in the classroom. They provide support and guidance to help children

develop alternative behaviors. These include setting realistic and age-appropriate expectations for behavior, establishing clear and consistent routines, and engaging children in cooperative activities and group projects.

For children with persistent or serious challenging behaviors, individualized plans designed to support inclusion and success are developed jointly with families and other support service staff (e.g., psychologists, social workers, therapists).

The program establishes a written policy related to suspension, expulsion and other exclusionary measures. The goal of this policy is to severely limit or eliminate exclusionary measures. The policy clearly states the circumstances under which various types of exclusion may occur, and is communicated to families, staff, and other relevant stakeholders. Exclusionary measures are not considered until all other possible interventions have been exhausted, and unless there is agreement that another placement is in the best interest of the child. If exclusionary measures must be taken, the program assists the family in accessing services and identifying an alternative placement. The policy complies with federal and state civil rights laws.

1.F—Promoting Self-Regulation

Topic 1.F addresses the teacher’s role in determining and providing necessary support for children to regulate their emotions and manage their own behavior.

Recommended Best Practices

When children learn to manage their behavior, thoughts, and feelings, they are developing self-regulation. Children need self-regulation to successfully and actively participate in learning. To develop self-regulation, children need many opportunities to experience and practice skills with adults and peers. With toddlers and older children, teachers actively teach social, communication, and emotional regulation skills including helping children to use language to communicate their needs, appropriately expressing their emotions, and taking turns when speaking with each other. They continually look for opportunities to provide supports and guidance to help children build these skills. Further, they support self-regulation by helping children to problem solve and persist when they are frustrated or challenged, take turns and play cooperatively with others, control physical impulses, use language to communicate needs, express emotions in ways that do not harm others, and use problem-solving techniques.

Accreditation Assessment Items for Standard 1—Relationships

Sources of Evidence

CO Class Observation

PO Program Observation

CP Class Portfolio

PP Program Portfolio

Item Number	Accreditation Assessment Item	Source of Evidence
1B.1	Teachers respond to children's negative emotions (hurt, fear, anger) by offering developmentally appropriate comfort, support, and assistance.	CO
1B.2	Teachers take into account children's differing temperaments when relating to each child.	CO
1B.3	Teachers take into account children's differing activity levels when relating to each child.	CO
1B.4 Required; Must Be Met to Earn and Maintain Accreditation	Staff never use physical punishment and do not engage in psychological abuse or coercion.	CO
1B.5	Infant teachers talk, coo, and sing to infants and repeat infants' sounds.	CO
1B.6	Teachers are aware of infants', toddlers', and twos' individual levels of arousal and moderate their own voice level and physical interaction accordingly.	CO
1B.7	Teachers can distinguish the meaning of infants', toddlers', and twos' various cries and other signs of distress.	CO
1B.8	Show that your guidance/discipline policy states that staff may never use physical punishment, psychological abuse, or coercion when disciplining a child. The policy must include examples of prohibited staff practices.	PP
1B.9	Show how your guidance/discipline policy is communicated to all staff.	PP
1B.10 Required; Must Be Met to Earn and Maintain Accreditation	Show that your guidance/discipline policy <u>does not include</u> any circumstances when it is permissible for staff to use any form of physical punishment, psychological abuse, or coercion when disciplining a child. Appropriate use of restraint for safety reasons is permissible.	PP

Item Number	Accreditation Assessment Item	Source of Evidence
1C.1	Teachers facilitate infants' interest in looking at, touching, or vocalizing to other people.	CO
1C.2	Teachers give children a chance to resolve their own conflicts without immediate teacher intervention.	CO
1C.3	When children are in conflict, teachers help them identify their feelings.	CO
1C.4	When children are in conflict, teachers help them identify and describe the problem.	CO
1C.5	When children are in conflict, teachers help them think of alternative solutions.	CO
1C.6	Show or describe two examples of how you help make children's play more complex.	CP
1D.1	Classroom materials show persons with differing abilities engaged in activities that counteract stereotypical limitations.	CO
1D.2	Classroom materials show persons of different ethnic or cultural backgrounds engaged in activities that counteract stereotypical limitations.	CO
1D.3	Teachers offer children the chance to choose activities, materials, and areas in which to play.	CO
1D.4	Teachers anticipate problematic behavior and take steps to prevent it.	CO
1D.5	Teachers use narration and description of ongoing interactions to identify prosocial behaviors.	CO
1D.6	Show two objects, materials or visual images in your classroom that depict men and/or women in work, family, and/or personal roles.	CP
1D.7	Show or describe one example of how children have opportunities to participate in decision making about class plans.	CP
1D.8	Show or describe one example of how you have anticipated problematic behavior and taken steps to prevent it.	CP

Item Number	Accreditation Assessment Item	Source of Evidence
1E.1	<p>Show that your program’s written guidance and discipline policy addresses the use of suspension, expulsion and other exclusionary measures, and includes ALL of the features listed below.</p> <ul style="list-style-type: none"> › Policy is communicated to families and staff. › Stated goal of policy is to limit or eliminate the use of suspension, expulsion and other exclusionary measures. › Policy states the circumstances under which types of exclusion may occur. › Policy states what steps are taken before a decision to exclude is considered. › Exclusionary measures are not considered until all other possible interventions have been exhausted, and there is agreement that exclusion is in the best interest of the child. › If exclusionary measures must be taken, the program offers assistance to the family in accessing services and an alternative placement. › Policy acknowledges that it complies with federal and state civil rights laws. 	PP
1F.1	Teachers help children learn emotional regulation skills.	CO
1F.2	Teachers guide and support children to use language to communicate needs.	CO
1F.3	Teachers guide and support children to gain control of physical impulses.	CO



STANDARD 2

Curriculum

Definition of Standard 2—Curriculum

The program implements a curriculum that is consistent with its goals for children and that promotes learning and development in each of the following areas: social, emotional, physical, language, and cognitive.

Rationale

A curriculum that draws on research assists teachers in identifying important concepts and skills as well as effective methods for fostering children’s learning and development. When informed by teachers’ knowledge of individual children, a well-articulated curriculum guides teachers so they can plan learning experiences that promote children’s growth across a broad range of developmental and content areas. A curriculum also helps ensure that the teacher is intentional in planning a daily schedule that (a) maximizes children’s acquisition of desired knowledge and skills through the effective use of time and materials and (b) offers opportunities for children to learn through play and through structured activities, individually and in groups, according to their developmental needs and interests.

The Curriculum Standard includes 11 topic areas (2.A, 2.B, 2.C, 2.D, 2.E, 2.F, 2.G, 2.H, 2.J, 2.K, and 2.L).

Topic Areas

- › 2.A—Essential Characteristics
- › 2.B—Social and Emotional Development
- › 2.C—Physical Development
- › 2.D—Language Development
- › 2.E—Early Literacy
- › 2.F—Early Mathematics
- › 2.G—Science
- › 2.H—Technology
- › 2.J—Creative Expression Appreciation for the Arts
- › 2.K—Health and Safety
- › 2.L—Social Studies

2.A—Essential Characteristics

Topic 2.A addresses the necessity for a clear, coherent philosophy and explicit educational goals for meeting the learning and developmental needs of all children in an early childhood program. It emphasizes effective use of groupings, settings, and schedules and the importance of materials that reflect not only the lives of the children and families in the program but also the diversity found in society.

Recommended Best Practices

All programs should have a written statement of philosophy guiding their educational goals. A comprehensive, age-appropriate curriculum guides teachers’ development and intentional implementation of learning opportunities that are consistent with the program’s goals and objectives for children of all ages. The written curriculum

framework should provide a coherent focus for planning children's experiences. It should also allow for adaptations and modifications to ensure access to the curriculum for all children. For preschoolers and kindergartners, the curriculum allows teachers to intentionally plan opportunities for play, including dramatic play and blocks, that relates specifically to the classroom topics of study (e.g., seasons, farm animals, transportation, and insects).

A comprehensive curriculum includes content, concepts, and activities that foster social, emotional, physical, language, and cognitive development. Curriculum for cognitive development includes key areas: literacy, mathematics, science, technology, social studies, health and safety, creative expression, and appreciation of the arts.

It is important that curriculum be implemented in a way that reflects the family values, beliefs, experiences, cultures, and languages of all enrolled children.

Teachers rely on the curriculum goals and objectives to inform their ongoing assessment of children's progress. The curriculum should provide guidance to teachers about how to integrate assessment information with curriculum goals in order to create individualized learning experiences in the classroom.

The curriculum should allow for the development of a daily schedule that is predictable, yet flexible and responsive to the individual children's needs. The daily schedule must include both indoor and outdoor experiences, sufficient time and support for transitions, and periods of rest, active play, and planned learning experiences including experiments, recitals, performances, conversations and fieldtrips. For toddlers, twos, preschoolers, and kindergartners, the schedule should provide time for creative expression, large and small group activities, and child-initiated activities. Some learning opportunities, experiences, or projects should extend over the course of several days.

The classroom materials and equipment used to implement the curriculum (books, music, dolls, puzzles, toys, dramatic play props) should be representative of the lives of the enrolled children and their families. Curriculum materials should also represent the diverse cultures, languages, ages, abilities, and genders found in society as a whole. Include materials and equipment that accommodate children's individual needs and special needs. Examples of individual needs include culturally relevant dietary or clothing practices, and family circumstances such as poverty, homelessness, and parental military deployment.

Each class environment should contain a rich variety of things to engage young learners. All classroom materials and equipment should provide for children's safety while also being appropriately challenging. Look for toys and other materials that are interactive and encourage exploration, experimentation, and discovery. To encourage and support independent use, classroom materials and equipment must be readily accessible to children. To support children's developing interests and skill levels, materials and equipment can change over time to reflect current curriculum concepts and content.

The materials and equipment used to implement the curriculum in infants', toddlers', and twos' classrooms should encourage exploration, experimentation, and discovery and promote physical development through self-initiated movement.

2.B—Social and Emotional Development

Topic 2.B addresses formal and informal plans as well as opportunities for fostering children's healthy social and emotional growth through the development of friendships, self-regulation skills, empathy, and the ability to resolve conflict in positive ways.

Recommended Best Practices

All children have varied opportunities to engage throughout the day with teaching staff who are attentive and responsive to them and who facilitate their social competence and their ability to learn through interacting with others. Children have varied opportunities to recognize and name their feelings and the feelings of others. Children have varied opportunities to learn the skills needed to regulate their emotions, behavior, and attention. Children have varied opportunities to develop a sense of competence and positive attitudes toward learning, such as persistence, engagement, curiosity, and mastery.

Toddlers and older children have varied opportunities to develop skills for entering into social groups, developing friendships, learning to help, and using other prosocial behaviors. Children have varied opportunities to interact positively, respectfully, and cooperatively with others; learn from and with one another; and resolve conflicts in constructive ways. Children have varied opportunities to learn to understand, empathize with, and take into account other people's perspectives.



2.C—Physical Development

Topic 2.C addresses program plans, materials, and equipment for the support of children’s large motor development.

Recommended Best Practices

Young children achieve mastery of their bodies through self-initiated movement. For infants, toddlers, and twos, gross motor development is promoted by providing an environment that allows them to move freely. Babies and toddlers need to have many different kinds of opportunities to practice emerging skills in coordination, movement and balance, and sensory–motor integration through activities such as stacking blocks or rings, crawling through tunnels, copying visual cues, or completing simple puzzles.

Preschoolers and kindergartners should be given equipment they can use to engage in large motor experiences that stimulate a variety of skills. Their physical development goals are to develop balance, strength, and coordination and to enhance sensory–motor integration. These older children need physical experiences ranging from familiar to new and challenging such as traffic cone bike courses, impromptu obstacle courses, and sprinklers. It is time for them to learn physical games that have rules and structure (such as hokey pokey, Simon says, red light/green light). Children with varying abilities must be able to have large motor experiences similar to those of their peers.

Fine motor development (e.g., controlled twisting or turning of the wrists, pouring liquids, fastening clothing, writing) proceeds when young children have many different developmentally appropriate opportunities to use their hands and fingers to act on their environment.

2.D—Language Development

Topic 2.D addresses program plans and materials for supporting children’s language development. The goals and objectives for language acquisition address both verbal and nonverbal communication and are rooted in ethnic and other community traditions.

Recommended Best Practices

The curriculum must provide all children with opportunities for language acquisition that align with the program’s philosophy of education and include consideration of family and community perspectives. For example, children should be able to experience oral and written communication in a language their family uses or understands. Children should also have opportunities to hear their families’ preferred terminology (e.g., pronouns, body parts or functions, or familial relationships) included in classroom use. Additionally, experiences featuring local or regional terminology for geographic or architectural features, community specific industry, and

other specific ethnic or cultural terminologies in their community is sometimes used in relevant learning opportunities. Children need a variety of opportunities to develop competence in verbal and nonverbal communication by responding to questions; communicating needs, thoughts, and experiences; and describing things and events. Toddlers and older children should have experiences that develop vocabulary, such as participating in conversations and field trips and hearing and reading books. The curriculum and learning environment should create opportunities for children to have discussions with teachers or with each other. For instance, these can be discussions about solving interpersonal problems or solving problems related to the physical world (e.g., how to retrieve a ball that has gone over a fence, using ramps to make cars go faster or further, putting puzzles together).

If toddlers and older children are nonverbal, staff should know how to use alternative communication strategies with these children.

2.E—Early Literacy

Topic 2.E addresses program plans and materials for supporting early literacy through reading, learning letters and sounds, writing, and immersion in a print-rich environment.

Recommended Best Practices

Literacy development needs to be an element of all early curricula, including those of infants and toddlers. Literacy starts when infants, toddlers, and 2-year-olds have chances to experience talk, songs, rhymes, routine games (e.g., Patty-Cake, peek-a-boo, Itsy bitsy Spider), and books. Staff convey language to individual young ones using simple rhymes, songs, and interactive games (e.g., peek-a-boo), some of which include sequences of gestures (e.g., where is Thumbkin). Every day, little ones should get to hear and respond to various types of books, including picture books, wordless books, and books with rhymes. They need to have regular access to durable books they can explore on their own. Toddlers and twos should start to have experiences that help them understand that pictures can represent real things in their environment.

Toddlers and older children need to be given many opportunities to become familiar with print. Help them become actively involved in making sense of print by having print throughout the classroom. Items belonging to a child should be labeled with his or her name. Materials are labeled, and print is used to describe some rules and routines. Teaching staff should help children recognize print and connect it to spoken words.

Preschool and kindergarten children should have books read to them at least twice a day in full-day programs, and at least once daily in half-day programs. Children must be able to explore books on their own and have places that are conducive to the quiet enjoyment of books. The book selection should include various types of books,



including storybooks, factual books, books with rhymes, alphabet books, number/counting books, and wordless books. Teachers should read in an engaging manner, sometimes to individual children, sometimes to small groups (two to six children), and sometimes to large groups. They should help children identify the various parts of books such as the cover, title page, spine, beginning and ending and differentiate print from pictures. Some books should be read on repeated occasions, and children should have chances to retell and reenact events in storybooks. The curriculum should link books to other topics in the curriculum.

Preschool and kindergarten children should have multiple and varied opportunities to write. For instance, a variety of materials and experiences in the classroom must be provided to help them recognize and write letters of the alphabet. Letters and words can be posted at eye level or put on laminated cards (or both). Books and writing materials and activities should be readily available in art, dramatic play, and other learning centers. Various types of writing are supported, including scribbling, letter-like marks, and developmental spelling. Every day, children have the opportunity to write or dictate their ideas. Children are provided needed assistance in writing the words and messages they are trying to communicate. Teachers should help children learn to write on their own by providing access to the alphabet and printed words about topics of current interest. Teaching staff must demonstrate the functional uses of writing (signs, lists, stories) and discuss the many ways writing is used in daily life such as shopping lists, letters, cards, journals or diaries, and e-mail.

Preschool and kindergarten children need to develop phonological awareness as part of learning to read and write. Teachers can encourage children to play with the sounds of language (including syllables, word families, and phonemes) using rhymes, poems,

songs, and finger plays. Children should be helped to identify letters and the sounds they represent. They should be taught to recognize and produce words that have the same beginning and ending sounds. Teachers should encourage children’s self-initiated efforts to write letters that represent the sounds of words.

Kindergarten children are advancing in literacy learning and ready for additional challenges. Kindergarten classrooms should provide opportunities for kindergartners to practice reading words, familiar sentences, and books. Kindergartners can be encouraged to identify phonemes (e.g., the word “cat” is made up of 3 phonemes - /k/, /æ/, and /t/ sounds) in words through varied activities, such as writing and games. Teachers should encourage each kindergartner to write independently each day. The schedule must allow time for independent writing.

2.F—Early Mathematics

Topic 2.F addresses program plans and materials for supporting the acquisition of early mathematics, including numbers, operations, attributes, geometry, measurement, time, patterns, and vocabulary.

Recommended Best Practices

Early mathematics learning begins in infancy, when infants, toddlers, and twos are provided varied opportunities and materials to experience mathematical concepts, such as more and less, big and small. For example, babies should be able to see and touch different shapes, sizes, colors, and visual patterns (e.g., polka-dots, stripes, zigzags, animal print) in the classroom. Toys and other objects in the environment should be selected to help build number awareness. Books about counting and shapes should be read to infants, toddlers, and twos.

Toddlers and older children need exposure to many activities and materials that help build an understanding of numbers and of number names, and their relationship to object quantities and to symbols. There should be toys and other objects in the learning environment that children can categorize by shape, size, and color (or by two of these attributes at a time). Children should have learning experiences that encourage them to integrate mathematical terms (e.g., more, less, take away, add, equals) into everyday conversation. Teachers can introduce number concepts by counting out-loud for toddlers and twos, encouraging older children to count, incorporating counting books, games, and the use of manipulatives and sequencing.

The curriculum for preschool and kindergarten children should include teaching the concept of measurement, using both standard (e.g., imperial and US units of length, weight, area, volume, or time) and nonstandard (e.g., unit blocks, foot lengths, arm spans, lengths of rope) units of measurement. Kindergartners can also be taught to assign numerical values to measurements. Through toys and other objects in the learning environment, as well as through intentional teaching, these children

should be exposed to the basic concepts of geometry by, for example, naming and recognizing two- and three-dimensional shapes and recognizing that figures are composed of different shapes. They should also learn to recognize and name repeating patterns (e.g., circle, circle, square, circle, circle, square..., yellow, blue, red, yellow, blue, red...).

As kindergartners advance in their understanding of basic mathematical concepts, the curriculum should support development of more advanced understanding. For example, kindergartners must be provided with experiences that teach them to use numerical symbols and to explore mathematical operations, such as adding, taking away, and dividing quantities into equal and unequal subsets. Teachers can encourage kindergartners to use written mathematical representations in everyday experiences. Curriculum for kindergartners should also include learning how to create, represent, discuss, and extend repeating and growing patterns (e.g., 1, 2, 4, 8...; A, A, B, A, B, C, A, B, C, D...).

Understanding time is another aspect of mathematical learning. Preschool and kindergarten children can be helped to build an understanding of time in the context of their lives, schedules, and routines such as morning and bedtime routines, daily schedules, when a sibling or other relative will be born, or when a special relative or friend will visit. Kindergartners should be introduced to conventional tools for understanding time, such as calendars, clocks, and timers.

2.G—Science

Topic 2.G addresses program plans for experiences and materials that support children’s scientific inquiry and knowledge through observation, the use of simple tools, representation of findings, and the use of scientific terminology and vocabulary.

Recommended Best Practices

Science learning is rooted in the experience of our five senses (sight, touch, hearing, taste, and smell). Infants, toddlers, and 2-year-olds begin to learn physics, chemistry, and biology when they have many chances to use their senses to learn about objects in the environment, discover that they can make things happen, and solve simple problems.

Preschoolers and kindergartners should be provided varied experiences and materials to learn key content and principles of science, such as

- › The difference between living and nonliving things (e.g., plants versus rocks)
- › Life cycles of various organisms (e.g., plants, butterflies, humans)
- › Earth and sky (e.g., seasons, weather, geologic features, light and shadow, and sun, moon and stars)

- › Structure and property of matter (e.g., characteristics that include concepts such as hard and soft, floating and sinking)
- › The behavior of materials (e.g., transformation of liquids and solids by dissolving or melting)

Curriculum should include activities that encourage children to use their five senses to observe, explore, and experiment with scientific phenomena. Include simple tools such as bug boxes, binoculars, magnifying glasses, gears, levers and scales in your science learning center so that preschoolers and kindergartners can observe objects and scientific phenomena. Provide experiences and materials that allow children to collect data and to represent and document their findings (e.g., through drawing or graphing). Teachers should plan activities and provide experiences that encourage children to think, question, and reason about observed and inferred phenomena.

Teaching staff also need to recognize and use opportunities to discuss scientific concepts in the course of everyday conversations. Science learning can be integrated with language and literacy learning by helping preschoolers and kindergartners learn and use scientific terminology and vocabulary associated with the content areas (e.g., melt, freeze, hot, cold, sink, float, earth, insect, life, seed, and weather).

2.H—Technology

Topic 2.H addresses program plans for experiences and materials that support children’s use of technology that extends learning in the classroom as well as integrates and enriches the curriculum.

Recommended Best Practices

Technology can be a constructive tool in the early learning environment. Technology is also a curriculum topic in its own right, as technical literacy is essential in modern life. While the role of technology in the life of young children is rapidly changing, there are some well-established best practices enabling early learning programs to harness the constructive use of technology while avoiding the harmful effects of too much technology at the expense of other experiences. First, the use of passive media, such as television, movies, and other digital video or audio content, should be limited to developmentally appropriate programming.

Preschool and kindergarten children should have opportunities to access interactive technology (e.g., audio recorders, microscopes, tablets) that they can use by themselves, collaboratively with their peers, or with teaching staff or parents. Teachers should plan and use technology in intentional ways to extend learning within the classroom and to integrate and enrich the curriculum.



2.J—Creative Expression and Appreciation for the Arts

Topic 2.J addresses program plans and materials for supporting children’s expression of and engagement in art, music, dance, and drama.

Recommended Best Practices

The curriculum for children of all ages must provide opportunities to learn about the visual arts, the music, dance, and the dramatic arts of diverse cultures. Preschoolers and kindergartners should have chances to view and respond to the art of other children and adults.

The curriculum should promote creative expression for children of any age and ability. Infants, toddlers, and twos should be able to explore and manipulate various age-appropriate art materials. They need opportunities to express themselves through moving freely to music. Toddlers and twos also should have access to many materials that encourage pretend or imaginative play.

Curriculum for toddlers and older children must introduce new concepts and vocabulary related to visual art (e.g., texture, sculpture, collage, media), music (e.g., tempo, musician, rhythm, drum), dance (e.g., movement, jump, wiggle, ballet, float), and drama (e.g., pretend, imagine, emotions, make believe). Daily projects should provide children with many chances to develop and widen their repertoire of skills that support self-expression in the visual arts (e.g., cutting, gluing, and caring for tools).

As skills and vocabulary expand, preschoolers and kindergartners should have many open-ended opportunities and materials to express themselves creatively through music, drama, dance, and two- and three-dimensional visual arts.

2.K—Health and Safety

Topic 2.K addresses program plans and materials that support children’s understanding and practice of sound health, nutrition, and safety practices.

Recommended Best Practices

The curriculum and daily routines of a classroom can provide toddlers and older children with many opportunities to establish and practice habits to promote good health, such as serving and feeding themselves; getting enough rest, good nutrition, exercise; washing fruits and vegetables before consumption, hand washing and tooth brushing. Lesson plans, play experiences, and classroom materials should help children learn about nutrition. Children should be taught to identify sources of food. They can learn to recognize, prepare, eat, and value healthy foods. There should be classroom experiences and materials that increase children’s awareness of safety rules in their classroom, home, and community. This should include teaching children how and when to dial 911, home fire safety, and staying away from hot stoves, irons, or home chemicals. Teachers should encourage children’s compliance with classroom rules such as using walking feet, gentle touches, holding handrails, and wearing helmets with bikes as well as their participation in fire drills and other safety procedures recommended in your community (e.g., earthquake, tornado, tsunami, dust storm, terror threats). Community safety topics such as traffic safety rules, stranger awareness, staying with family while in crowds, asking for help when lost, and knowing who community helpers are should also be introduced.

For preschool and kindergarten children, it is developmentally appropriate to learn about visiting doctors and dentists, and other aspects of health care. These children need opportunities to discuss, ask questions, and express fears about getting shots, taking medicine, and visiting a doctor, dentist, clinic, or hospital.

2.L—Social Studies

Topic 2.L addresses program plans and materials for supporting children’s understanding of social roles and rules, the local community, their own contributions to the well-being of the social and physical environments in which they live, and diversity not only within their classroom but also in the larger world.

Recommended Best Practices

As a foundation for learning about others and the world around them, infants and other children need learning experiences that foster positive identity and an emerging sense of self and others within the context of their family, culture (e.g., ethnicity, religion), nationality, industry, or other groups they are a part of. They must have opportunities to feel part of a classroom community, so that each child feels accepted and gains a sense of belonging.

The curriculum should provide toddlers and older children with many opportunities to build an authentic understanding of diversity in culture, family structure (e.g., nuclear, single parent, childless, multi-generational, same-sex, blended families), ability, language, age, and gender. They need chances to explore social roles in the family and workplace such as decision making, care taking, providing, and helping through play. Classroom materials and activities should reflect the community in which they live. Communities may include military bases, workplaces, academic campuses, local businesses, towns, neighborhoods, residential and recreational areas or landmarks.

Preschool and kindergarten children are ready to engage in discussions about fairness, friendship, responsibility, authority, and differences. These discussions are reinforced when children are allowed to contribute to the well-being of their classroom and the community by taking care of the social and physical environments in which they live. With the program environment as a microcosm, children can learn how people affect their environment in positive ways (e.g., recycling) and negative ways (e.g., polluting). Environmentally responsible practices are reinforced when the program creates opportunities to educate families as well as children on eco-healthy practices such as the importance of washing fruits and vegetables before eating them, using non-toxic toys and art supplies, monitoring outdoor air quality, and using least-toxic and fragrance free cleaning products.

Preschool and kindergarten children can begin to learn about geography and economics. They should be provided experiences and materials to learn about physical characteristics of their local environment such as nearby rivers, gardens, parks, and buildings. A foundational understanding of economic concepts (e.g., money, buying and selling, wants vs. needs, the value of things) can begin with such activities as playing restaurant, managing a store, and identifying and exchanging money.

Kindergartners are also ready to learn about their hometown, their state, the United States, and their country of origin. Teachers should help them link this learning to an understanding of the concepts of geography, history, and social studies.

Accreditation Assessment Items for Standard 2—Curriculum

Sources of Evidence

CO Class Observation

PO Program Observation

CP Class Portfolio

PP Program Portfolio

Item Number	Accreditation Assessment Item	Source of Evidence
2A.1	The class's learning spaces offer learning experiences related to all these cognitive content areas: literacy; mathematics; science; technology; creative expression and the arts; health and safety; social studies.	CO
2A.2	Show or describe two examples of how you change classroom materials or equipment as children's skill levels change over time.	CP
2A.3	Show or describe one example of how your program has changed classroom materials or equipment to accommodate the individual needs of a child.	PP
2A.4	Highlight and label two weeks of lesson plans to show where they include each of these content areas: literacy, mathematics, science, technology, creative expression and the arts, health and safety, social studies.	CP
2A.5	Show or describe two examples of play experiences you have planned which are related to learning themes in the curriculum.	CP
2A.6	Show two examples of how your written curriculum or curriculum framework can be modified to reflect the values, beliefs, and experiences of families in your program.	PP
2A.7	Show one example of how your written curriculum or curriculum framework can be modified to reflect the languages spoken by families in the program.	PP
2A.8	Show that your written curriculum or curriculum framework shows teachers how they can use child assessment information to individualize learning plans.	PP
2B.1	Children have chances to recognize and name other people's feelings.	CO
2B.2	For infants, teachers show and name their own feelings and the feelings of other children.	CO
2B.3	Children have chances to learn how to resolve conflicts in constructive ways.	CO
2B.4	Children have chances to understand that other people may have different thoughts and opinions than theirs.	CO

Item Number	Accreditation Assessment Item	Source of Evidence
2B.5	Children have chances to learn that other people may have different feelings than they do.	CO
2C.1	Show or describe two examples of activities and materials that give children the chance to play physical games with rules and structure.	CP
2D.1	Children have discussions with each other or with staff to solve problems related to the physical world.	CO
2D.2	Teachers use words that children may not understand and provide explanations or examples of these words.	CO
2D.3	Show or describe two examples of how you teach children to have discussions with each other to resolve interpersonal problems.	CP
2D.4	Show or describe two examples of how you teach children to have discussions with each other to solve problems related to the physical world.	CP
2D.5	Show or describe how you incorporate family language preferences into the curriculum.	PP
2D.6	Show or describe how your curriculum related to language acquisition considers community perspectives.	PP
2E.1	Teachers play individually with infants, toddlers, and twos by singing songs.	CO
2E.2	Teachers help children connect print to spoken word.	CO
2E.3	Some of the books available to children relate to current learning topics, themes, or activities.	CO
2E.4	Writing materials and activities are readily available in art, dramatic play, and one or more other learning centers.	CO
2E.5	Teachers help children write the words and messages they are trying to communicate.	CO
2E.6	Printed words about topics of current interest are posted in the classroom at eye level or made available on laminated cards.	CO
2E.7	Teachers model the process of print writing.	CO
2E.8	Teachers talk about the many ways writing is used in daily life.	CO

Item Number	Accreditation Assessment Item	Source of Evidence
2E.9	Show two examples of songs you sing to infants, toddlers, or twos during teacher–child one-on-one play.	CP
2E.10	Show two examples of simple rhymes you share with infants, toddlers, or twos during teacher–child one-on-one play.	CP
2E.11	Show two examples of interactive, routine games you share with infants during teacher–child one-on-one play.	CP
2E.12	Show picture books, wordless books, and rhyming books (two or more of each) that are available to infants, toddlers, or twos every day.	CP
2E.13	Show two examples of songs or games involving sequences of gestures you share with toddlers or twos during teacher–child one-on-one play.	CP
2E.14	Show or describe two examples of ways you help toddlers or twos understand that pictures (in books, on screen, or elsewhere) can represent real things in the environment.	CP
2E.15	Show or describe two examples of ways you help children connect print to spoken word.	CP
2E.16	Show or describe how children have chances to retell or reenact events in storybooks.	CP
2E.17	Show two examples of lesson plans that link books to current learning topics, themes, or activities.	CP
2E.18	Show that writing materials or activities are readily available in three learning centers other than the writing center.	CP
2E.19	Show through lesson plans or activity schedules that children have at least one opportunity daily to write or dictate their ideas.	CP
2E.20	Show or describe how you help children write the words and messages they are trying to communicate.	CP
2E.21	Show that printed words about topics of current interest are posted in the classroom at eye level or made available on laminated cards.	CP
2E.22	Show and describe two examples of how you model the process of print writing.	CP
2E.23	Show one example of a lesson plan about how writing is used in daily life.	CP

Item Number	Accreditation Assessment Item	Source of Evidence
2E.24	Show one example of a lesson plan in which you play a game that encourages kindergartners and school-agers to identify phonemes in words.	CP
2E.25	Show that kindergartners' and school-agers' schedules allow for time to write independently each day.	CP
2F.1	Infants, toddlers, and twos have chances to play with toys in a variety of shapes.	CO
2F.2	Infants, toddlers, and twos have chances to play with toys in graduated sizes.	CO
2F.3	Infants, toddlers, and twos have chances to play with toys and objects in a variety of colors.	CO
2F.4	Infants, toddlers, and twos have chances to play with a variety of visually patterned toys and other objects.	CO
2F.5	Children have chances to see and learn about number concepts.	CO
2F.6	There are toys and other objects in the learning environment that children can categorize by shape, size, and color.	CO
2F.7	There are toys and other objects in the learning environment that allow children to name and recognize two- and three-dimensional shapes.	CO
2F.8	Children have chances to recognize and name repeating patterns.	CO
2F.9	Kindergartners and school-agers have chances to make and record measurements of things.	CO
2F.10	There are toys and other materials in the learning environment that allow kindergartners and school-agers to create or explore repeating and growing patterns.	CO
2F.11	Kindergartners and school-agers have chances to do addition, subtraction, and other numerical operations in the classroom environment.	CO
2F.12	Show examples of toys and other materials of different shapes, sizes, colors, and visual patterns (two examples of each).	CP
2F.13	Show or describe two examples of experiences or materials you provide that help children learn about number concepts.	CP

Item Number	Accreditation Assessment Item	Source of Evidence
2F.14	Show two lesson plans in which children learn to understand basic concepts of geometry.	CP
2F.15	Show two lesson plans in which children learn to understand repeating patterns.	CP
2F.16	Show two lesson plans in which kindergartners and school-agers make and record measurements of things.	CP
2F.17	Show two lesson plans in which kindergartners and school-agers create, represent, discuss and/or extend repeating and growing patterns.	CP
2F.18	Show or describe two examples of materials or experiences that encourage kindergartners and school-agers to do addition, subtraction, and other numerical functions using numerical symbols and operators.	CP
2G.1	Infants, toddlers, and twos have access to toys and other things they can play with to make things happen.	CO
2G.2	Infants, toddlers, and twos have access to toys and other things they can play with and discover how to solve simple problems.	CO
2G.3	There are at least two representations of data collection (e.g., through drawing or graphing) included in classroom displays.	CO
2G.4	Children have chances to do activities that encourage them to think, ask questions, and make predictions about natural and physical phenomena.	CO
2G.5	Show six toys or classroom materials that provide interesting sensory experiences in sight, sound, and touch (two of each).	CP
2G.6	Show two toys, materials, or activities designed for infants, toddlers, or twos to play with to make things happen.	CP
2G.7	Show two toys, materials, or activities designed for infants, toddlers, or twos to play with and discover how to solve simple problems.	CP
2G.8	Show two lesson plans that teach children about the structure and properties of matter.	CP
2G.9	Show two lesson plans in which children collect data, then represent their findings (for example, drawing or graphing).	CP
2G.10	Show two lesson plans in which you encourage children to ask questions or make predictions about natural and physical phenomena.	CP

Item Number	Accreditation Assessment Item	Source of Evidence
2G.11	Show or describe two ways you teach children to learn and use science-related vocabulary.	CP
2H.1	Show two lesson plans in which you use technology to enrich your curriculum.	CP
2J.1	Children have chances to appreciate culturally diverse visual arts in their learning environment.	CO
2J.2	Children have chances to appreciate culturally diverse dramatic arts in their learning environment.	CO
2J.3	Infants, toddlers, and twos have chances to explore and manipulate age-appropriate art materials.	CO
2J.4	Children have chances to develop and practice art skills.	CO
2J.5	Children have chances to create both two- and three-dimensional art.	CO
2J.6	Show two lessons plans that help children appreciate visual arts from different cultures.	CP
2J.7	Show two lessons plans that help children appreciate dramatic arts from different cultures.	CP
2J.8	Show two lesson plans that provide infants, toddlers, or twos with chances to explore and manipulate age-appropriate art materials.	CP
2J.9	Provide two examples showing or describing how you teach vocabulary and/or concepts related to visual arts.	CP
2J.10	Provide two examples showing or describing how you teach vocabulary and/or concepts related to music.	CP
2J.11	Provide two examples showing or describing how you teach vocabulary and/or concepts related to drama.	CP
2J.12	Provide two examples showing or describing how you teach vocabulary and/or concepts related to dance.	CP
2J.13	Show three examples of opportunities and materials you provide for children to create three-dimensional art.	CP
2L.1	Children have chances to learn that families have a variety of family structures.	CO

Item Number	Accreditation Assessment Item	Source of Evidence
2L.2	Children have chances to learn specific details about the actual community in which they live.	CO
2L.3	Children have chances to learn about the physical and geographic characteristics of their local environment.	CO
2L.4	Children have chances to build a basic understanding of economic concepts.	CO
2L.5	Show or describe two ways you help children learn about the diversity of family structure in society.	CP
2L.6	Show or describe two ways you help children learn about people with differing abilities.	CP
2L.7	Show or describe two ways you help children learn about people of various ages (very young to elders) doing a wide range of jobs and/or activities.	CP
2L.8	Show or describe two ways you help children learn specific details about the actual community in which they live.	CP
2L.9	Show or describe two ways you help children learn about the physical and geographic characteristics of their local environment.	CP
2L.10	Show two examples of how you provide children with opportunities or materials that help them build a basic understanding of economic concepts.	CP
2L.11	Show or describe two examples of how your program educates families on eco-healthy practices.	PP



STANDARD 3

Teaching

Definition of Standard 3—Teaching

The program uses a variety of developmentally, culturally, and linguistically appropriate and effective teaching approaches that enhance each child's learning and development in the context of the program's curriculum goals.

Rationale

Teaching staff who purposefully use multiple instructional approaches optimize children’s opportunities for learning. These approaches include strategies that range from structured to unstructured and from adult directed to child directed. Children bring to learning environments different backgrounds, interests, experiences, learning styles (e.g., visual, auditory, kinesthetic, reflective), needs, and capacities.

When selecting and implementing instructional approaches, teachers’ consideration of these differences helps all children learn. Instructional approaches differ in their effectiveness for teaching different elements of curriculum and learning. For a program to address the complexity inherent in any teaching–learning situation, it must use a variety of effective instructional approaches. In classrooms and groups that include teacher assistants, or teacher aides, and specialized teaching and support staff, the expectation is that these teaching staff work as a team.

Whether one teacher works alone or a team works together, the instructional approach creates a teaching environment that supports children’s positive learning and development across all areas.

The Teaching Standard is made up of seven topic areas (3.A, 3.B., 3.C, 3.D, 3.E, 3.F, and 3.G).

Topic Areas

- › 3.A—Designing Enriched Learning Environments
- › 3.B—Creating Caring Communities for Learning
- › 3.C—Supervising Children
- › 3.D—Using Time, Grouping, and Routines to Achieve Learning Goals
- › 3.E—Responding to Children’s Interests and Needs
- › 3.F—Making Learning Meaningful for All Children
- › 3.G—Using Instruction to Deepen Children’s Understanding and Build Their Skills and Knowledge

3.A—Designing Enriched Learning Environments

Topic 3.A emphasizes the need for teachers to work as a team to design an environment that protects children’s health and safety, helps reduce challenging and disruptive behavior, stimulates learning, and provides easy access to learning materials and experiences.

Recommended Best Practices

When working with young children, it is important that teaching staff work together as a team to carry out daily teaching and learning activities. Teachers also collaborate with administrators, consultants, and other support staff. Teamwork is especially

critical when the team must implement individualized family service plans (IFSPs), individualized education programs (IEPs), and other individual plans (e.g., behavior management plans, toileting training plans, medication plans, feeding or sleeping plans), as needed.

Effective teaching starts with the teacher's arrangement of the learning environment. First, the classroom arrangement needs to help children stay healthy and safe at all times. In addition, environmental design must accommodate children's basic physical needs for movement, sensory stimulation, fresh air, rest, and nourishment. When these needs are addressed, it is important for teachers to organize space and choose materials so all curriculum content areas are addressed. A crucial goal of classroom arrangement is to stimulate exploration, experimentation, discovery, and conceptual learning.

For toddlers and older children, the ways in which teachers set up classroom spaces and plan the day can help to minimize challenging or disruptive behaviors such as tantrums, defiance, being overly affectionate or impulsive, screaming, and aggression. The goal is an orderly environment that allows children to play and learn. Daily schedules that include engaging activities and effective transitions between activities create environments in which children may behave well because they know what to expect. Staff and children can also work together to arrange classroom materials in practical, predictable ways, so children know where to find things and where to put them away.

Teachers also make important choices when they decide what is displayed on the walls. Carefully chosen classroom displays can help children reflect on and extend their learning. Children's own recent works should predominate in classroom displays. These could include art, emergent writing, graphs, and three-dimensional creations. It is important that some displays be at children's eye level.

3.B—Creating Caring Communities for Learning

Topic 3.B addresses the development of a responsive and predictable community in which teachers use their knowledge of children's home and classroom lives to inform their teaching and to ensure that children are protected from bias and discrimination.

Recommended Best Practices

Caring communities for learning are grounded in teachers' knowledge of each child. This includes knowing children's families and understanding the social, linguistic, and cultural contexts in which the children live. Teachers develop individual relationships with children by providing care that is responsive, attentive, consistent, comforting, supportive, and culturally sensitive. Teachers are responsible for assuring that teaching practices, curriculum approaches, and classroom materials do not present stereotypes, but instead respect diversity in gender, sexual orientation, age, language, ability, race,

religion, family structure (e.g., nuclear, single parent, childless, multi-generational, same-sex, blended families), background, and culture.

Teachers who care for infants can create a climate of respect by looking for, listening to, and responding to babies' verbal (e.g., crying, whining, pre-word utterances) and nonverbal cues (e.g., thrashing, pointing, eye contact, turning away). Staff can individualize the care routines of infants, toddlers, and twos (e.g., learning to use the toilet and to feed oneself) by incorporating family practices, whenever possible, and by respecting the family's preferred language and home culture. For toddlers and older children, teaching staff also contribute to a climate of mutual respect by showing interest in children's ideas, experiences, and work or creative products. Preschool and kindergarten children should be given opportunities to affect what happens in the classroom through participation in decision making about classroom behavior, plans, and activities.

Teachers should help individual children learn socially appropriate behavior by providing guidance that is consistent with a child's level of development. In their interactions with children, teachers guide them toward increasing independence, responsibility, and empathy. To accomplish this, teachers need to be consistent and predictable when they manage behavior and implement classroom rules and expectations.

When a teacher must respond to a child's challenging, unpredictable, or unusual behavior, the response should reflect the teacher's knowledge of the child's home life and classroom experiences. Good teachers notice patterns in children's challenging behaviors such as physical aggression, relational aggression, verbal bullying, tantrums, whining, testing limits, and refusal to follow directions. They can assess the function of a behavior and provide thoughtful, consistent, and individualized responses whenever they occur. These responses include positive behavior support strategies. Teachers might remove certain materials or modify aspects of the classroom environment that trigger challenging behaviors or work to create predictable daily schedules and routines. Teachers also involve families and other professionals, as needed, to develop individualized plans to address difficult behaviors.

3.C—Supervising Children

Topic 3.C details requirements for the safe supervision of children. Attention to the physical design of the indoor and outdoor environments, as well as attention to the factors that affect children's health and safety, is essential to proper supervision.

Recommended Best Practices

Because proper supervision of young children is so essential to their health and safety, programs must have clear written supervision policies, shared with families, implemented through staff orientation training, and reinforced through program procedures.



Teaching staff should be in the habit of positioning themselves in classrooms and outdoor environments to be able to see as many children as possible.

Infants, toddlers, and 2-year-olds must be supervised by sight and sound at all times. Accredited programs are required to maintain compliance with this practice. When infants, toddlers, and twos are sleeping, programs may use mirrors, video, or sound monitors to augment supervision in sleeping areas; however, such devices may not replace direct visual and auditory supervision. Teaching staff must be aware of, and positioned so they can hear and see, any sleeping infants, toddlers, and twos for whom they are responsible, especially when the teachers are also actively engaged with children who are awake. Sides of cribs should be checked to ensure that they are up and locked.

Teaching staff must supervise preschool and kindergarten children by sight most of the time. Supervision by sound alone is also permissible for short intervals, as long as teachers check frequently on children who are out of sight (e.g., those who can use the toilet independently, who are in a library area, or who are napping). Accredited programs are required to maintain compliance with this practice. If kindergarten and school-age children are doing tasks in a safe environment (e.g., taking the attendance report to the office), teachers may allow them to be out of their sight and sound supervision for a short period of time. However, staff should check on children when they do not return promptly to the group or if the adult at a child's destination does not confirm the child's arrival.

3.D—Using Time, Grouping, and Routines to Achieve Learning Goals

Topic 3.D addresses effective use of time, grouping, and routines to achieve program and child learning goals.

Recommended Best Practices

The daily routines of group and individual child care and early education offer many opportunities for learning and development. Each day, children should expect to have the time and the materials needed to select their own activities. Teachers organize both time and space so that children have daily chances to play individually, in pairs, and in small groups. Toddlers and older children also need times each day to come together as a whole group. For children of all ages, including infants, it is important to schedule time each day for outdoor activities (except when conditions pose a health risk).

Teaching staff help children follow a predictable but flexible daily routine by providing time and support for transitions. They create opportunities for children to engage in group projects and to learn from one another. Children sometimes interact with other children of various ages. Teachers plan for infants and toddlers to revisit experiences and materials over periods of days or weeks. Older children should also revisit experiences and materials over time. However, these children are developing a more nuanced sense of time. Therefore they also need learning experiences that help them understand how the passage of time can create changes in living and non-living things over the course of days, weeks, months, and seasons.

Routine care times (e.g., diapering, handwashing, feeding or eating, tooth brushing) can be used to facilitate children's self-awareness, language, and social interaction. For example, during meal or snack times, one or more teachers sit and eat with toddlers, twos, and preschoolers; the adults engage the children in conversation. For kindergartners, even during snack and mealtimes that occur in cafeterias, much learning takes place when teachers or other adults (lunchroom staff, parent volunteers) sit, eat, and converse with the children. When meals are provided by a program, they should be served family style. Cleanup routines are important opportunities to foster responsibility and practical skills. Teaching staff should coach and support toddlers and older children as they learn to participate in daily cleanup and maintenance of the classroom.

3.E—Responding to Children's Interests and Needs

Topic 3.E addresses a variety of ways in which teachers modify the environment, teaching approaches, learning opportunities, and scheduling as they respond to the interests and needs of children.

Recommended Best Practices

Not all learning happens according to a planned curriculum or a set schedule. Teachers can and should use children’s interest in and curiosity about the world to engage them with new content and developmental skills (e.g., tooth brushing, assembling a puzzle, putting on a coat, holding a pencil, adding, riding a tricycle, measuring and pouring). Teachers reorganize the environment (e.g., expanding learning environments, moving furniture), when necessary, to help children explore new concepts and topics, sustain their activities, and extend their learning. They scaffold children’s learning by modifying the schedule, intentionally arranging the equipment, and making themselves available to children. Teachers use their knowledge of individual children to modify strategies and materials to enhance an individual child’s learning.

Infants’ schedules, routines, and learning experiences should be influenced by their individual needs and interests. For example, infants who show interest or pleasure in an activity are encouraged and supported in prolonging that activity. Teaching staff actively seek to understand infants’ needs and desires by recognizing and responding to their nonverbal cues and by using simple language.

Teachers can use their knowledge of toddler and older children’s social relationships, interests, ideas, and skills to tailor learning opportunities for groups and individuals. Throughout the day, staff should actively seek out children’s ideas. They learn how children understand their world by observing, talking with, and listening to them.

3.F—Making Learning Meaningful for All Children

Topic 3.F addresses teaching that is responsive not only to what children know and what they want to learn, but also to family and cultural needs and to community values.

Recommended Best Practices

The learning goals for an excellent program recognize that children come to the learning environment from a family, a culture, and a community. Learning is most effective when it is relevant to each child’s life. To this end, when working with children of any age, teachers should start by using a comprehensive curriculum as a flexible framework for teaching. The curriculum covers all content and developmental areas and supports the development of daily plans and learning experiences that are developmentally appropriate. As an essential element for young children, play is planned for each day.

Families are essential contributors to an excellent learning plan. Teachers and families work together to help children participate successfully in the early childhood setting. This is especially important when professional values and practices differ from family values and practices. Teaching staff should support the development and

maintenance of children’s home language whenever possible. They offer children opportunities to engage in classroom experiences with members of their families.

Language development drives and mediates the responsiveness of the learning framework. Teachers can help children understand spoken language—particularly when children are learning a new language—by using pictures, familiar objects, body language, and physical cues.



3.G—Using Instruction to Deepen Children’s Understanding and Build Their Skills and Knowledge

Topic 3.G addresses teachers’ incorporation of a broad range of approaches and diverse teaching strategies that are responsive to the learning needs of the children in their classroom.

Recommended Best Practices

When working with children of any age, teachers should have and use a variety of teaching strategies that include a broad range of approaches and responses. For example, teachers should incorporate activities for both large groups and small groups and plan activities that are teacher-directed as well as some that are student-led. Activities may be expanded or simplified based on student needs and interest. Teachers use multiple sources of information—including results of informal and formal assessments as well as children’s initiations, questions, interests, and misunderstandings—to identify what children have learned. They adapt curriculum

and teaching to meet children's needs and interests, to foster children's curiosity, to extend children's engagement, and to support self-initiated learning.

Teachers who work with infants observe them and exchange information about their abilities with their families and with other professionals such as therapists or social workers (after getting family consent) who are involved in the infants' care. Teachers use the information to plan opportunities and provide materials that challenge infants to develop socially, physically, linguistically, and cognitively.

Teachers employ both teacher-initiated and child-initiated interactions and activities to support and challenge children's learning. They help children enter into and sustain play. As children learn and acquire new skills, teachers use their knowledge of the children's abilities to fine-tune their teaching support. This might be done by making a plan to attempt new tasks, dividing tasks into simpler tasks, or asking prompting questions to promote thinking about the task and problem solving. Teachers adjust challenges as children gain competence and understanding.

When working with toddlers and older children, teachers use their knowledge of content to pose problems and ask questions that stimulate the children's thinking. They help children express their ideas and build on the meaning of their experiences; for instance, they help children identify and use prior knowledge. They also provide experiences that extend and challenge children's current understandings.

To extend and deepen children's learning, staff join toddlers and older children in learning centers (e.g., blocks or construction, writing, library, art, manipulatives, and science). When they do this, they observe children, position themselves at eye level with the children, and engage the children in conversations. Teachers promote children's engagement and learning by responding to their need for and interest in practicing emerging skills. For example, teachers break down the different components of a task into meaningful and achievable parts. They enhance and expand activities that children choose to engage in repeatedly. And they often engage in collaborative inquiry with individual children and with small groups of children.

With preschoolers and kindergartners, teachers explicitly teach specific skills. They demonstrate their knowledge of content and developmental areas by creating experiences that engage children in purposeful and meaningful learning related to key curriculum concepts.

Accreditation Assessment Items for Standard 3—Teaching

Sources of Evidence

CO	Class Observation	PO	Program Observation
CP	Class Portfolio	PP	Program Portfolio

Item Number	Accreditation Assessment Item	Source of Evidence
3A.1	Teachers have arranged their classrooms in a way that protects children’s health and safety.	CO
3A.2	At least half of the classroom displays show children’s works of writing, art, graphs, or other creations.	CO
3A.3	Show or describe two ways in which teaching staff, program staff, and/or consultants work as a team to implement individualized plans for children. Such plans may include any Individualized Family Service Plans (IFSPs) and Individualized Education Programs (IEPs).	CP
3A.4	Show two classroom displays that have been created to help children reflect on and extend their learning.	CP
3B.1	Show or describe two activities or lesson plans that encourage children to share their ideas or experiences.	CP
3B.2	When a child’s ongoing challenging behavior must be addressed, show a written policy including these steps: <ul style="list-style-type: none"> › Assess the function of the behavior › Work with families and professionals to develop an individualized plan to address the behavior › Include positive behavior support strategies as part of the plan 	PP
3B.3	Show or describe one example of how your written policy for addressing ongoing challenging behavior has been implemented and followed.	PP
3C.1	All infants, toddlers, and young twos can be easily heard and seen (if not in the direct line of sight, then by looking up or turning in place) at all times—including when children are sleeping—by at least one member of the teaching staff. Staff does not need to be directly looking at each child at all times to meet the requirement for sight supervision.	CO

Item Number	Accreditation Assessment Item	Source of Evidence
3C.2 Required; Must Be Met to Earn and Maintain Accreditation	If one or more infant, toddler, or young 2-year-old cannot be easily heard and seen at all times by at least one member of the teaching staff, the child(ren) is/are in a safe environment.	CO
3C.3 Required; Must Be Met to Earn and Maintain Accreditation	If one or more infant, toddler, or young 2-year-old is out of the direct sight or sound supervision of all teaching staff while in a safe environment, it is for no more than five minutes.	CO
3C.4	If any infant, toddler, or young 2-year-old is sleeping, staff position themselves so someone can always hear and see them.	CO
3C.5	Teachers of preschoolers keep these children in sight most of the time, with the exception of brief periods (up to five minutes, in a safe environment—such as child’s use of the toilet) when a child cannot be seen but can still be heard.	CO
3C.6 Required; Must Be Met to Earn and Maintain Accreditation	If a preschooler is out of the direct sight and sound supervision of all teaching staff, it is for no more than one minute, and the child is in a safe environment.	CO
3C.7 Required; Must Be Met to Earn and Maintain Accreditation	If a preschooler is out of direct sight or sound supervision of all teaching staff, it is for no more than 10 minutes and the child is in a safe environment.	CO
3C.8 Required; Must Be Met to Earn and Maintain Accreditation	Teachers of kindergartners and school-age children keep these children within sight and/or hearing most of the time. A teacher may allow kindergartners and school-agers to leave their supervision (out of sight and sound) for up to 10 minutes so long as they are in a safe environment (e.g., go to hall bathroom; report to school nurse office).	CO
3C.9	Show that your written supervision policy for infants, toddlers and young twos states that teachers must be able to see and hear all of the children at all times.	PP

Item Number	Accreditation Assessment Item	Source of Evidence
3C.10	If your program uses mirrors, video, or sound monitors to make it easier to see and hear sleeping infants, toddlers, or twos, show or describe what staff procedures are in place to assure that these devices DO NOT REPLACE the direct sight and sound supervision required at all times for children of this age.	PP
3C.11	Your program's written supervision policy requires staff to position themselves so someone can always hear and see any sleeping infants, toddlers, or twos, including when staff are engaged with other children who are awake.	PP
3C.12	Show that your written supervision policy requires that teachers supervise preschoolers, kindergartners, and school-age children by keeping them in sight most of the time. Supervision for short intervals by sound is permissible as long as teachers frequently check on children who are out of sight.	PP
3C.13	Show and describe how staff monitor and document the appropriate supervision of children throughout the day.	PP
3C.14	<p>Show that your written supervision policy states that:</p> <ul style="list-style-type: none"> ➤ Staff may permit kindergartners and school-age children to leave the teacher's supervision (out of sight and sound) for no more than 10 minutes so long as the children are in a safe environment (e.g., go to hall bathroom; report to school nurse office). ➤ The teacher checks on any children who do not promptly (within 10 minutes) return to the group as expected or if an adult at the child's destination doesn't confirm his or her arrival. 	PP
3D.1	When needed, teachers support children in performing daily cleanup and maintenance jobs in the classroom.	CO
3D.2	Teachers allow the right amount of time for children to smoothly transition from one activity to the next.	CO
3D.3	Show two examples of lesson plans in which children learn how the passage of time across several days can create changes in living or non-living things.	CP
3D.4	Show or describe two examples of how you organize time or space so children can play or work alone.	CP
3D.5	Show two lesson plans that provide children with opportunities to engage in group projects.	CP
3D.6	Show two lesson plans that provide children with opportunities to learn from one another.	CP

Item Number	Accreditation Assessment Item	Source of Evidence
3D.7	Show two examples of lesson plans in which children learn how the passage of time across several weeks can create changes in living or non-living things.	CP
3D.8	Show two examples of lesson plans in which children learn how the passage of time across months can create changes in living or non-living things.	CP
3D.9	Show or describe two examples of lesson plans in which infants and toddlers revisit experiences and materials across periods of days or weeks.	CP
3E.1	Teachers rearrange the classroom, when necessary, to help children explore new concepts or topics.	CO
3E.2	Teachers rearrange the classroom, when necessary, so children can continue doing an activity.	CO
3E.3	Teachers depart from planned activities if children show interest in a different topic or activity.	CO
3E.4	Teachers adapt their teaching strategies to best fit each child's learning style.	CO
3E.5	Teachers modify classroom materials, when necessary, to fit each child's learning style.	CO
3E.6	When an infant shows interest or pleasure in an activity, teachers help prolong the activity through encouragement or active involvement.	CO
3E.7	Teachers sometimes customize learning experiences, based on their knowledge of the children's social relationships.	CO
3E.8	Show or describe one example of a time you modified the class schedule, when necessary, to scaffold children's learning.	CP
3E.9	Show or describe one example of how you intentionally rearranged classroom equipment, when necessary, to scaffold children's learning.	CP
3E.10	Show or describe one example of how you changed a lesson plan if children showed interest in a different topic or activity.	CP
3E.11	Show or describe one example of how you adapt your teaching strategies to best fit each child's learning style.	CP

Item Number	Accreditation Assessment Item	Source of Evidence
3E.12	Show or describe one example of how you modify classroom materials, when necessary, to best fit each child's learning style.	CP
3E.13	Show or describe one example of how you have customized a learning experience based on your knowledge of a child's ideas and interests.	CP
3E.14	Show or describe one example of how you have customized a learning experience, based on your knowledge of a child's skills.	CP
3F.1	Teachers have conversations with the children about their experiences.	CO
3F.2	Show two examples of classroom experiences you have created that involve members of children's families.	CP
3G.1	As a child refines skills or gains a new skill, teachers fine-tune their teaching support to advance that child's further learning (scaffolding).	CO
3G.2	As a child refines skills or gains a new skill, teachers advance that child's further learning by making the activity a little more difficult (scaffolding).	CO
3G.3	Teachers use their knowledge of curriculum content to pose problems and ask questions that stimulate the children to think.	CO
3G.4	Teachers help children express their ideas about curriculum content and build on the meaning of their experiences.	CO
3G.5	Teachers help children identify and use what they already know (prior knowledge).	CO
3G.6	Teachers provide learning experiences that extend and challenge children's current understanding of the world.	CO
3G.7	Show one example of how you have made activities a little more difficult, as children refine skills or gain new skills, to advance each child's further learning (scaffolding).	CP
3G.8	Show one lesson plan that extends and challenges children's current understanding of the world.	CP
3G.9	Show or describe two examples of how you engage in collaborative inquiry with individual children and/or with small groups of children.	CP
3G.10	Show or describe one lesson plan of a skill you taught by breaking it down into meaningful and achievable parts.	CP



STANDARD 4

Assessment of Child Progress

Definition of Standard 4—Assessment of Child Progress

The program uses a variety of formal and informal assessment approaches to provide information on children's learning and development. These assessments occur in the context of reciprocal communications between teachers and families, and with sensitivity to the cultural contexts in which children are developing. The program uses assessment results to inform decisions about the children in their care, to improve teaching practices, and to drive program improvement.

Rationale

Teachers' knowledge of each child helps them to plan an appropriately challenging curriculum and to tailor instruction that responds to each child's strengths and needs. Further, systematic assessment is essential for identifying children who may benefit from more intensive instruction or intervention or who may need additional developmental evaluation. This information ensures that the program meets its goals for children's learning and developmental progress as well as informs program improvement efforts.

The Assessment of Child Progress Standard is made up of five topic areas (4.A, 4.B, 4.C, 4.D, and 4.E).

Topic Areas

- › 4.A—Creating an Assessment Plan
- › 4.B—Using Appropriate Assessment Methods
- › 4.C—Identifying Children's Interests and Needs and Describing Children's Progress
- › 4.D—Adapting Curriculum, Individualizing Teaching, and Informing Program Development
- › 4.E—Communicating With Families and Involving Families in the Assessment Process

4.A—Creating an Assessment Plan

Topic 4.A addresses the need for assessment plans that describe assessment purposes, methods, and uses of the results.

Recommended Best Practices

For children of all ages, it is important for programs to conduct assessments of their progress. Assessments are used to support children's learning and are conducted using a variety of methods, such as observations, checklists, rating scales, and individually administered tests.

Programs should have a written child assessment plan that describes the purposes of assessments and procedures, and how the results of assessments are to be used. Assessments may have multiple purposes. They may be conducted to identify children's interests and needs and to describe their developmental progress and learning. Child assessments may be used to inform curriculum improvement or to plan program improvement. Teachers may learn from assessments how they need to adapt their teaching practices or their learning environments. Child assessments are a means to communicate with families. Developmental screenings such as the Mullen Scales of Early Learning, DIAL 3, DENVER II, Ages and Stages, ESP: Early Screening Profiles, and ESI-R (Early Screening Inventory) are a form of assessment. When indicated, the results of a child assessment may lead to a referral for diagnostic assessment.

Well-articulated child assessment plans should also address the conditions under which children will be assessed; when and how frequently assessments occur; the confidentiality of assessment records; ways families may contribute to the assessment process; and how the program shares assessment results with families.

4.B—Using Appropriate Assessment Methods

Topic 4.B addresses the importance of choosing assessments that look at all aspects of children’s development and that are sensitive to family backgrounds and children’s special needs.

Recommended Best Practices

It is important that teaching staff share an understanding of the purposes, values, and uses of assessments in their program, and can explain these to others. Programs should use a variety of assessment methods that are meaningful and accurate. Choose assessment methods that are sensitive to, and informed by, family culture and experiences, children’s abilities and disabilities, and children’s home language(s). Conduct assessments in settings familiar to the children.



Assessments should be comprehensive. Obtain information on all areas of children’s development and learning, including cognitive skills, language, social and emotional development, approaches to learning, health, and physical development (including self-help skills).

Programs may choose to use norm-referenced, standardized tests. If used, the primary purpose of these kinds of assessments should be to seek information about

children’s eligibility for special services or to collect information about overall program effectiveness. When a program uses these types of published assessment instruments, a program professional must read and evaluate information from the publisher about the standardization sample, standardization procedures, scoring, reliability, and validity, to ensure that the results obtained with the instruments are valid for the program’s purposes. Norm-referenced assessments should be employed in combination with informal classroom-based assessment methods, such as observation, checklists, rating scales, and work sampling. Informal assessments may also come from a published source or may be developed by the staff of the program.

Staff-developed assessment methods typically include child portfolios, observation notes, and checklists. If staff-developed assessment methods are used, they should align with curriculum goals and provide an accurate picture of all children’s abilities and progress. Staff must ensure that these types of assessments are appropriate and valid. They must provide meaningful and stable results for all learners, including dual language learners and children with special needs. Staff-developed assessment methods should provide teachers with clear ideas for curriculum development and daily planning and should be regularly reviewed to be certain that they are providing the needed information.

4.C—Identifying Children’s Interests and Needs and Describing Children’s Progress

Topic 4.C addresses the need for developmental screening and assessment of each child, which is conducted by teachers who have the expertise and skill to integrate the information into curriculum goals.

Recommended Best Practices

All children enrolled in the program should receive developmental screening within three months of program entry. Screening instruments should meet professional standards for standardization, reliability, and validity and have normative scores available on a population relevant to the child being screened. Developmental screening should include assessment of children’s health status and their sensory, language, cognitive, gross motor, fine motor, and social and emotional development. Programs should also have a plan for evaluating the effectiveness of the screening program. Results of developmental screenings are used to make referrals to appropriate professionals, when indicated. Program staff should have methods for following up on any referrals made as a result of developmental screenings.

Teachers should be among those who assess the developmental progress of each child. Staff who know and work with the children in different ways can collect information across the full range of children’s experiences. Teachers are also best positioned to refer back to curriculum goals and developmental expectations when interpreting assessment data.

4.D—Adapting Curriculum, Individualizing Teaching, and Informing Program Development

Topic 4.D emphasizes regular observation of children to gather information to help teachers make decisions about teaching practices and curriculum development.

Recommended Best Practices

Child assessments are best conducted by teachers or others who know the children and are able to observe their strengths, interests and needs on an ongoing basis. Child assessments should be regularly conducted to inform classroom instruction, and to make sound decisions about curriculum content, teaching approaches, and personal interactions. Teaching teams should meet at least weekly to interpret assessment results and use them to align class curriculum and teaching practices with the interests and needs of the children. Assessment results should also be used to design goals for individual children and to individualize learning activities and teaching approaches. Teachers and other professionals associated with the program also use assessment results to inform the program’s curriculum development, guide curriculum planning, and monitor progress. Teachers of infants talk to, observe, and interact with them to assess development and encourage use of language (e.g., smiles, sounds, eye contact, and cooing). These observations are used to modify the curriculum, interactions, and care. For older children (toddlers, twos, preschoolers, and kindergartners), teachers talk with, interact with, and observe individual children and encourage their use of language to assess their strengths, interests, and needs. They use the information gathered to plan and modify the curriculum and their teaching.

4.E—Communicating With Families and Involving Families in the Assessment Process

Topic 4.E discusses the importance of communicating with families about all the areas of their child’s development, using both formal and informal opportunities to exchange information and to make them aware of confidentiality and disclosure policies.

Recommended Best Practices

Staff work to ensure that families are comfortable with the assessment method(s) including classroom-based assessments, standardized tests, developmental screenings, diagnostic evaluations, or any other assessment methods used in the program.. Programs should provide families with ongoing opportunities to share the results of observations at home to contribute to the assessment process. In turn, programs should provide information to family members—either verbally or in writing—about their child’s development and learning at least quarterly, with written reports at least twice a year. Teachers, families, and relevant specialists

must have regular opportunities to participate in conferences to discuss each child's progress, accomplishments, and difficulties both in the classroom and at home. Teaching staff should use the conferences to plan further learning activities.

Families should be given information about the choice, scoring, and interpretation of screening and assessment methods. The information includes the purpose and use for which an assessment is designed, the interpretation of the results, and the meaning of the results in terms of future learning opportunities for their child. The program should inform families about the way teaching staff or others have been trained to use assessment procedures and interpret results, as well as the conditions under which their child will be assessed (e.g., group size, time constraints, familiarity with adults involved). All families should have access to, or information about, the specific instruments used.

Communications with families about their child's assessments should be sensitive to family values, culture, identity, and home language. The program staff should provide families with a full explanation of confidentiality. This includes listing who will have access to individual child screening and assessment results (as well as the reasons for their access), sharing regulations governing access to files and familial rights, and explaining the procedures used to keep individual child records confidential. Often the individuals who have access to assessment records includes the child's classroom teaching staff, program administrative staff, state licensing staff and other program quality assurance professionals (Head Start validators, NAEYC assessors, QRIS TAs). Families should receive a full explanation of how and why children's individual screening results and assessment information will be represented, used, and interpreted.

Accreditation Assessment Items for Standard 4—Assessment of Child Progress

Sources of Evidence

CO Class Observation

PO Program Observation

CP Class Portfolio

PP Program Portfolio

Item Number	Accreditation Assessment Item	Source of Evidence
4A.1	Show that your written child assessment plan describes how children are assessed (e.g., by whom; in groups or individually; timeline; familiarity with adults involved).	PP
4A.2	Show that in your written child assessment plan, one stated purpose of assessments is to inform planning for overall program improvements.	PP
4B.1	If child portfolios are used as an assessment method, show or describe how you make it meaningful and relevant for dual language learners.	CP
4B.2	If child portfolios are used as an assessment method, show or describe how the results are used to create activities or lesson plans.	CP
4B.3	If child portfolios are used as an assessment method, show or explain how you make it meaningful and relevant for children with special needs.	CP
4C.1	Show one example of how you refer to curriculum goals when interpreting assessment data.	CP
4C.2	Show that the children receive a vision and hearing screening.	PP
4C.3	Show that the children receive a developmental screening that evaluates language, cognitive, gross motor, fine motor, and social and emotional development.	PP
4D.1	Show two examples of how information from an observational assessment you conducted was used to create an individualized activity.	CP
4D.3	Show or describe two examples of how you modify your interactions and caretaking routines for infants, based on observations or anecdotal notes.	CP

Item Number	Accreditation Assessment Item	Source of Evidence
4D.4	Show that teaching staff (teachers and assistant teachers) are scheduled for collaborative planning time at least weekly, during which they do not supervise awake children.	PP
4D.5	Show or describe how teaching teams use child assessment outcomes to design activities or lesson plans that meet the needs and interests of the children.	PP
4D.6	Show or describe how teaching teams adjust their teaching strategies to meet the needs and interests of the children based on information gained from child assessment outcomes.	PP
4D.7	Show two examples of observational assessments you conducted, in which you noted a child's strengths, interests, and needs.	CP
4E.1	Show or describe two examples of how you provide ongoing opportunities for families to contribute their observations from home to the child assessment process.	CP
4E.2	Show that your written child assessment plan states that families are provided written reports about their child's development and learning at least two times a year.	PP
4E.3	Show that your written child assessment plan provides families an opportunity to raise questions or concerns about how the assessment methods will meet their child's needs.	PP
4E.4	Show that you provide families with information about how teaching staff or others have been trained to conduct child assessments.	PP
4E.5	Provide two examples of the written child assessment reports that are shared with families (completed within the past year; identifying information obscured).	PP



STANDARD 5

Health

Definition of Standard 5—Health

The program promotes the nutrition and health of children and protects children and staff from illness.

Rationale

To benefit from education and optimize quality of life, children need to be as healthy as possible. Health is a state of complete physical, oral, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization 1948). Children depend on adults (who also are as healthy as possible) to make healthy choices for them and to teach them to make healthy choices for themselves. Although some degree of risk taking is desirable for learning, a quality program prevents hazardous practices and environments that are likely to result in adverse consequences for children, staff, families, or communities.

The Health Standard is made up of three topic areas (5.A, 5.B, and 5.C).

Topic Areas

- › 5.A—Promoting and Protecting Children’s Health and Controlling Infectious Disease
- › 5.B—Ensuring Children’s Nutritional Well-Being
- › 5.C—Maintaining a Healthful Environment

5.A—Promoting and Protecting Children’s Health and Controlling Infectious Disease

Topic 5.A addresses practices for health promotion and protection for children and adult staff in the program, including plans and policies concerning immunization, communicable disease, and CPR and first-aid training, as well as standards for diapering, hand washing, feeding, dispensing medication, and using health professionals.

Recommended Best Practices

Health records

The program maintains current health records for each child: within six weeks of a child beginning the program, and as age appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the websites of the American Academy of Pediatrics, the Centers for Disease Control and Prevention (CDC), and the Academy of Family Practice. When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child’s entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which parents are using a religious exemption. Child health records include current information about any health insurance coverage required for treatment in an emergency; results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results; current emergency contact

information that is kept up-to-date by a specified method during the year; names of individuals authorized by the family to have access to health information about the child; instructions for all of the child's special health needs, such as allergies and chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes); supporting evidence for cases in which the child is under-immunized due to a medical condition (documented by a licensed health professional) or the family's beliefs. If a vaccine-preventable disease to which children are susceptible occurs in the program, staff promptly implement a plan to exclude the child who is under-immunized.

Health consultants

The program has and implements a written agreement with a health consultant who is either a licensed pediatric health professional or a health professional with specific training in health consultation for early learning programs. For programs serving children older than 2, the health consultant visits at least two times a year and as needed. Where infants, toddlers, and 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, social and emotional, nutritional, and oral health, including the care and exclusion of ill children. Unless the program participates in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), 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 (or consultants).

Staff training and program practices in the event of illness

At least one staff member who has a certificate showing satisfactory completion of first aid training and satisfactory completion of pediatric CPR (cardiopulmonary resuscitation) is always present with each group of children.

The program follows these practices in the event of illness: If an illness prevents a 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 (e.g., chicken pox, influenza, whooping cough), 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 other individuals will not be

exposed. 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 (e.g., head lice, measles, impetigo, chicken pox). A program that allows children or staff who are ill to remain in the program implements plans that have been reviewed by a health professional about the levels and types of illness that require exclusion, how care is provided for those who are ill but who are not excluded, and when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.

Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which children were 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. 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.

Outdoor activities

Children of all ages have daily opportunities for outdoor play (when weather, air quality, and environmental safety conditions do not pose a health risk). To ensure air quality in the outdoor learning environment, programs should have a written policy that vehicles (buses as well as families' automobiles) do not idle in the program's parking areas, unless they must do so in extreme temperatures to heat or cool car systems or interiors.

When children are outdoors, they are protected against cold, heat, sun injury, and insect-borne disease. To protect against cold, the program ensures that children wear clothing that is dry and layered for warmth. To protect against heat and sun injury, children have the opportunity to play in the shade. When in the sun, they wear



sun-protective clothing (e.g., broad-brim hats, long sleeve shirts, full length pants/skirts), applied skin protection, or both. Applied skin protection will be non-aerosol broad-spectrum sunscreen or sunblock with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so). When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children over 2 months of age. Do not use a product that combines sunscreen and insect repellent. Staff apply insect repellent no more than once a day and only with written parental permission.

When outdoor opportunities for large motor activities are not possible because of conditions, the program provides similar activities inside. Indoor equipment for large motor activities meets national safety standards and is supervised at the same level as outdoor equipment.

Diapering

For children who are unable to use the toilet consistently, the program makes sure that the facility is equipped to change diapers and soiled clothing in safe and sanitary fashion. Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day. Diapers, underwear, and other clothing are changed when wet or soiled. Staff check children for signs that diapers or pull-ups are wet or contain feces when sleeping children awaken, and they check at least every two hours when children are awake. Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility. At all times, caregivers have a hand on the child when the child is being changed on an elevated surface. In the changing area, staff post and follow changing procedures. These procedures are used to evaluate teaching staff who change diapers.

Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. Changing areas may include changing tables, bathrooms, curtained or semiprivate nooks or corners within larger classroom spaces. For kindergartner and school-age children, the program may use an underclothing changing area designated for and used only by these age groups. Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects—and especially not for any object involved with food or feeding. Diaper bins—containers that hold soiled diapers and diapering materials—must have a lid that opens and closes tightly by using a hands-free device (e.g., a step can), or be in-counter, drop-in bins allowing for hands-free disposal. Containers must be kept closed, and both the inside and outside of the bin must not be accessible to children.

For children who require cloth diapers, the diaper should have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit. Cloth diapers and clothing that are soiled by urine or feces are

immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.

Hand washing

Proper hand-washing technique is followed by adults and children and includes using liquid soap and running water; rubbing hands vigorously for at least 20 seconds, including backs of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., using a paper towel to turn off water).

The program follows consistent practices regarding hand washing. Staff members and children who are developmentally able to learn about personal hygiene are taught hand-washing procedures and are periodically monitored. Hand washing is required by all staff, volunteers, and children when it would reduce the risk of transmission of infectious diseases to themselves and to others, as described in the next paragraph. Staff assist children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.

Children and adults wash their hands upon arrival for the day; after diapering or using the toilet (use of wet wipes is acceptable for infants); after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit); before meals and snacks, before preparing or serving food, and after handling any raw food that requires cooking (e.g., meat, eggs, poultry); after playing in water that is shared by two or more people; after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and when moving from one group to another (e.g., visiting) when it involves contact with infants, toddlers, and twos. Adults also wash their hands before and after feeding a child, before and after administering medication, after assisting a child with toileting, and after handling garbage or cleaning.

Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement to, but not a substitute for, hand washing in any required hand-washing situation listed above. Staff wear gloves when contamination with blood may occur. Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material. In situations in which sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food. For children over 24 months and for adults, hand hygiene with an alcohol-based sanitizer with 60% to 95% alcohol is an alternative to traditional hand washing with soap and water when visible soiling is not present.

Children's medications

Safeguards are used with all medications for children. All medications are kept in a locked container with the exception of medications that must be readily available

such as epi-pens, asthma inhalers, sunscreen, lotions, or diaper creams. These medications must be stored in a safe manner that is inaccessible to children while also allowing quick access by trained staff. Staff administer prescription or over-the-counter medication to a child only if the child's record documents that the parent or legal guardian and a licensed health provider have given the program written permission. Written permission is also obtained from parents or legal guardians to apply skin protectants and cosmetics to children. This includes such items as insect repellents, sunburn relief gels, sunscreens, diaper creams, lip balms, moisturizers, toothpastes, deodorants, perfumes, and fingernail polish. The child's record includes instructions from the licensed health provider who has prescribed or recommended medication for that child; alternatively, the licensed health provider's office may give instructions by telephone to the program staff. Any administrator or teaching staff who administers medication has (a) specific training in and (b) a written performance evaluation, updated annually by a health professional, on the five correct practices of medication administration: (1) verifying that the right child receives the (2) right medication (3) in the right dose (4) at the right time (5) by the right method, with documentation of each time the medication is given. The person giving the medication signs documentation of items (1) through (5) above. Teaching staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedure by the prescribing health care provider. Medication is labeled with the child's first and last names; the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider; the name of the licensed health care provider; the expiration date of the medication or the period of use of the medication; the manufacturer's instructions or the original prescription label that details the name and strength of the medication; and instructions on how to administer and store it.

Water play

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 comes to participate in the water play activity. When the activity period is completed for each group of children, the water is drained. Alternatively, fresh potable water flows freely through the water play table and out through a drain in the table.

Infants, toddlers, and twos do not have access to large buckets that contain liquid.

Sudden infant death syndrome

To reduce the risk of sudden infant death syndrome (SIDS), infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission. Common infant sleep

equipment includes cribs, play yards (pack n' play), cots, mats, Montessori floor beds, and bassinets. Sleep positioners such as bolsters, wedges, rolled blankets, and elevated crib mattresses are not used on a temporary or permanent basis without written authorization from a physician. Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or sleep equipment for infants younger than 12 months. Blankets are not allowed in cribs or sleep equipment for infants younger than 12 months. The infant's head remains uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position. Infants that fall asleep in equipment not designed for sleeping (e.g., car safety seats, swings, bouncers, strollers, or highchairs) are promptly removed from the equipment and placed in an age-appropriate sleep surface such as a crib, cot, or bassinet.

Feeding

Infants younger than 12 months are held for bottle feeding. All others sit or are held to be fed. Infants, toddlers, and twos do not have bottles while in a crib or bed and do not drink from propped-up bottles anytime. After each feeding, an infant's teeth and gums are wiped with a disposable tissue (or a clean, soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums. Toddlers and twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

At least once daily in a program where children older than 1 year receive two or more meals, teaching staff provide an opportunity for tooth brushing to remove food and plaque. (The use of toothpaste is not required.)



5.B—Ensuring Children’s Nutritional Well-Being

Topic 5.B addresses children’s nutrition, including food-serving practices, menus, health requirements, refrigeration requirements, and food allergies.

Recommended Best Practices

Because nutritional well-being is fundamental to children’s development and learning, nutrition practices must be embodied in written program policies that are shared with staff and families and implemented consistently through well-developed procedures.

Food Safety

Clean, sanitary drinking water is made available to children throughout the day. Infants who are fed only human milk do not need to be offered water. Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children’s reach.

The program prepares written menus, posts them where families can see them, and has copies available for families. The program serves meals and snacks at regularly established times. Meals and snacks are at least two hours apart but not more than three hours apart. Menus are kept on file for review by the nutrition consultant. The program documents compliance and any corrections that it has made, in accordance with the recommendations of the program’s health consultant, nutrition consultant, or sanitarian, that reflect consideration of federal and other applicable food safety standards.

The program takes steps to ensure food safety in its provision of drinks, meals, and snacks. 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 USDA Child and Adult Care Food Program guidelines. Staff do not offer children younger than 4 years these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas; hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. Staff cut foods into pieces no larger than 1/4-inch square for infants and 1/2-inch square for toddlers and twos, according to each child’s chewing and swallowing capability. All fresh fruits and vegetables are thoroughly washed prior to eating, to avoid possible exposure to pesticides and bacteria. Staff discard foods with expired dates.

Staff also take steps to ensure the safety of food brought from home. They work with families to ensure that foods brought from home meet the USDA’s CACFP food guidelines. All foods and beverages brought from home are labeled with the child’s name and the date. Staff make sure that food requiring refrigeration stays cold until served. Food is provided to supplement food brought from home, if necessary. Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers. For all infants and for children with disabilities who have special feeding needs, program staff keep a daily record documenting the type and quantity of food a child consumes and

provide families with that information. If the program provides food to infants, then the program staff work with families (who are informed by their child's health care provider) to ensure that the food is based on the infant's individual nutritional needs and developmental stage.

To protect against lead exposure, no imported, old, or handmade pottery is used to cook, store, or serve food or drinks. To protect against harmful plastics, staff never use plastic or polystyrene (Styrofoam™) containers, plates, bags, or wraps when microwaving children's food or beverages. Staff choose and use dish wares (including baby bottles, sippy cups, and drinking cups) made of glass (covered with a silicone sleeve to prevent breakage) or polypropylene/polyethylene options. Staff discard plastic, ceramic, or glass dishes and containers that are chipped, cracked or scratched.

Special Feeding Needs

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. 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.

Infant Feeding

Teaching staff who are familiar with an infant feed him or her whenever the infant seems hungry. Feeding is not used in lieu of other forms of comfort. The program supports breastfeeding by accepting, storing, and serving expressed human milk for feedings. Human milk is received in ready-to-feed sanitary containers labeled with the infant's full name, the date, and the time the milk was expressed. The bottles or containers should immediately be stored in the refrigerator on arrival and stored at the following temperatures and for the following duration times, according to the date that the milk was expressed:

- › Refrigerator at 39 degrees Fahrenheit: 5 days
- › Freezer at 5 degrees Fahrenheit: 2 weeks
- › Freezer compartment with separate doors at 0 degrees Fahrenheit: 3–6 months
- › Chest or upright deep freezer at -4 degrees Fahrenheit: 6–12 months

Staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk. The program provides a comfortable place for breastfeeding and coordinates feedings with the infant's mother.

No milk, including human milk, and no other infant foods are warmed in a microwave oven. If formula is served, staff serve only formula that comes to the facility in factory-sealed containers (e.g., ready-to-feed powder or concentrate formulas and baby food jars) prepared according to the manufacturer's instructions. If solid food is served, parents may bring solid food prepared at home for use by their child, or the program may prepare solid infant food in the facility. Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. Staff discard after two hours any formula or human milk that is served but not completely consumed or is not refrigerated. If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes.

The program does not feed cow's milk to infants younger than 12 months. The program serves whole or reduced fat cow's milk to children ages 12 months to 24 months. Teaching staff do not offer solid foods to infants younger than 4 months, unless that practice is approved by families. Sweetened beverages such as "juice beverages," "juice drinks," or "juice cocktails" of less than 100% juice; sweetened iced-tea; carbonated soft drinks; and powdered drink mixes are avoided. If juice (only 100% fruit juice is recommended) is served, it is served only to infants 12 months and older, and the amount is limited to no more than four ounces per child daily.

5.C—Maintaining a Healthful Environment

Topic 5.C addresses issues related to maintaining an environment that supports the health of children and staff.

Recommended Best Practices

The routine frequency of cleaning and sanitizing all surfaces in the facility takes place as indicated in NAEYC's "Cleaning, Sanitizing, and Disinfecting Frequency Table." Ventilation and cleaning are used, rather than sprays, air freshening chemicals, or deodorizers, to disperse odors in inhabited areas of the facility and in custodial closets. Scented or unscented candles and air fresheners such as potpourri, plug-ins, essential oils, incense, sprays, diffusers, and mists are not used, and use of personal fragrances is discouraged.

When cleaning, fragrance-free, 3rd party certified (www.ecologo.org, www.epa.gov/saferchoice, OR www.greenseal.org), least-toxic products are used. When disinfecting or sanitizing, chlorine bleach and other disinfecting and sanitizing products are EPA-registered, used only for their intended purpose, and in strict accordance with all label instructions. Chlorine bleach solution is mixed fresh daily. Concentration and bleach/water solution ratio is posted.

Procedures for standard precautions are used and include the following:

- › Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.
- › Staff use barriers and techniques that reduce the spread of infectious disease and that minimize contact of mucus membranes or of openings in skin with potentially infectious body fluids.
- › When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing.
- › After cleaning, staff sanitize nonporous surfaces by using the procedure for sanitizing designated diaper-changing surfaces described in NAEYC’s “Cleaning, Sanitizing, and Disinfecting Frequency Table.”
- › Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.
- › Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie, then place the bag in a closed container.

A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion (e.g., blood, saliva, urine, feces, vomit, or mucus) is either to be washed by hand using water and detergent, then rinsed, sanitized, and air dried or washed and dried in a mechanical dishwasher before it can be used by another child. Staff maintain areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals. Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff are barefoot in such areas, their feet are visibly clean.

Classroom pets or visiting animals appear to be in good health. 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. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Program staff make sure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk of salmonella infection.

Accreditation Assessment Items for Standard 5—Health

Sources of Evidence

CO Class Observation

PO Program Observation

CP Class Portfolio

PP Program Portfolio

Item Number	Accreditation Assessment Item	Source of Evidence
5A.1	Program staff change diapers or training pants when wet or soiled.	CO
5A.2	Each designated changing area is separated by a partial wall OR is located at least three feet from other areas that children use.	CO
5A.3	All diaper bins have a lid that opens and closes tightly using a hands-free device (e.g., step can).	CO
5A.4	Children cannot access diaper bins.	CO
5A.5	Both children and adults wash or sanitize their hands before meals and snacks.	CO
5A.6	Both children and adults wash or sanitize their hands after playing in water that is shared by two or more people.	CO
5A.7	Both children and adults wash their hands after touching sand or dirt.	CO
5A.8	Adults wash or sanitize their hands before and after feeding a child.	CO
5A.9	When washing their hands, adults and children rub their hands vigorously for at least 20 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails.	CO
5A.10 Required; Must Be Met to Earn and Maintain Accreditation	Teaching staff place infants on their backs to sleep, without the use of infant sleep positioners, unless ordered by a physician.	CO
5A.11	Teachers only place infants to sleep in equipment that is specifically designed for infant sleep.	CO
5A.12	When infants arrive to the program asleep, or fall asleep, in equipment not specifically designed for infant sleep, the infant is removed and placed in appropriate infant sleep equipment.	CO

Item Number	Accreditation Assessment Item	Source of Evidence
5A.13	If any child in the program is underimmunized, show one example of a form that documents this and explains why.	PP
5A.14	Show a written procedure for promptly excluding any underimmunized child if a vaccine-preventable disease to which children are susceptible occurs in the program.	PP
5A.15	Provide your classroom staffing patterns and staff CPR and first-aid training records that show that at least one staff member currently certified in first-aid and pediatric CPR is always scheduled to be present with each class of children.	PP
5A.16	Show how you document that written permission from families is required to allow staff to apply sunscreen to their child(ren).	PP
5A.17	Show that your diapering policy instructs staff to check for and change wet or soiled diapers or training pants when a child wakes up from a nap.	PP
5A.18	For children in diapers, show that each diaper changing table is used exclusively by one designated class of children.	PP
5A.19	<p>Show that your written hand-hygiene policy instructs adults to wash or sanitize their hands</p> <ul style="list-style-type: none"> › Before and after feeding a child › Before and after administering medication › After handling garbage › After cleaning 	PP
5A.20	Show that staff who administer medication have completed specific training to do so.	PP
5A.21	<p>Show or describe how</p> <ul style="list-style-type: none"> › Most medications are kept in a locked container › Medications that must be readily available are stored in a safe manner, inaccessible to children, while allowing for quick access by staff 	PP

Item Number	Accreditation Assessment Item	Source of Evidence
5A.22	<p>Show that your written infant sleep policy includes the following elements:</p> <ul style="list-style-type: none"> ➤ Staff must place infants younger than 12 months on their backs to sleep, without the use of infant sleep positioners, unless ordered by a physician ➤ If infants arrive to the program asleep, or fall asleep, in equipment not specifically designed for infant sleep, the infant is removed and placed in appropriate infant sleep equipment 	PP
5A.23	<p>If your program serves two or more meals a day, show that your policies and procedures provide children with the opportunity to brush their teeth at least once daily.</p>	PP
5A.24	<p>Show that your written infant sleep policy states that soft items are not allowed in cribs or infant sleep equipment for infants younger than 12 months.</p>	PP
5A.25	<p>Show that your program's written policies discourage idling vehicles (buses, families' automobiles) in your parking areas, except if vehicles need to idle in extreme heat or cold to maintain interior or engine temperatures.</p>	PP
5B.2	<p>Staff do not feed infants in place of other forms of comfort.</p>	CO
5B.3	<p>Show that your food safety policy is communicated to staff and that it lists steps that staff must take to ensure food safety when providing drinks, meals, and snacks.</p>	PP
5B.4	<p>Show that your food safety policy instructs staff to discard any foods with expired dates.</p>	PP
5B.5	<p>Show that your feeding policy states that for children of any age with special feeding needs, and for all infants, staff must do the following each day:</p> <ul style="list-style-type: none"> ➤ Document the type and quantity of food the child consumes ➤ Provide this information to the child's family 	PP
5B.6	<p>Show that your written policies and procedures ensure that breast milk is labeled with the infant's full name and the date that the milk was expressed.</p>	PP
5B.7	<p>Show that your written policies and procedures ensure that staff discard any unfinished and unrefrigerated formula or breast milk after two hours.</p>	PP
5B.8	<p>Show that your program's food safety policy instructs staff to thoroughly wash all fruits and vegetables prior to eating.</p>	PP
5B.9	<p>Show that your program's food safety policy instructs staff to never use plastic or polystyrene (Styrofoam™) containers, plates, bags, or wraps when microwaving children's food or beverages.</p>	PP

Item Number	Accreditation Assessment Item	Source of Evidence
5C.1	Food-serving tables and high chairs are cleaned and sanitized after each use.	CO
5C.2	When strong odors occur in the air, they are controlled using ventilation (not air-freshening sprays).	CO
5C.3	If a child has contaminated a toy with saliva or other body secretion or excretion, staff set the toy aside for washing in a bin or in another location created for that purpose.	CO
5C.4	Scented or unscented candles and air fresheners are not used anywhere in the facility.	PO
5C.5	Show that you have procedures in place to assure that cleaning, disinfecting, and sanitizing of the facility is carried out as recommended by NAEYC's "Cleaning, Sanitizing, and Disinfecting Frequency Table."	PP
5C.6	Show or describe how your program selects and uses fragrance-free and least-toxic cleaning products for use in your program facility.	PP



STANDARD 6

Staff Competencies, Preparation, and Support

Definition of Standard 6—Staff Competencies, Preparation, and Support

The program employs and supports a teaching and administrative staff that have the qualifications, knowledge, and professional commitment necessary to promote children’s learning and development and to support families’ diverse needs and interests.

Rationale

Established: Children benefit most when their teachers have high levels of formal education and specialized early childhood professional preparation. Teachers who have specific preparation, knowledge, and skills in child development and early childhood education are more likely to engage in warm, positive interactions with children, offer richer language experiences, and create higher quality learning environments. Opportunities for teaching staff to receive supportive supervision and to participate in ongoing professional development ensure that their knowledge and skills reflect the profession's ever-changing knowledge base.

Updated: Children in early learning programs benefit most when teaching and administrative staff have high levels of formal education and specialized professional preparation. Staff who have specific preparation, knowledge, and skills in child development and early childhood education are more likely to engage in warm, positive interactions with children, offer richer language experiences, and create higher quality learning environments. Opportunities for teaching and administrative staff to receive supportive supervision and to participate in ongoing professional development ensure that their knowledge and skills reflect the profession's ever-changing knowledge base.

The Staff Competencies, Preparation, and Support standard is made up of four topic areas (6.A, 6.B, 6.C, and 6.D).

Topic Areas

- › 6.A—Supportive Work Environment
- › 6.B—Professional Identity and Recognition
- › 6.C—Qualifications of Teaching and Administrative Staff
- › 6.D—Ongoing Professional Development

6.A—Supportive Work Environment

Topic 6.A encompasses program policies and procedures that support staff well-being, empowerment, and overall quality of work life.

The work experience is made pleasant and productive when staff are stable, supported, and well-prepared. The program should have plans and policies to attract and maintain a consistently qualified, well-trained staff and to reduce staff turnover. Policies and practices should promote a collaborative, inclusive organizational climate.

Staff are empowered when they fully understand the terms of their employment. Written personnel and operational policies must be shared with staff. For example, staff should know the program's salary scale and the conditions (e.g., length of service, new degree or credential, additional duties) under which pay increases are given. Staff should have the opportunity to contribute to the creation of some personnel and operational policies, and their feedback should be solicited in the

ongoing evaluation of the efficacy of policies. Program governance boards should include staff representation. Policies should address staff rights and responsibilities, available training and resources, and expectations for professional behavior.

The physical environment of the program should support staff well-being and effectiveness. Classrooms and staff rooms should be comfortable, clean, and in good repair. There must be designated, private or semi-private adult-friendly space in the facility where staff can take a break away from children, with resources to plan and prepare materials. For example, a staff break room, a nursing room, resource room, conference room, reception area, alcove, or unassigned office can serve this function. Staff need a secure place to store their personal belongings. The program facility should include an adult-size bathroom. Each classroom and outdoor learning environment should include seating that is suitably sized for staff use. Suitable seating could be a stool, chair, bench, or other seat that is capable of supporting the adults using that space on a regular basis. Small adults may find that seating designed for older children is suitable, while large adults need something larger.

A range of meaningful benefits and incentives should be offered to support staff well-being and effectiveness. When the program employs at least some full-time (35 hours per week or more) staff, benefits should include health insurance, paid employee leave, and a retirement plan. Retirement plans can be fully or partially funded by the organization, or the organization may supply the administrative structure through payroll deductions. Individual retirement accounts (IRA), 401(k)s, profit-sharing, and pensions plans are examples of different types of retirement plans that could be offered to staff. Education benefits and other incentives should be offered as well. Educational benefits could take the form of scholarships, training supports, release time, coaching and mentoring, employee discounts, professional membership, recognition events, and awards. Part-time staff should receive partial or prorated benefits. The program should have resources and procedures that support staff wellness, such as referrals for stress management.

Professional resources and materials, such as books, journals, computers, mobile devices, Internet access, assessment tools, and software, should be available to professional staff at the program. Staff should be provided with breaks outside the classroom during the day and should be able to request relief if needed. Teaching staff also need time to perform curriculum planning, assessment, and communication tasks while not supervising active children.

With employees' and children's health and safety in mind, the program should ensure that all staff receive information on relevant health, safety, and emergency procedures that prepare them to respond to emergencies and evacuations, adequately supervise playgrounds, provide first aid or CPR, and maintain sanitary environments. Teachers notice and intervene when children are in potentially dangerous situations such as inappropriate use of equipment or materials, crowding in learning centers, or a lack of awareness of their surroundings. The program should also control environmental



hazards in the workplace. For example, use unscented, biodegradable, nontoxic cleaning products and the least toxic disinfecting and sanitizing products available to minimize staff's exposure to toxicants. There should be clear, written program policies about what level and types of illness require employees to take leave from work.

The program needs written procedures to follow if an employee is accused of abuse or neglect of a child in the program. Procedures must protect the rights of the accused employee as well as protect the children in the program. Written policies must affirm that employees who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action, unless it is proven that the report is malicious.

6.B—Professional Identity and Recognition

Topic 6.B focuses on how the program promotes and supports teaching and administrative staff to identify and be recognized as members of the early childhood education field. It is important for professional staff to have a strong identification with, accountability to, and involvement in the early childhood education field as they work to better serve young children and their families.

The program should ensure that professional staff (teachers and administrators) know and use the **NAEYC Code of Ethical Conduct** as guidelines for responsible behavior and as a common basis for resolving the principal ethical dilemmas encountered in early childhood care and education. Ethical behaviors include practices such as culturally sensitive communication with families, collaborative and respectful relationships with coworkers, respect for confidentiality of information, and maintenance of inclusive environments that support the needs of each child. Ongoing staff discussions of ethical issues should be part of the program's professional development plan.

Professionalism is embodied when professional staff strive to remain well informed about issues related to the early learning profession and the families with whom they work. Teaching and administrative professionals need to be recognized as experts and provided opportunities to use their early childhood education expertise to improve

conditions for children and families in their program, local community, state, or region and beyond. Teaching and administrative staff should be encouraged and supported to participate in local, state, or national activities, such as joining professional organizations or groups, participating in community meetings, hosting or joining awareness events, hosting or joining a professional learning community, providing feedback on draft policies, responding to action calls, presenting at conferences, submitting professional articles, writing blogs, and sharing information with others.

The program should demonstrate a commitment to professionalism in its community as well, by serving as a hub for professional learning, hosting training events or professional gatherings, facilitating public awareness activities, serving as a practicum site for local colleges and universities, and other collaborative activities.

6.C—Qualifications of Teaching and Administrative Staff

Topic 6.C describes educational qualifications expected of teachers, assistant teachers/teacher aides, operational administrators, and pedagogical administrators.

Programs should employ teaching staff and pedagogical leaders who have specialized early childhood professional preparation. This specialized preparation should ensure that teaching staff are competent in the areas outlined in the 2010 NAEYC Standards for Initial and Advanced Early Childhood Professional Preparation Programs for Use by Associate, Baccalaureate, and Graduate Programs.

Assistant Teacher/Teacher Aide Educational Qualifications. To ensure these competencies, assistant teachers/teacher aides must have a minimum of a Child Development Associate (CDA) Credential reflective of the age group of children they are supporting. Alternatively, assistant teachers/teacher aides can also have qualifications equivalent to a CDA, which is currently 12 college credits in early childhood education, child development, elementary education, and/or early childhood special education.

Teacher Educational Qualifications. It is best practice in the ECE profession for teachers to have formal educational qualifications in order to ensure the core competencies necessary to carry out their role. For teachers these qualifications can be demonstrated in three ways. Ideally teachers can have a minimum of a higher education degree (bachelor's degree or associate degree) with a major in early childhood education, child development, elementary education, or early childhood special education. Alternatively, teachers with a higher education degree for a different major must show they have earned at least 36 college credits in early childhood education, child development, elementary education, and/or early childhood special education. A third way to demonstrate ECE professional preparation is to show a state public school certification to practice as a teacher for children age birth to 8 years. Given the variation in degree quality and the benefits of articulation, degrees and college credits from accredited higher education institutions and programs are encouraged.

Pedagogical Administrator Qualifications. The administrator responsible for providing pedagogical and instructional leadership (pedagogical administrator), like the teaching staff they lead and guide, should have specialized, formal early childhood professional preparation. The qualification level is similar to that of teachers, but requires a bachelor’s-level degree—not an associate’s degree. Like teachers, the qualification can be demonstrated in 3 ways: (1) baccalaureate-level higher education degree in early childhood education, child development, elementary education, or early childhood special education; (2) baccalaureate-level degree in another major with at least 36 college credits in early childhood education, child development, elementary education, and/or early childhood special education; or (3) state public school certification to practice as a teacher for children age birth to 8 years.

Operational Administrator Qualifications. The administrator responsible for the business operations and viability of the program (operational administrator) should have a minimum of a baccalaureate-level higher education degree (any type) and business and program administrative competencies earned through 9 higher education credits. As an alternative to the 9 higher education credits in business and program administration, the operational administrator can have administrator credentials recognized by NAEYC or a principal credential issued by a state.

6.D—Ongoing Professional Development

Topic 6.D addresses professional staff’s openness to continual learning by adding to their knowledge and skills, especially with respect to core competencies. It encompasses ways the program supports staff opportunities for ongoing professional development through intentional planning, provision of resources, and creation of learning opportunities in the workplace.

Core competencies of teaching staff. The program’s professional development planning process should assure that teaching staff acquire and improve knowledge and competency in these areas:

- › Cultural competency
- › Knowledge and skills relevant to the specific ages and stages of the children they teach
- › Ability to plan and competently carry out the program’s curriculum
- › Ability to conduct and appropriately use assessments of child progress
- › Children’s special needs affecting their learning and development, and how best to support their learning and inclusion
- › Communication and collaboration skills needed to work as part of a teaching team
- › Working with children and families who are experiencing special circumstances (for example, homelessness, parent military deployment, community unrest)

When teaching staff supervise or mentor other teaching staff, they should also have competency in adult supervision, mentoring, and leadership development.

Core competencies of the administrative staff. The program’s administrator or administrative staff should have the competencies needed to provide both operational and pedagogical leadership to the program. The program’s professional development planning process should assure that all administrative staff acquire and improve knowledge and competency in these areas:

- › Oral and written communication, in both formal and informal settings
- › Staff management and human relations
- › Family and community relationships, engagement, and support
- › Professionalism, including leadership and advocacy
- › The history and structure of early education in the United States
- › Current trends and influences impacting program quality

The administrator responsible for the business operations and viability of the program (operational administrator) should also be supported to acquire and improve knowledge and competency in these areas:

- › Personnel management
- › Fiscal and legal management
- › Program operations
- › Facilities management
- › Marketing and public relations
- › Use of technology

The administrator responsible for providing pedagogical and instructional leadership (pedagogical administrator) should also be supported to acquire and improve knowledge and competency in these areas:

- › Child learning and development
- › Educational programming, curriculum, and instructional methods
- › Child observation and assessment
- › Cultural competency
- › Inclusive practices
- › Health, safety, and nutrition
- › Individual and group child guidance, classroom management, and learning environments
- › Adult learning, coaching, mentoring, and leadership development

Professional development plans and practices. The program should maximize internal and external resources to offer staff a range of meaningful professional development experiences and help ensure staff have the support needed to improve their credentials, strengthen their practice, and grow as professionals. The program should create a work environment that supports ongoing professional development and

continuous quality improvement through practices such as coaching and mentoring, collaborative learning, information sharing, training, and reflective practice.

All staff should be provided with an initial orientation that introduces them to fundamental aspects of program operation, such as program goals, emergency procedures, ethical conduct, acceptable guidance techniques, daily routines and activities, child abuse reporting, regulatory requirements, and NAEYC accreditation standards for early learning programs. The program's curriculum and assessment methods must be reviewed with teaching staff at orientation. New staff should be trained and evaluated on important policies and procedures. The important topics introduced in the initial orientation should be reviewed periodically or explored more thoroughly with relevant staff, as part of regular staff communications and meetings. As part of their initial orientation, new teaching staff should also learn about the individual children they will be caring for, through review of program enrollment forms, child assessments, or other documentation.

At the organizational level, the program should develop and maintain a current program-wide professional development plan (PPDP) that ensures that early childhood expertise is being provided to guide curriculum and learning. The plan should identify areas needing attention and resources to support staff continuing development. It should be based on needs identified through staff evaluations and reflections, regulatory requirements, the program's mission and goals, the unique needs of the children and families served, and other program assessment data. All staff should be aware of the program-wide professional development plan and have access to it. Credit-bearing coursework should be included in the plan whenever possible, with the goal of improving staff credentials and competencies. The plan should reference the national and state core competencies for early childhood professionals—competencies that describe what all staff who work with children should know and be able to do; it should also ensure that teaching staff have opportunities to reflect on and enhance their teaching practices. The program-wide professional development plan should be reviewed and updated at least annually.

At the individual staff level, all staff should be evaluated at least annually by an appropriate supervisor. The individual evaluation process should support administrative staff and teaching staff to evaluate and improve their own performance, using ongoing reflection and feedback from supervisors, peers, and families. The annual staff evaluation process should generate a current annual individualized professional development plan (IPDP). The IPDP should be used to guide staff's continuous professional development and to inform the program-wide professional development plan. Professional development goals for administrative and teaching staff should be to increase knowledge and competency in the policies and procedures of the program and the competencies outlined in the *2010 NAEYC Standards for Initial and Advanced Professional Preparation Programs*, with keen attention to staff role and the characteristics of children and families served.

Accreditation Assessment Items for Standard 6—Staff Competencies, Preparation, and Support

Sources of Evidence

CO Class Observation

PO Program Observation

CP Class Portfolio

PP Program Portfolio

Item Number	Accreditation Assessment Item	Source of Evidence
6A.1	There is suitably sized seating available to adults in the classroom.	CO
6A.2	There is private or semi-private adult friendly space in the program facility, where staff can take a break away from children.	PO
6A.3	Staff have a secure place to store their personal belongings.	PO
6A.4	There is suitably sized seating available to adults in the outdoor learning environment.	PO
6A.5	Staff can readily access professional planning and curriculum resources.	PO
6A.6	Show or describe two or more examples of staff-related policies, practices, or projects that have promoted a collaborative, inclusive organizational climate.	PP
6A.7	Show that the program's employee policies include information about staff planning time.	PP
6A.8	Show that your program's written health and safety policy includes rules stating when sick staff members must be excluded from working at the program and when they can return to work.	PP
6A.9	Show that your program's staff handbook includes information about how staff can locate resources that support them in stress management, prevention and treatment of depression, and/or general wellness.	PP
6A.10	Show that your staff handbook and parent materials include a written policy and procedure for reporting child abuse and neglect that includes information about how you deal with a staff member who is accused of abusing or neglecting a child in the program. The procedures protect both the rights of the accused staff person and the children in the program.	PP

Item Number	Accreditation Assessment Item	Source of Evidence
6A.11	Show that your written employee benefits package includes health insurance.	PP
6A.12	Show that your written employee benefits package includes holiday leave and sick, vacation, and/or personal leave.	PP
6A.13	Show that your written employee benefits package includes education benefits.	PP
6A.14	Show that your written employee benefits package includes a retirement plan.	PP
6A.15	Show or describe how the program's staff schedules show that staff who work directly with children for more than four hours receive a 15-minute break for each four-hour period.	PP
6A.16	Show that the program's staff manual states that staff may request a short and immediate break when they are unable to perform their duties.	PP
6B.1	Teachers' communication with families is culturally sensitive and professional.	CO
6B.2	Show two examples of how the program promotes the use of the NAEYC Code of Ethical Conduct in program practices.	PP
6B.3	Show or describe an example of how staff have participated in advocacy or professional learning activities that connected with other early learning professionals in your community.	PP
6B.4	Show that your written, program-wide professional development plan includes ongoing discussions of ethical issues.	PP
6B.5	Staff can readily access information about the professional resources available from organizations and groups outside the program.	PP

Item Number	Accreditation Assessment Item	Source of Evidence
6C.1	<p>Show that each class is led by a teacher who has, at minimum:</p> <ul style="list-style-type: none"> › A higher education degree in early childhood education, early childhood special education, elementary education, or child development <p>OR has</p> <ul style="list-style-type: none"> › A non-early childhood education, early childhood special education, elementary education, or child development higher education degree with <ul style="list-style-type: none"> • 36 higher education credits in early childhood education, child development, elementary education, and/or early childhood special education <p>OR has</p> <ul style="list-style-type: none"> • State certification to practice as a teacher in a public school, and the certification is reflective of the age of the children served. 	<p>PP</p> <p>(data will be extracted from candidacy materials)</p>
6C.2	<p>Show that all of your assistant teachers/teacher aides have, at minimum:</p> <ul style="list-style-type: none"> › A Child Development Associate Credential (CDA) <p>OR</p> <ul style="list-style-type: none"> › 12 higher education credits in early childhood education, early childhood special education, elementary education, and/or child development. 	<p>PP</p> <p>(data will be extracted from candidacy materials)</p>
6C.3	<p>Show that the program employs an operational administrator with the following formal educational qualifications:</p> <ul style="list-style-type: none"> › Bachelor’s degree (in any subject) <p>AND</p> <ul style="list-style-type: none"> • 9 higher education credits in business or program administration <p>OR with</p> <ul style="list-style-type: none"> › Bachelor’s degree (in any subject) <p>AND</p> <ul style="list-style-type: none"> • Administrator credentials recognized by NAEYC <p>OR</p> <ul style="list-style-type: none"> • Principal credential issued by a state. 	<p>PP</p> <p>(data will be extracted from candidacy materials)</p>

Item Number	Accreditation Assessment Item	Source of Evidence
6C.4	<p>Show that the pedagogical administrator has, at minimum:</p> <ul style="list-style-type: none"> ➤ A baccalaureate degree in early childhood education, early childhood special education, elementary education, or child development <p>OR has</p> <ul style="list-style-type: none"> ➤ A non-early childhood/child development/early childhood special education higher education baccalaureate degree with: <ul style="list-style-type: none"> • 36 higher education credits in early childhood education, child development, elementary education, and/or early childhood special education <p>OR has</p> <ul style="list-style-type: none"> • State certification to practice as a teacher in a public school, and the certification is reflective of the age of the children served. 	<p>PP</p> <p>(data will be extracted from candidacy materials)</p>
6D.1	<p>Show that the initial orientation for new teaching staff includes expectations for conduct based on the NAEYC Code of Ethical Conduct.</p>	<p>PP</p>
6D.2	<p>Show that the initial orientation for new teaching staff includes a review of information about the individual children they will be caring for.</p>	<p>PP</p>
6D.3	<p>Show that the initial orientation for new teaching staff includes acceptable (and unacceptable) guidance, discipline, and classroom management techniques.</p>	<p>PP</p>
6D.4	<p>Show that the initial orientation for new teaching staff includes daily activities and routines of the program.</p>	<p>PP</p>
6D.5	<p>Show or describe two examples of topics introduced in initial staff orientation that were followed up more thoroughly.</p>	<p>PP</p>
6D.6	<p>Show that your program-wide professional development plan describes how teaching staff have access to trainings that increase their cultural competence and reduce implicit and explicit bias.</p>	<p>PP</p>
6D.7	<p>Show that your program-wide professional development plan describes how teaching staff have access to trainings that deepen their understanding and ability to implement the program's curriculum.</p>	<p>PP</p>

Item Number	Accreditation Assessment Item	Source of Evidence
6D.8	Show that your program-wide professional development plan describes how teaching staff have access to trainings in communication and collaboration skills to support a positive work environment.	PP
6D.9	Show that your program-wide professional development plan describes how teaching staff have access to trainings that are specialized to the developmental stages of the children they teach (infant, toddler/two, preschool, kindergarten, school-age).	PP
6D.10	Show that your program-wide professional development describes how teaching staff have access to training relevant to the circumstances of children they teach (e.g., children from military families or migrant families; dual language learners; children who are homeless, require special education, have experienced trauma; children from rural environments or from urban environments, etc.).	PP
6D.11	Show two staff evaluations conducted within the last 18 months that include a self-reflection or self-evaluation component.	PP
6D.12	Show that program administrator(s) have access to training, technical assistance, and/or other forms of support that are specific to their administrative role.	PP
6D.13	Show that you update your written, program-wide professional development plan at least annually or as needed.	PP
6D.14	Show that your written, program-wide professional development plan is shared with staff.	PP
6D.15	Show that mentoring and coaching experiences are included in your written, program-wide professional development plan.	PP
6D.16	Show that your written, program-wide professional development plan includes an initial orientation to the program's policies and procedures.	PP
6D.17	Show that your written, program-wide professional development plan includes an initial orientation to the curriculum you use.	PP
6D.18	Show that the pedagogical administrator has received training or education that covered best practices in adult learning, coaching, mentoring, and/or leadership development.	PP
6D.19	Show two examples of staff trainings conducted within the past 12 months, in which topics were driven by the program-wide professional development plan or individual professional development plans.	PP



STANDARD 7

Families

Definition of Standard 7—Families

The program establishes and maintains collaborative relationships with each child's family to foster children's development in all settings. These relationships are sensitive to family composition, language, and culture.

Rationale

Young children’s learning and development are integrally connected to their families. Consequently, to support and promote children’s optimal learning and development, programs need to recognize the primacy of children’s families, establish relationships with families based on mutual trust and respect, support and involve families in their children’s educational growth, and invite families to fully participate in the program.

The Families standard is made up of three topic areas (7.A, 7.B, and 7.C).

Topic Areas

- › 7.A—Knowing and Understanding the Program’s Families
- › 7.B—Sharing Information Between Staff and Families
- › 7.C—Nurturing Families as Advocates for Their Children

7.A—Knowing and Understanding the Program’s Families

Topic 7.A addresses program staff’s ability to work effectively with diverse families based on their knowledge of a family’s socioeconomic, linguistic, racial, and cultural background.

Recommended Best Practices

Program policies can help staff establish intentional practices designed to build strong relationships with families from the first contact, and maintain them over time.

Right from the start, program staff should understand the kinds of families served in the program. The program’s employee orientation process should include an overview of the diversity of families in the program, and ongoing staff development should help staff acquire the skills and knowledge they need to work effectively with all families. To better understand the cultural backgrounds of enrolled children, their families, and the surrounding community, program staff should be encouraged to participate in cultural events, concerts, storytelling activities, and other events and performances in the community that are designed for children and their families. Staff participation in such activities may be formally planned by the program or informally sought out by individual staff members according to their own interests. The key is for staff to get to know and to become part of the lives of the program’s families.

If classroom staff are going to work effectively with each family, the program should have established ways to identify which family members are legally responsible for the care and well-being of each child. Staff provide ongoing support and information regarding the children in their care to these identified individuals.

When first getting acquainted with a child and family, both administrators and teaching staff should know and use a variety of formal and informal strategies to become acquainted with and learn from the family. Questionnaires, newsletters,

emails, and planned and spontaneous conversations are all ways to learn more about families. Program staff should ask families about their family structure (nuclear, single parent, same-sex, multi-generational, blended families), their preferred childrearing practices, and any other information families wish to share about their socioeconomic, linguistic, racial, religious, or cultural background.

Staff can also ask family members to share their knowledge of their child's interests, approaches to learning, and developmental needs. Staff will want to learn about the family's concerns and goals for their child. Teachers and administrators can and should find ways to actively use this information to adapt the program environment, curriculum, and teaching methods to better serve their enrolled families.

While continuously getting to know the children and their families, program staff also need to help families get to know the program. Program staff should make opportunities to discuss the program's philosophy and curriculum objectives with families. They can talk about effective strategies that can be used by families to promote their children's learning. These conversations can occur during new family orientations, small group meetings, and individual conversations and through written questionnaires, all of which can help staff inform families and get input from families about curriculum activities throughout the year. Classroom staff should communicate with families often about shared child caregiving issues, including parent-child separation at drop-off, special needs, and the food served and consumed.



¹ Examples of family structures: nuclear family, single-parent family, extended family, childless family, step-family, grandparent family, and families including adopted members, same-sex spouses, unwed partners, and teenage parents.

Programs need to establish an atmosphere that continually invites and includes families in the life of the program in as many ways as possible. This starts with an open-door policy: families should be able to visit any area of the facility at any time during the program’s regular hours of operation. Program staff should think about how to ensure that all families are included in volunteer opportunities and program events, taking into account challenges that may be posed by family structure (e.g., nuclear, single parent, childless, multi-generational, same-sex, blended families), socioeconomic circumstances, racial and cultural backgrounds, gender, abilities, and preferred language. Participation opportunities should consider each family’s interests and skills and the needs of program staff. Program staff and families can work together to plan events. Families’ schedules and availability must be considered as part of this planning. Staff or other families in the program should encourage and support family members to take on leadership roles.

The program has an important role in creating a true community of families it serves. This can be accomplished by facilitating opportunities for families to meet with one another on a formal and informal basis, to work together on projects that support the program, and to learn from and provide support for each other. A sense of community and inclusion is fostered when a program’s governing or advisory groups include families as members and active participants.

7.B—Sharing Information Between Staff and Families

Topic 7.B addresses techniques and communication styles that promote continuous communication with families. It describes expectations with respect to written communication about the program’s operations.

Recommended Best Practices

In a high-quality program, communication between families and program staff is continuous and fluid, using formal and informal channels. Programs need to be intentional about communicating both with families as a whole and with individual families, based on the needs of each family and child. In written operating policies shared with staff and families, intentionality should be reflected when describing program expectations for frequent and individualized communication between staff and families.

Many daily happenings of a class can be communicated to all families at once through message boards, private network posts, or other means of reporting. Additionally, teaching staff who care for infants, toddlers, and 2-year-olds should have a procedure for communicating with each family on a **daily basis**, about their child’s activities and developmental milestones, shared caregiving issues, and other information that affects the child’s well-being and development. Similarly, teachers who care for preschoolers and older children should have a procedure for communicating these things to each family on a **weekly basis**. When in-person



communication is not possible, teaching staff can communicate through established alternative means, such as daily written report forms, emails, web posts, or phone calls. Program staff may also consider using family conferences or home visits to promote dialogue with families.

When enrolled families speak languages other than English, programs should compile and provide program information to families in a language they understand. Where many families speak a single language other than English, the information provided in that language should include program policies and operating procedures. For in-person communications, program staff need to ensure that other adults are available to translate or interpret communications to families, as needed.

Programs conduct assessments of children’s progress and should communicate closely with each family about their child’s progress throughout this process. Program staff should inform families about the program’s systems for formally and informally assessing children’s progress. The information should include the purposes of assessments, the procedures used for assessments, the procedures for gathering family input and information, the timing of assessments, the way assessment results or information will be shared with families, and ways the program will use the information. When an assessment process leads program staff to suspect that a child has a developmental delay or other special need, this possibility should be communicated to the family in a sensitive, supportive, and confidential manner. The family must be given documentation of the assessment, an explanation for the concern, suggestions about next steps to take, and information about resources for further assessment.

7.C—Nurturing Families as Advocates for Their Children

Topic 7.C addresses the early childhood program’s role in supporting family members as their child’s primary advocate, both in and beyond the program. It also addresses how differences that arise between program staff and families should be managed, and describes how programs support families in making transitions to other early childhood settings, public school settings, or both.

Recommended Best Practices

The truest partnership between programs and families occurs when program staff share their professional knowledge and experience with families in ways that empower family members to effectively advocate for their children’s needs. Program staff can and should encourage families to discuss their children’s needs when it comes to the program’s activities and services. If a family member has concerns about a child’s experiences while in care, staff can and should encourage the family to raise those concerns. Staff and family can then work collaboratively to find mutually satisfactory solutions that staff incorporate into classroom practice, when possible. When disagreements or other difficulties arise between a family and program staff, the program’s written policies should affirm that a variety of techniques are used to negotiate difficulties. These must include arrangements to use a language the family understands, if needed.

Program staff also have the important role of encouraging and supporting families to make the primary decisions about services their children may need outside of the program. Program staff can provide families with information about programs and services from other organizations. Staff should guide families in advocating to obtain needed services. Staff can support and encourage families’ efforts to negotiate health, mental health, assessment, and educational services for their children.

The program should establish relationships with other early learning programs and with local elementary schools. These relationships are needed to help families prepare for and manage their children’s transitions between programs, including special education programs. Program staff should be a resource for general information on local enrollment procedures and practices, visiting opportunities, and program options, as well for communication with specific schools and programs.

Help and referral of families to health or educational services may also involve communication by the program about a child’s experiences in that program. Before sharing information about a child with other relevant providers, agencies, schools, or programs, staff must obtain written consent from the child’s family. The program needs to have clear written policies concerning confidentiality of family information, and these policies must be communicated to all staff.

Accreditation Assessment Items for Standard 7—Families

Sources of Evidence

CO Class Observation

PO Program Observation

CP Class Portfolio

PP Program Portfolio

Item Number	Accreditation Assessment Item	Source of Evidence
7A.1	If needed, teachers assist families in handling difficult separations during drop-off and pickup times.	CO
7A.2	Show or describe how your program's staff orientation process helps new program staff understand the diversity of families in your program.	PP
7A.3	Show or describe one example of how information about the families you serve has been used to adapt the program environment.	PP
7A.4	Show or describe one example of how information about the families you serve has been used to adapt teaching methods.	PP
7A.5	Show or describe two examples of how teachers have incorporated family members' knowledge about their children into ongoing classroom planning.	PP
7A.6	Show or describe two examples of how you have helped families to meet with one another on a formal basis and to support the program or each other.	PP
7A.7	Show or describe one example of how staff and families have worked together to plan an event.	PP
7B.1	Show or describe two examples of how you communicate daily with the families of infants, toddlers, or twos about each child's developmental milestones, individual activities, and shared caregiving issues.	CP
7B.2	Show or describe two examples of how you communicate at least weekly with the families of preschoolers, kindergartners, and school-agers about each child's developmental milestones, individual activities, and shared caregiving issues.	CP
7B.3	Show that when staff suspect that a child has a developmental delay or other special need, your program provides <ul style="list-style-type: none"> › Documentation and explanation for the concern › Suggested next steps › Information about resources for diagnostic evaluation 	PP
7C.1	Show or describe an example of how staff have worked with a family to respond to a concern about their child's care or education.	PP



STANDARD 8

Community Relationships

Definition of Standard 8—Community Relationships

The program establishes relationships with and uses the resources of the children's communities to support the achievement of program goals.

Rationale

As part of the fabric of children’s communities, an effective program establishes and maintains reciprocal relationships with agencies and institutions that can support it in achieving its goals for the curriculum, health promotion, children’s transitions, inclusion, and diversity. By helping to connect families with needed resources, the program furthers children’s health, development, and learning.

The Community Relationships standard is made up of three topic areas (8.A, 8.B, and 8.C).

Topic Areas

- › 8.A—Linking With the Community
- › 8.B—Accessing Community Resources
- › 8.C—Acting as a Citizen in the Neighborhood and the Early Childhood Community

8.A—Linking With the Community

Topic 8.A addresses the program’s role in gathering information about community services, informing families about these services, and assisting families in gaining access to services and consultants. It also describes ways that program staff advocate for services for families enrolled in their programs and use information from community stakeholders to inform a program’s continuous improvement.

Recommended Best Practices

Early learning programs serve a vital role by bringing information about community resources to the families of children in their care. The program should compile and maintain a current list of child and family support services available in the community. The information should reflect the pattern of needs the staff observe among families, and what families request. Examples of such resources are:

- › Service providers for health, mental health, and oral health
- › Providers of nutrition, child welfare, and parenting programs
- › Early intervention—special education screening and assessment services
- › Basic needs, such as housing and child care subsidies

If some of the families might require culturally or linguistically specialized services, the community services list should include providers and specialized consultants who are able to address those needs. The program should share the list with families and assist them with locating, contacting, and using community resources that support children’s and families’ well-being and development.

In addition to creating a community resource list, program staff should develop partnerships and professional relationships with agencies, consultants, and organizations in the community that further the program’s capacity to meet the



needs and interests of the children and families they serve. For example, program staff can encourage continuity of services for children by communicating with other agencies and programs to achieve mutually desired outcomes for children and to guide collaborative work. Administrative staff should identify and establish relationships with specialized consultants who can assist with all children's and families' full participation in the program. This assistance might include support for children with disabilities, behavioral challenges, or other special needs.

Another important reason for establishing linkages with the community is to advocate for the program and its families. Program administrators can create awareness of the program's needs among community councils, service agencies, and local governmental entities. Once established, these relationships can provide valuable feedback to the program as well. Program staff should include information gathered from community stakeholders (e.g., community members, landlords, board of directors, sponsoring agencies) when evaluating the program and planning for continuous improvement. Asking for feedback from community agencies, consultants, and service providers builds their involvement in the program, which in turn broadens community support for the program.

8.B—Accessing Community Resources

Topic 8.B addresses program efforts to integrate the community into the program both by inviting community members to participate in program events and by moving into the community to take advantage of opportunities that are offered.

Recommended Best Practices

Community resources should inform not only family service referrals but also the program's curriculum. Program staff should use their knowledge of their community and the families in their program to integrate the community into the curriculum and the children's learning experiences. Members of the performing and visual arts



community, such as musical performers, coordinators of traveling museum exhibits, local artists, puppeteers, and community residents, should be invited to share their interests and talents with the children. The program can also work with other community organizations and groups to cosponsor or participate in cultural events such as programs at historical sites, library reading events, or visiting multicultural performers that enrich the experience of children and families in the program.

Early learning programs should always seek ways to break out of the classroom's four walls to enlarge the learning experience. Program staff should connect with and use their community's urban, suburban, rural, or tribal cultural resources as sources of curriculum enrichment. Parks, libraries, zoos, nature centers, places of business (food stores, pet shops, garden centers), public transit, festivals, public historical observance events, and places of worship all provide opportunities to extend children's learning. Through newsletters, bulletin boards, and other messaging, the program should inform families about community events intended for children, such as museum exhibits, concerts, storytelling, and theater.

8.C—Acting as a Citizen in the Neighborhood and the Early Childhood Community

Topic 8.C describes program relationships with the program's families and neighbors to promote working together on neighborhood needs, community improvement, and advocacy projects. It also addresses staff participation in professional development opportunities.

Recommended Best Practices

An early learning program and its staff should be integrated into the physical and cultural community where it is located. But the program is also embedded in a professional community of early childhood educators. Program administrators must be aware of ways the staff can be assisted in engaging with their professional community. For example:

- › Program staff can be encouraged to join local, state, or national early childhood education organizations (e.g., NAEYC, Zero to Three, Head Start, and Montessori Teachers' Association), attend their meetings and conferences, and participate in their governance.
- › When the community offers joint and collaborative training activities or events with neighboring early childhood programs and community service agencies, the program can encourage and facilitate staff participation.
- › Staff should also be encouraged to act as advocates for the profession by participating regularly in local, state, or regional public awareness activities related to early care and education.
- › Program administrators should identify opportunities to participate in community or statewide interagency councils or service integration efforts, and encourage staff participation in these professional contexts.
- › Program leadership should become knowledgeable about how policy changes at local, state, tribal, or national levels affect the services and resources available for children and their families. They can share this information with families and staff so that these stakeholders can participate in advocacy efforts.

Program leadership should develop mutual relationships and communicate regularly with close neighbors in the community. Neighbors should be informed about the program—their perspectives should be sought and considered, and they can be invited to become involved in the program as appropriate. Through relationship building, the program can cooperate with their neighbors on neighborhood interests and needs.

Program administrators should also inform, organize, and encourage staff and families to work together to participate in and support community improvement or advocacy projects such as improving disability access to public playgrounds, requesting traffic calming measures near the child care program, or increasing security in the community.

Accreditation Assessment Items for Standard 8—Community Relationships

Sources of Evidence

CO Class Observation

PO Program Observation

CP Class Portfolio

PP Program Portfolio

Item Number	Accreditation Assessment Item	Source of Evidence
8A.1	Show or describe how you assist families with using community child and family support services.	PP
8A.2	Show that your program's list of community child and family support services includes culturally and linguistically appropriate services for your community.	PP
8B.1	Show two examples of how staff used their knowledge of the community to develop curriculum and create learning experiences for the children.	PP
8B.2	Show two examples of how staff used your community's cultural resources to develop curriculum and create learning experiences for the children.	PP
8B.3	Show two examples of how you inform families about child-centered community events that are sponsored by local organizations.	PP
8B.4	Show one example in the past year when artists or performers were invited by the program to share their interests and talents with the children.	PP
8B.5	Show or describe one example of how you worked with another community organization or group to co-sponsor or participate in a cultural event that enriched the experience of children and families in your program.	PP
8C.1	Show or describe one example of how you involve close neighbors in your program as appropriate, or cooperate with them on neighborhood interests and needs.	PP
8C.2	Show two examples of how your program's leadership stays informed about changes in local, state, tribal, and national government policies related to child care and related family services.	PP



STANDARD 9

Physical Environment

Definition of Standard 9—Physical Environment

The program has a safe and healthful environment that provides appropriate and well-maintained indoor and outdoor physical environments. The environment includes facilities, equipment, and materials to facilitate child and staff learning and development.

Rationale

The program’s design and maintenance of its physical environment support high-quality program activities and services and allow for optimal use and operation. Well-organized, equipped, and maintained environments support program quality by facilitating the learning, comfort, health, and safety of those who use the program. Program quality is enhanced by also creating a welcoming and accessible setting for children, families, and staff.

Standard 9 is comprised of four topic areas (9.A, 9.B, 9.C, and 9.D).

Topic Areas

- › 9.A—Indoor and Outdoor Equipment, Materials, and Furnishings
- › 9.B—Outdoor Environmental Design
- › 9.C—Building and Physical Design
- › 9.D—Environmental Health

9.A—Indoor and Outdoor Equipment, Materials, and Furnishings

Topic 9.A describes the selection and use of materials, equipment, and furnishings that create a welcoming environment, support the curriculum, and foster desired outcomes for children.

Recommended Best Practices

Basic furnishings

For children in group care settings, there are a number of furnishings required to meet the need for safe and comfortable basic care. Environmental safety is one feature of safe furnishings. Wooden cubbies and shelf units should be made of solid wood or low-VOC (volatile organic compounds) products, rather than high-VOC engineered wood products such as plywood, particle board, or medium density fiberboard. Permanently installed carpeting (i.e., “wall-to-wall” carpeting) is not recommended for programs serving young children. Floors should be covered with easy-to-clean surfaces such as hardwood, linoleum, low-VOC laminate or area rugs.

For each child over the age of 1 year, classrooms should include chairs with backs, at a seating height that allows each child to sit with his or her feet on the floor or ground. Right-size tables should be present, at a height that allows children to sit comfortably with the table between underarm and waist. Cubbies or other individual spaces should be provided for each child’s belongings.

For each child who spends more than four hours a day in the program, there should be a cot, crib, mat, sleeping bag, or pad for nap or rest times. No child should be allowed to sleep on the floor without using rest equipment. A solid barrier, or at least three-foot spacing, should separate sleeping children from one another. Even programs operating fewer than four hours a day need at least one cot or mat with a blanket for an ill child.



Each child should also have their own designated space to store their belongings such as a cubby, individual hooks for their backpack or coat, extra clothing storage, or mailbox.

Every program needs equipment and furnishings for diaper changing and/or soiled underwear or other clothing. Changing areas should be located away from food preparation areas. There should be hand-washing sinks within an arm's length of diaper changing tables. Programs that serve infants need to have a comfortable place for adults to sit, hold, and feed infants. Staff should place rocking chairs and glider chairs in locations that will avoid injury to children who may be on the floor. Nursing mothers also need a place to breast-feed their children that meets their needs for comfort and privacy. A dedicated nursing room is ideal but not a requirement. An unused conference room or office space, a semi-private space in an infant classroom, staff lounge, or resource room would also be acceptable. Spaces open to through-traffic are not considered appropriate for nursing mothers.

When climbers, climbing gyms, slides, and other play units are part of the indoor environment, the program must provide 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 should be constructed to prevent falls (e.g., with appropriate barriers) or have safety surfacing installed in the fall zone.

Curriculum-related materials and equipment

When planning learning environments for children, staff should select and use age-appropriate and developmentally appropriate materials, equipment, and furnishings to support the curriculum, meet program goals, and foster the achievement of desired outcomes for children. This should include dramatic play equipment; sensory materials such as sand, water, play dough, paint, and blocks; and gross motor equipment (e.g., climbers, swings, slides, sports equipment) for activities such as pulling up, walking, and climbing in, on, and over; moving through, around, and under; pushing and pulling; and riding. Materials are also needed that support curriculum goals and objectives in literacy, math, science, social studies, and other content areas.

A variety of these materials and this equipment should be available indoors and outdoors for children throughout the day. Some materials and equipment should facilitate focused individual play, while others promote play with peers. There must be sufficient quantities of toys, books, puzzles, and other equipment to occupy each child in activities that meet his or her interests. Toys and other non-disposable materials such as tables, chairs, changing pads, and rugs must be durable and kept in good repair. Furnishings should be adapted, as needed, to allow children with disabilities and other special needs to fully participate in the program's activities.

The selection of toys and other materials and equipment must consider current knowledge of environmental health risks for children. Select only non-toxic art supplies.² Toys should be screened for lead, phthalates and other hazards. Check to be sure that soft plastic toys are labeled "PVC-free" or "phthalate-free."³ Program administrators should keep apprised of current information about product safety by signing up to receive Consumer Product Safety Commission (CPSC) product recall notices.⁴ Post relevant notices in the center for both parents and staff. Exposure to mercury hazards can be avoided by choosing only digital thermometers and thermostats.

Design of indoor environments

There are many considerations related to the successful design of indoor learning environments. For the comfort of children and families, these spaces should feel welcoming and accessible. A welcoming and accessible environment contains elements such as the following:

- › Multicultural materials that promote appreciation for diversity while being respectful of the cultural traditions, values, and beliefs of families being served;
- › Clearly defined places where families can view up-to-date lesson plans, current class schedules, upcoming events and other relevant information;
- › Clearly defined places where families sign in, sign out, and gather information about their child's day
- › Places for displaying children's work
- › Features that moderate visual and auditory stimulation

The classroom space must be designed and arranged to accommodate children individually, in small groups, and in a large group. Space should be divided into

² Only use non-toxic art supplies certified by the Art and Creative Materials Institute (ACMI). Look for ACMI non-toxic Approved Product (AP) seal at www.acminet.org.

³ Polyvinyl Chloride (PVC) is a type of soft plastic vinyl. Toys made out of PVC (e.g., soft vinyl dolls, beach balls, bath books, "rubber duckies", and chew toys) should be avoided as they likely contain lead (neurotoxicant) and phthalates (a known endocrine disrupter). Note that not all vinyl is PVC. Vinyl products made from ethylene vinyl acetate (EVA) or polyethylene vinyl acetate (PEVA) are safer choices than those with PVC.

⁴ Sign up at <https://www.cpsc.gov/Newsroom/Subscribe>; select "Recalls involving infant/child products."



learning areas such as blocks or construction, writing, art, science, dramatic play, library, and sensory. For basic safety, an indoor environment should be designed so staff can supervise children by sight and sound at all times, without relying on artificial monitoring devices.⁵ In semiprivate areas such as book nooks, cozy corners, tents, playhouses, or lofts, it should always be possible for both children and adults to be observed by an adult from outside the area. The room arrangement should include clear pathways, so children can move from one area to another without disturbing other children's work and play.

To encourage children's choice and independent use, materials should be organized and grouped on low, open shelves. Staff can then rotate and adapt the materials to promote learning and extend children's play opportunities. It is desirable to provide semiprivate areas where children can play or work alone or with a friend. Some areas can include washable, soft elements such as pillows, mats, cushions, and couch covers that allow groups of children, or adults and children, to sit in close proximity for conversations or for comforting.

9.B—Outdoor Environmental Design

Topic 9.B describes outdoor environmental design elements, including adaptations for children with disabilities, which provide for children's health and safety as well as support children's learning and development.

Recommended Best Practices

Children need outside time and outdoor environments (e.g., playgrounds, parks, fields, gardens, woods) that support their learning and development. The program should have, or have access to, an outdoor area for play and learning. Provide at least 75 square feet of outside space for each child outside at any one time.⁶ The area

⁵ Artificial monitoring devices: Mirrors, cameras, and sound monitors cannot be relied on in lieu of sight supervision.

should be protected by fences or by natural barriers to prevent access to streets and to avoid other dangers, such as pits, water hazards, or wells. It should also include features that protect children from excessive wind and direct sunlight. Arrange the outdoor learning environment in such a way that staff can supervise children by sight and sound. Consider how arrangement of ground surfaces, pathways, and equipment can minimize tripping hazards such as exposed concrete footings, abrupt changes in surface elevations, and other man-made elements that can trip children.

Outdoor learning environments should be designed with equipment that is age appropriate and developmentally appropriate for the children being served by the program. The equipment should be located in clearly defined spaces that include semiprivate areas such as arbors, stump arrangements, mud pits, or benches where children can play alone or with a friend. There must be equipment that accommodates motor experiences, such as running, climbing, balancing, riding, jumping, crawling, scooting, or swinging. There should be areas equipped for activities such as dramatic play, block building, manipulative play, or art. The outdoor learning environment can include a variety of natural and manufactured surfaces, and it should allow for exploration of the natural environment through areas with natural materials, such as nonpoisonous plants, shrubs, and trees. The program should make adaptations so children with disabilities can fully participate in the outdoor curriculum and activities.

There are health and safety considerations related to the arrangement and maintenance of outdoor equipment. If sandboxes are part of the program facility, they should be constructed to allow for drainage. Staff should cover sandboxes at the end of each day and clean out leaves and other foreign matter on a regular basis. Replace sand as often as necessary to keep it clean and to maintain sufficient amounts for play. Installed play equipment, such as climbers and swings and other outdoor equipment such as tables, benches, and decks should be made of wood that has not been treated with Chromated Copper Arsenate (CCA). Alternatively, if wooden equipment has been treated with CCA, two coats of waterproof, penetrating stain or sealant is applied at least once a year if oil-based, and at least every six months if water-based and/or if structure is regularly used in a heavy traffic area. Climbers and swings should have sufficient resilient surfacing to prevent injury from falls. To ensure ongoing safety, programs with installed equipment need to establish an inspection and maintenance system performed on a regular basis. Equipment should be free of catch points, sharp points, protruding hardware, and entrapment hazards. The program should keep a record of inspections and maintenance that shows they have corrected unsafe conditions when they arise. For additional safety, NAEYC suggests programs seek an assessment by a Certified Playground Safety Inspector. These assessment documents certify that play equipment is safe, protecting against death and permanently disabling injury for children from 2 years through kindergarten.⁷

⁶ The total amount of required play space is based on a maximum of one-third of the total center enrollment being outside at one time.

9.C—Building and Physical Design

Topic 9.C addresses the overall elements of a building’s design, which include regular maintenance, attention to safety, sufficient space, sanitation facilities, and adaptations for children and adults with disabilities.

Recommended Best Practices

The building in which a program is housed needs to include both program space and administrative space. Children’s primary indoor activity areas should include a minimum of 35 square feet of usable space⁸ per child. If children attend for more than two hours at a time, the program must provide natural light in at least some of the indoor areas occupied during the course of the day. The staff’s work environment should include a place for adults to take a break from children. This does not have to be a formal staff break room; an office, kitchen, or workroom can double as a staff room. Staff also need to have access to an adult-size bathroom and a secure place to store their personal belongings. There should be an administrative area for planning or preparing materials that is separated from the children’s areas. All classrooms and staff rooms should be comfortable, clean, and in good repair. Facilities should meet Americans with Disabilities Act (ADA) accessibility requirements. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play spaces, and all classroom and therapy areas.

The building’s interior design features should accommodate the health and safety needs of children and staff. Toilets, drinking water (taps or fountains), and hand-washing facilities should be within 40 feet of the indoor areas that children use. There should be hand-washing sinks high enough to be accessible to staff, as well as ones accessible to children (by using step stools, if needed). Bathrooms must have barriers to prevent entry by unattended infants, toddlers, or 2-year-olds. Program staff should make sure that stairwells and corridors are well lit and there is functioning emergency lighting. Maintain unobstructed and visible paths for entering and exiting, as well as clearly marked regular and emergency exits. Fully working fire extinguishers, fire alarms, and carbon monoxide detectors should be present in each classroom and be tagged and serviced annually. These systems must be tested monthly, and staff should maintain and have available a written log of testing dates and battery changes.

Program policies should direct staff to ensure health and safety through attention to the physical environment. The routine frequency of cleaning and sanitation in the facility should be carried out as indicated in the “Cleaning, Sanitizing, and Disinfecting Frequency Table.” Staff should clean and sanitize toilet seats, toilet handles, toilet bowls, doorknobs, and floors every day—or immediately, if they are visibly soiled. Staff

⁷ For more information, see www.nrpa.org/npsi.

⁸ The primary activity area does not include diaper stations, cribs, large structures that cannot be removed or moved aside easily, toilets, any sick-child area, staff rooms, corridors, hallways, stairways, closets, lockers or cubbies, laundry rooms, janitor rooms, furnace rooms, storage areas, or built-in shelving.

should be alert to the possibility of hazards such as electrical shock, burns or scalding, slipping, tripping, and falling. Floor coverings should be secured to keep staff and children from tripping or slipping. Baby walkers cannot be used. First aid kits should be readily available and maintained for each group of children. First aid kits must at least include gloves, materials to clean wounds (e.g., wet wipes or antiseptic wipes), and materials to stop bleeding. Staff need to have at least one fully equipped first aid kit when in the outdoor learning environment, as well as on field trips and outings away from the site. Staff serving infants, toddlers, and 2-year-olds need to be alert for choking hazards and remove them from the proximity and reach of children. To prevent drowning accidents, staff must supervise all children by sight and sound in all areas with access to water, including water in tubs, pails, and at water tables.

Administrators should ensure that walls, floors, furnishings, outdoor spaces, and equipment are kept in good repair, with no sharp edges, flaking or peeling paint, chipping floor tiles, peeling or deteriorating caulk, splinters, protruding or rusty nails, or missing parts. Routinely inspect all areas, both indoors and outdoors, to ensure they are free from glass, trash, sharp or hazardous items, and visible soil, and are in a clean condition. If there are any bodies of water such as swimming pools, wading pools, ponds, storm-water ponds, or irrigation ditches on or adjacent to the program grounds, they are enclosed by at least a 4-foot or higher fence. If the fence has gates, they are locked or otherwise child-proof. All staff should be empowered to take steps to correct or avoid unsafe conditions.

The program should implement comprehensive recycling for paper, cardboard, glass, aluminum, and plastics, to the extent these are supported by local waste management laws and infrastructure. Used batteries and fluorescent and compact fluorescent light bulbs should be securely stored before being recycled at a local hazardous waste facility.

When painting, carpeting, floor installation or refinishing, or other renovations are conducted, administrators must ensure that steps are taken to prevent or minimize exposure to environmental hazards. Before renovating an older (pre-1980) facility, consider possible sources of contamination such as lead, PCBs or asbestos. Do not perform painting or renovations when children are present. When interiors are painted, use only no-VOC (Volatile Organic Compounds) or low-VOC paints. Areas that have been recently painted, carpeted, tiled, or otherwise renovated should be ventilated before they are used by children. Consider painting or carpeting on or just before a weekend, to allow several days for ventilation before use.

If the program uses motor vehicles for transport, the program's policies and practices should reflect a dedication to safe operation. Vehicles that programs use must be held to school bus standards or be multifunction school activity buses. These vehicles should be labeled with the program's name and phone number. Program vehicle maintenance should be performed according to the manufacturer's recommended maintenance schedule. Keep documentation of maintenance available onsite for each vehicle, showing the dates of regular and at least quarterly inspections

and preventative maintenance. Staff should be trained to carry out daily pre-trip inspections of vehicles and correct any unsafe conditions, including unsatisfactory air pressure in the tires. Staff must use vehicles and approved child and adult safety-restraint devices in accordance with the manufacturer's instructions. Safety restraints should be used at all times when transporting children.

9.D—Environmental Health

Topic 9.D addresses the importance of providing children and adults with a safe and healthy environment free from toxic substances, insects, poisonous plants, and smoke, as well as having procedures in place to address problems arising from air pollution, allergens, and noise levels.

Recommended Best Practices

Properties used for child care and education programs should be assessed by a licensed professional for lead hazards, radon, and radiation, asbestos, fiberglass, and any other hazard from friable material. If warranted by the assessment, a program must be able to show it has taken remedial or containment action to prevent exposure of children and adults. For buildings that have lead-based paint, federal EPA requirements should be followed before any painting, remodeling, renovations or repairs that will disturb paint.

When the program's water supply source is a well or other private source (i.e., not served by a public supply), there should be onsite documentary evidence verifying that the local regulatory health authority has determined the water to be safe for human consumption. Regardless of the source of the drinking water (private well or municipal supply) programs should implement best practices to ensure water is free of lead, copper, bacteria and other environmental hazards:

- › Only cold water is drawn from the tap for drinking, cooking and making baby formula.
- › All water outlets used for cooking and drinking are flushed (until noticeably colder, about 30–60 seconds) after long periods (6 hours or more) of non-use.
- › Debris is cleaned from all faucet outlet screens or aerators on a regular basis.
- › Drinking water is tested at all outlets where people are consuming water, including drinking fountains.⁹
- › If deemed necessary by the testing, appropriate remediation steps are taken for additional treatment of drinking water at the outlet, such as the use of water filtration devices that have been certified to remove lead, copper and bacteria.

Lead can also be tracked into the facility on shoes and wheeled vehicles. A rough walk-off mat must be supplied at all main entrances to the facility as well as all regularly used exits to outdoor learning environments. The program should

⁹ For schools and child care facilities, EPA's action level for lead in drinking water is 20 ppb. At this level (or higher), actions must be taken to reduce lead levels.

encourage the wiping of shoes or the removal of shoes before entering the facility. Wheel toys that are used outside should not also be used inside.

There are many actions the program staff can take on a regular basis to ensure continuing environmental safety. Toxic substances such as cleaners, detergents, bleach, paint, and pesticides should be used only as directed by the manufacturer, stored in their original labeled containers, and kept in a locked room or cabinet, inaccessible to children and away from medications and foods. Matches and lighters cannot be accessible to children, and gasoline and other flammable materials must be stored in a separate building. In all rooms occupied by children, noise levels should be controlled so normal conversation can be heard without raising one's voice. The facility, outdoor areas, and vehicles used to transport children must be entirely smoke free at all times. No smoking, including the use of e-cigarettes or "vaping," can be permitted in the presence of children, even offsite. Program staff also need to protect children and adults from exposure to high levels of air pollution from smog or heavy traffic by limiting outdoor and physical activity as a precaution during smog and other air pollution alerts.

Proper facility maintenance is critical to environmental health. If staff or children have allergies to dust mites, cleaning supplies, furnishings, or other substances used in the facility, administrators must learn and follow maintenance procedures recommended by health professionals to minimize adverse health effects. All rooms that children use must be heated, cooled, and ventilated to maintain room temperature and humidity level not only to maintain comfort, but also to prevent the growth of mold and mildew. Humidity levels should be kept between 30% and 50%. Conditions that lead to excess moisture must be avoided. The maintenance staff or contractor should be able to certify that facility HVAC systems are maintained in compliance with national standards for facility use by children. Such standards may be identified through organizations such as the American Society of Heating, Refrigerating and Air-Conditioning Engineers, National Air Duct Cleaners Association, American National Standards Institute, or the Air Conditioning Contractors of America.

The program's maintenance procedures should also ensure that facilities are free from harmful animals, insect pests, poisonous plants and other unwanted vegetation including things like snakes, mice, wasps, lily-of-the-valley, and rhubarb). Toxic pesticides, if used, must be applied by a licensed professional, at a time when children will have the least exposure for at least 12 hours. Parents and staff must be notified in advance about the timing of the application. The program should use non-toxic techniques inside and outside the facility whenever possible, including an Integrated Pest Management (IPM) system to eliminate or reduce harmful chemical exposures.

Accreditation Assessment Items for Standard 9—Physical Environment

Sources of Evidence

CO Class Observation

PO Program Observation

CP Class Portfolio

PP Program Portfolio

Item Number	Accreditation Assessment Item	Source of Evidence
9A.1	Classrooms are designed so staff can supervise children by sight and sound at all times, without relying on mirrors, cameras, or sound monitors.	CO
9A.2	Classrooms are arranged to provide children with semiprivate areas.	CO
9A.3	Classrooms are arranged to provide full access (as needed) to children with physical special needs.	CO
9A.4	Nursing mothers have a comfortable, private or semiprivate place available to breast-feed and/or pump their breast milk.	PO
9A.5	Show that your program receives Consumer Product Safety Commission (CPSC) product recall notices, and that you post relevant notices in the center for both families and staff.	PP
9A.6	Posted daily schedules, lesson plans, and other notices in the classroom are current and up to date.	CO
9B.1	Outdoor learning environments include three or more natural elements that children can interact with, such as grass, sand, rocks, plants (including gardens), and variations in ground elevation.	PO
9B.2	Sandboxes are at least half full of sand.	PO
9B.3	The outdoor learning environment is free from tripping hazards.	PO
9B.4	The outdoor learning environment includes one or more elements that protect children from harmful weather conditions common to the area, such as excessive wind or strong direct sunlight.	PO
9B.5	Show that your outdoor learning environment(s) provides at least 75 square feet of play space for each child playing outside at any one time.	PP

Item Number	Accreditation Assessment Item	Source of Evidence
9C.1	The classroom is free of hazards that could lead to electrical shock, burns or scalding, slipping, tripping, or falling.	CO
9C.2	There is a well-marked, readily accessible, fully equipped first aid kit outside during outdoor play.	CO
9C.3	There are no choking hazards within the reach of infants, toddlers, or young 2-year-olds.	CO
9C.5	The program's building, grounds, furnishings, and equipment are kept in good repair and are free of hazardous maintenance problems.	PO
9C.6	The program's building and grounds are free of trash and hazardous items.	PO
9C.7	Show that each classroom includes at least 35 square feet of usable space per child.	PP
9C.9	Children can reach the hand-washing sinks without staff assistance (step stools are available if needed).	CO
9D.1	Toxic substances are inaccessible to children.	CO
9D.2	A rough walk-off mat is supplied at the main entrance(s) and all regularly used exits to outdoor learning environments.	PO
9D.3	There is a posted sign or notice at the main facility entrance(s) that encourages staff, families, and visitors to wipe or remove their shoes before entering the facility.	PO
9D.4	Show that you use non-toxic pest management techniques inside and outside the facility whenever possible, including an Integrated Pest Management (IPM) system to eliminate or reduce harmful chemical exposures.	PP



STANDARD 10

Leadership and Management

Definition of Standard 10—Leadership and Management

The program effectively implements policies, procedures, and systems that support stable staff and strong personnel, fiscal, and program management so all children, families, and staff have high-quality experiences.

Rationale

Excellent programming requires effective leadership and governance structures and comprehensive, well-functioning administrative policies, procedures, and systems. Effective leadership and management create the environment for high-quality care and education by (a) ensuring compliance with relevant regulations and guidelines; (b) promoting fiscal soundness, program accountability, effective communication, helpful consultative services, and positive community relations; (c) maintaining stable staff; and (d) instituting ongoing program planning as well as continuous program improvement.

Standard 10 is comprised of six topic areas (10.A, 10.B, 10.C, 10.D, 10.E, and 10.F).

Topic Areas

- › 10.A—Leadership
- › 10.B—Management Policies and Procedures
- › 10.C—Fiscal Accountability Policies and Procedures
- › 10.D—Health, Nutrition, and Safety Policies and Procedures
- › 10.E—Personnel Policies
- › 10.F—Program Evaluation, Accountability, and Continuous Improvement

10.A—Leadership

Topic 10.A addresses the presence of a mission and philosophy that guides programs toward achieving their goals. It describes expectations for the leadership practices of program administrators, including executing the program mission and fostering a climate of trust, collaboration, and inclusion.

Recommended Best Practices

Leadership is about the oversight and execution of all the other program standards (1–9). Knowledgeable leaders have a vision for quality programming that is grounded in research-based practices and creates an environment for high-quality care and excellent education. Program administrators are expected to articulate a mission and philosophy of program excellence that are supported by goals and objectives, which are in turn aligned with desired outcomes for children and families.

The size of the administrative team, and the hours spent in administrative tasks, must be commensurate with the size and complexity of the program. Small (enrollment of fewer than 60 full-time equivalent children), single-site programs may be led by a part-time administrator who may or may not also be in a teaching role. Small, multisite programs may share a single full-time administrator. Large programs (enrollment of 60 or more full-time equivalent children) need at least one full-time administrator. In large, multisite programs, management functions may be carried out by a leadership structure combining both on-site and shared administrators.

As leaders guide staff in implementing the program’s mission, they must respond proactively to changing conditions and needs in order to continuously enhance program quality. Throughout ongoing programmatic improvements, leaders can ensure an organizational climate that fosters trust, collaboration, and inclusion of all stakeholders (e.g., community members, landlords, board of directors, sponsoring agencies).

10.B—Management Policies and Procedures

Topic 10.B addresses written policies that undergird mission-driven practice, program operations, and continuous program improvement.

Recommended Best Practices

High-quality practices cannot happen without clear, consistent policies and procedures in place. All components of program operation must be guided by written policies, and they are carried out through articulated plans, systems, and procedures that enable the program to run smoothly and effectively. Some critical policies include these:

- › Programs are licensed or regulated (unless license-exempt), to guarantee that foundational health and safety policies are understood and followed
- › Class sizes and teaching staff ratios are developmentally appropriate by age
- › Accident and liability insurance coverage is maintained for children and adults

Examples of acceptable licensing or regulatory evidence include a full and current license or regulatory certificate, correspondence from the licensing or regulatory body showing good standing or that has been administratively extended beyond its expiration date; or licensing extension, web link to state public licensing reports of program status. License-exempt programs must complete the NAEYC License-Exempt Acknowledgement Form.

Teachers and other program staff use child supervision records, transition logs, head counts, attendance records, or sign-in and sign-out sheets to monitor and track class sizes and ratios throughout the course of the day. These procedures are written down and incorporated into larger program policies related to child supervision.

Among other important policies and practices, it is strongly recommended that technology-based information management systems be in place, to ensure that complex information is managed efficiently. The program should also have policies and procedures addressing ways to attract and maintain a consistently qualified, well-trained staff and to reduce staff turnover.

Written personnel and operational policies should include staff responsibilities and be shared with staff. For teaching staff, basic responsibilities include providing ongoing personal contact, meaningful learning activities, supervision, and immediate care, as needed, to protect children’s well-being. To minimize the number of class and staff transitions that children experience during the day, as well as during the year, teaching staff should be assigned to specific classes. Policies should encourage keeping infants and toddlers together with their teaching staff for nine months or longer.

The program should also share a written family handbook that serves to welcome and orient families in care. The family handbook should clearly describe the program's philosophy, curriculum goals, guidance policy, enrollment, billing, daily care, and other important matters. For example, there should be information explaining how the program supports children's transitions into and out of the program and into their next class placement. Options for communication between program and families (including language translation, as needed) must be detailed. The handbook should include policies for negotiating and resolving difficulties and differences between program and families. Field trip policies should be clear and detail when, how, and how often field trips are scheduled and outline standard safety precautions such as carrying emergency contact information, first aid supplies, alternate transportation arrangements, and the like. Families are entitled to know the program's written policies about the appropriate use of consultants and about formal relationships the program may have with agencies that can provide consultants to meet the needs of children in care and their families.

Strategic planning processes should be in place to implement the program's vision and mission and to secure long-term resources to sustain program operations. Families, staff, and other stakeholders must be invited to participate in the strategic planning process. If the program has a board of directors, advisory group, or council, written policies should exist defining their roles and responsibilities and those of the administrative staff who interact with them.

10.C—Fiscal Accountability Policies and Procedures

Topic 10.C addresses policies and procedures that provide evidence of sound fiscal accountability, including the program administrator's role in fiscal planning, budget preparation, and budget oversight.

Recommended Best Practices

Leaders ensure a stable fiscal environment in order to effectively serve children and their families. Financial policies and procedures need to reflect the program's mission and goals. In other words, the program needs to generate enough revenue to sustain excellence in its operations. They should be implemented using generally accepted accounting practices. This includes the preparation and oversight of an annual budget and the reconciliation of expenses to budget at least quarterly. There should be a system in place to review and adjust the budget, if needed. The program's finances should be reviewed or audited annually to ensure accountability.

The person directly responsible for program implementation (for example, the director or site manager) must help prepare the operating budget, participate in budget reconciliation and review, and be included in long-range financial planning. Program administrators and other leaders (for example, board chairman) should also be expected to actively seek to secure funding to sustain current practices and to improve the program through innovative initiatives that are in keeping with program-wide goals.

10.D—Health, Nutrition, and Safety Policies and Procedures

Topic 10.D addresses policies, systems, and procedures that are needed to support safe and healthy conditions and practices.

Recommended Best Practices

Leaders keep policies, systems, and procedures in place to support safe and healthy conditions and practices. Each child’s health and safety information must be collected from families and must be kept on file and updated quarterly or as needed. Individual emergency care plans are developed for children with known medical or developmental needs requiring special care such as allergies, asthma, seizures, orthopedic or sensory problems, or similar conditions. This information is to be kept confidential, but must be kept in a central location and be readily available, as needed, to authorized staff, family members, and regulatory authorities.

Health policies and procedures for both children and adults should address issues such as infectious diseases (e.g., chicken pox, influenza, and whooping cough), injuries (e.g., back strain, trips/falls, cuts, and burns), illness, medication administration, medical emergencies, and environmental hazards (e.g., harmful chemicals, mold, radon, asbestos, lead). Policies must also ensure that programs provide adequate nutrition, sleeping arrangements, sanitation and hygiene, and facility maintenance.

Safety policies should prohibit firearms, smoking, and other significant hazards. Health and safety procedures detail how staff are to supervise children around equipment that are most likely to cause injuries such as climbers, slides, swings, seesaws, or merry-go-rounds. Staff should know how to respond to medical and dental emergencies. Written, comprehensive procedures include knowing the emergency care facilities in your area and how to obtain emergency transport, having ready access to family health insurance and other emergency information, and knowing about any individual emergency care plans for children with known conditions (e.g., asthma, allergy, or diabetes action plans).

Every program needs to have written and posted disaster preparedness and emergency evacuation procedures. The procedures should designate an appropriate person to assume authority and take action in an emergency when the administrator is not on-site. The procedures should spell out the following:

- › Plans that designate how and when to either shelter in place or evacuate, and specify a location for the evacuation
- › Plans for handling lost or missing children, security threats, utility failure, and natural disasters
- › Arrangements for emergency transport and escort from the program
- › Monthly practice of evacuation procedures, with at least yearly practice of other emergency procedures

Disaster preparedness and emergency evacuation procedures must be posted throughout the program, in all rooms where children or adults may gather.

There must be a written policy for reporting child abuse and neglect that complies with applicable federal, state, and local laws. The policy should include requirements for staff to report to the appropriate local agencies all suspected incidents of child abuse or neglect, or both, perpetrated by families, staff, volunteers, or others. Policies should also assure staff's rights if they are accused of abuse or if they report abuse within the program.

Written procedures must address the arrival, departure, and transportation of children that ensure safety, facilitate family–staff interactions, consider the needs of children with disabilities, and address special problems that may arise at pick-up time. Staff are aware of policies and procedures regarding the release of children to someone other than a parent or guardian (e.g., grandmother, aunt, or neighbor), court ordered custody arrangements, and not releasing children to adults appearing to be under the influence of alcohol or other substances. Programs are responsible for knowing, documenting, and following applicable federal and state laws regarding the management, operation, insurance, and licensing of program vehicles.

10.E—Personnel Policies

Topic 10.E addresses personnel policies and procedures applicable to maintaining a professional and committed staff.

Recommended Best Practices

Leaders uphold a professional and committed staff through written personnel policies and procedures. Personnel policies must be provided to each employee upon hiring. These should include job descriptions and qualifications, termination and grievance procedures, and expectations for staff's continuing education requirements. The program should have a salary scale with increments based on professional qualifications, staff role, length of employment, and performance evaluation.

All teaching staff should be at least 18 years old and have a high school diploma or GED, unless they are working as part of an early childhood education training program while earning a diploma or GED. Hiring procedures should ensure that all employees in the program have passed a criminal-record check and are clear of any history of substantiated child abuse or neglect.

All volunteers, substitutes, and other adults invited into the program on a regular basis should receive an orientation to health, safety, and emergency procedures; acceptable guidance, discipline, and classroom management techniques; child abuse and neglect reporting procedures; and relevant regulatory requirements.

Prospective staff and regular volunteers (e.g., parents participating in a parent cooperative program, foster grandparents, reading buddies) should also be expected to provide personal references and a current health assessment that attests to their ability to perform the tasks of their position. Health assessments should include immunization status, TB testing (must be negative), and capacities and limitations

that might limit performance. They should be updated every two years. Confidential personnel files, including application, transcripts, health assessment records, documentation of professional development, and performance evaluations, must be kept in a secure location.

Efforts should be made and documented to hire and maintain staff that reflect the cultural, linguistic, and racial characteristics of the families served, and all hiring policies should reflect those of an Equal Opportunity Employer. Newly hired staff members should serve an introductory period of employment during which an administrator evaluates their physical and psychological competence for working with children. New teaching staff do not work alone with children until they have received an initial orientation to the program and the job. Volunteers, and support staff (e.g., cook, bus driver, janitor, lunchroom aide, office assistant) do not work alone with children and are always with regularly scheduled teaching staff at all times when interacting with children.

10.F—Program Evaluation, Accountability, and Continuous Improvement

Topic 10.F addresses policies, systems, and procedures related to routine monitoring of program performance to ensure program accountability, continuous program improvement, and enhanced outcomes for children.

Recommended Best Practices

The routine monitoring of program performance ensures program accountability, continuous program improvement, and enhanced outcomes for children. At least annually, administrators, families, and staff should be involved in a comprehensive program evaluation that measures progress toward the program’s goals and objectives. The evaluation process must gather valid and reliable data and evidence on all areas of program functioning, including policies and procedures, program quality, children’s progress and learning, family involvement and satisfaction, and community awareness and satisfaction. For example, as one data element of a comprehensive evaluation process, families and staff can be surveyed about their experiences in the program. Leaders must then report the annual evaluation findings with families, staff, and appropriate advisory and governance boards.

The annual evaluation can be an occasion for recognizing strengths, celebrating improvements, and identifying areas for growth. Working collaboratively, the program then establishes goals for continuous improvement and innovation using information from the annual program evaluation. This information should also be used to plan professional development and program quality-improvement activities, as well as to improve operations and policies. For example, if a program cannot currently provide one or more recommended employee benefits, the program’s business or strategic planning process should state the conditions under which staff benefits will be improved.

Throughout the year, not only during the annual evaluation process, the program must offer staff and families opportunities to assist in making decisions to improve the program. Collaborative and shared decision making builds trust and enthusiasm for making program changes. At least annually, program staff should facilitate meetings of all staff and families to consult on program planning and ongoing program operations.

True continuing excellence is fostered when a program has an ongoing monitoring system, in place throughout the year, to ensure that all program goals and requirements are met. The program should have a data system (formal or informal) that can be used to collect evidence showing that goals and objectives are met. This evidence is incorporated into the annual program evaluation and contributes to further goal setting and improvement.

Accreditation Assessment Items for Standard 10—Leadership and Management

Sources of Evidence

CO Class Observation

PO Program Observation

CP Class Portfolio

PP Program Portfolio

Item Number	Accreditation Assessment Item	Source of Evidence
10B.1	Program staff maintain developmentally appropriate staff-to-child <i>ratios</i> (1:4) in <i>infant classrooms</i> and other indoor settings.	CO
10B.2	Program staff maintain developmentally appropriate staff-to-child <i>ratios</i> (1:6) in <i>toddler and 2-year-old classrooms</i> and other indoor settings.	CO
10B.3	Program staff maintain developmentally appropriate staff-to-child <i>ratios</i> (1:10) in <i>preschool classrooms</i> and other indoor settings.	CO
10B.4	Program staff maintain developmentally appropriate staff-to-child <i>ratios</i> (1:12) in <i>kindergarten classrooms</i> and other indoor settings.	CO
10B.5	Program staff maintain developmentally appropriate staff-to-child <i>ratios</i> (1:15) in <i>school-age classrooms</i> and other indoor settings.	CO
10B.6	Program staff maintain a developmentally appropriate class size (8) in <i>infant classrooms</i> and other indoor settings.	CO
10B.7	Program staff maintain a developmentally appropriate class size (12) in <i>toddler and 2-year-old classrooms</i> and other indoor settings.	CO

Item Number	Accreditation Assessment Item	Source of Evidence
10B.8	Program staff maintain a developmentally appropriate class size (20) in <i>preschool classrooms</i> and other indoor settings.	CO
10B.9	Program staff maintain a developmentally appropriate class size (24) in <i>kindergarten classrooms</i> and other indoor settings.	CO
10B.10	Program staff maintain developmentally appropriate class size (30) in <i>school-age classrooms</i> and other indoor settings.	CO
10B.11	Program staff maintain developmentally appropriate staff-to-child <i>ratios</i> (1:4) for <i>infants</i> during outdoor time.	CO
10B.12	Program staff maintain developmentally appropriate staff-to-child <i>ratios</i> (1:6) for <i>toddlers and 2-year-olds</i> during outdoor time.	CO
10B.13	Program staff maintain developmentally appropriate staff-to-child <i>ratios</i> (1:10) for <i>preschoolers</i> during outdoor time.	CO
10B.14	Program staff maintain developmentally appropriate staff-to-child <i>ratios</i> (1:12) for <i>kindergartners</i> during outdoor time.	CO
10B.15	Program staff maintain developmentally appropriate staff-to-child <i>ratios</i> (1:15) for <i>school-agers</i> during outdoor time.	CO
10B.16 <small>Required; Must Be Met to Earn and Maintain Accreditation</small>	<p>Show that your program and your facility has a license to operate or is regulated by an applicable public regulatory system. Your license or regulatory documentation indicates your program is in good standing with your regulatory body.</p> <p>If your program is license-exempt, provide a signed copy of NAEYC's <i>License-Exempt Acknowledgement Form</i>.</p>	PP
10B.17	<p>Show that you have a detailed, written strategic plan that includes what you will do to:</p> <ul style="list-style-type: none"> ➤ Implement the program's vision and mission ➤ Achieve desired child outcomes ➤ Maintain high-quality services to children and families ➤ Assure adequate funding for future needs 	PP
10B.18	Show that your family handbook includes information about the program's guidance and discipline policies and procedures.	PP

Item Number	Accreditation Assessment Item	Source of Evidence
10B.19	<p>Show that your family handbook includes procedures for these health and safety precautions:</p> <ul style="list-style-type: none"> › Building security and access › Storage and administration of medication › Inclusion or exclusion of ill children › Emergency response plans 	PP
10B.20	<p>Show that your family handbook includes procedures for negotiating difficulties and differences that arise in interactions between families and program staff. Procedures include two or more techniques for conflict resolution that involve increasing levels of formality.</p>	PP
10B.21	<p>Show that you assign specific teaching staff to work with each class of children, day-to-day and stably over time.</p>	PP
10B.22	<p>Show that you have written procedures that address how to maintain developmentally appropriate staff-to-child <i>ratios</i> and class sizes:</p> <ul style="list-style-type: none"> › During all hours of operation › In classrooms and other indoor settings › In outdoor learning environments 	PP
10B.23	<p>Show that written policies encourage keeping infants together with the same teaching staff for nine months or longer.</p>	PP
10B.24	<p>Show that written policies encourage keeping toddlers and twos together with the same teaching staff for nine months or longer.</p>	PP
10C.1	<p>Show a quarterly or monthly accounting report, created in the past year, that includes a reconciliation of expenses to budget.</p>	PP
10C.2	<p>Show that a financial review or financial audit was conducted in the most recent fiscal year.</p>	PP
10C.3	<p>Show or describe how the person directly responsible for program implementation (for example, director or site manager) helps prepare, review, and reconcile the program's operating budget.</p>	PP
10C.4	<p>Show or describe how program leaders (for example, director and other administrative staff, board of directors) work to generate and manage the financial resources needed to support a program of excellence.</p>	PP

Item Number	Accreditation Assessment Item	Source of Evidence
10D.1	Show two examples of written health and safety procedures meant to reduce staff injuries.	PP
10D.2	Show two examples of written health and safety procedures meant to reduce staff exposure to environmental hazards.	PP
10D.3	Show that you follow government child nutrition guidelines for the amount and types of food you provide to children for meals and snacks.	PP
10D.4	Show how you conduct facility and equipment maintenance checks to identify potential health and safety problems.	PP
10D.5	In your staff handbook, your written policy and procedure for reporting child abuse and neglect states that staff who report suspicions of child abuse/neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was intended to do harm.	PP
10D.6	<p>Show that your written policies state that the content of each child's health and safety file is confidential but is immediately available upon request to:</p> <ul style="list-style-type: none"> › Administrators and teaching staff who have consent from a parent or legal guardian to access the records › The child's parents or legal guardians › Regulatory authorities 	PP
10D.7	Show or describe how your procedures for managing the arrival, departure, and transportation of children are designed to facilitate family-staff interaction.	PP
10D.8	If children are transported during the program day, show or describe your procedures for ensuring that all children are accounted for before, during, and after transport.	PP
10D.9	Show that you have written arrival, departure, and transportation policies and procedures that address special circumstances in picking up children at the end of the day.	PP
10D.10	Show that you have written medical and dental procedures that specify that if a physician has ordered a special medical management procedure for a child in care, an adult trained in the procedure must be on-site whenever the child is present.	PP

Item Number	Accreditation Assessment Item	Source of Evidence
10E.1	Show your written policy stating that new teaching staff do not work alone with children until they have received an initial orientation to the program and the job. If your staff are prohibited by law from working alone with children at any time, provide the relevant licensing or regulatory rule in place of a policy.	PP
10E.2	<p>Show that your program's initial orientation for substitutes, support staff, volunteers, and/or other service providers includes all of the following:</p> <ul style="list-style-type: none"> ➤ Health, safety, and emergency procedures ➤ Acceptable (and unacceptable) guidance, discipline, and classroom management techniques ➤ Child abuse and neglect reporting procedures ➤ A review of pertinent regulatory requirements 	PP
10E.3	Show your policy stating that support staff and volunteers do not work alone with children. They must be with, and supervised by, regularly scheduled teaching staff at all times.	PP
10E.4	Show that you have salary scales with increments based on professional qualification, staff role, length of employment, and performance evaluation.	PP
10E.5	Show or describe how you hire staff or identify volunteers who speak the same language as the children served.	PP
10E.6	Show that your written personnel policies include resignation, termination, and grievance procedures.	PP
10F.1	If some or all of recommended employee benefits (health insurance, leave, education benefit, retirement plan) are not available to staff, show that the program's strategic plan or business plan states the conditions under which staff benefits will be improved.	PP
10F.2	Show that when the annual comprehensive program evaluation is completed, program staff, families and advisory or governance board members are given a report of the findings.	PP
10F.3	Show or describe two examples of how you have used information from your annual comprehensive program evaluation to plan professional development.	PP
10F.4	Show or describe two examples of how you have used information from your annual comprehensive program evaluation to improve program policies, procedures, or activities.	PP

NAEYC Accreditation

Glossary of Terms

Accident and liability insurance coverage

Insurance coverage that protects children and program staff from the medical expenses that can arise from an accidental injury and includes general liability coverage and accident insurance coverage for children and adults. Worker's compensation coverage is considered a form of accident insurance for adults.

Anecdotal notes

Written narrative descriptions recorded after the observed behavior(s) occurs.

Art (or “the arts”)

The expression or application of human creative skill and imagination, producing works to be appreciated primarily for their beauty or emotional power.

Definition of Art by Lexico. (2019). Retrieved 1 October 2019, from <https://en.oxforddictionaries.com/definition/art>

Assistant teachers/teacher aides

Staff who implement program activities under the direct supervision of a teacher.

Baby walker

A mobile unit that enables a child to move on a horizontal surface when propelled by the child sitting or standing within the walker.

Broad-spectrum sunscreen

Sunscreen that protects against both UVA and UVB radiation and is SPF 15 or higher.

Challenging behavior

“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. (2017). *Challenging Behavior in Young Children* (4th ed.). Pearson Education.

Child portfolio

A collection of information, samples, and artifacts of a child’s developmental progress. These portfolios are used to document the child’s work, serve as a method to share the child’s progress with others, and inform plans for further learning. A systemic process should be used to determine what goes into the portfolio. Child portfolios may be physical (binder, folders) or digital (computer software, online).

Children have chances

Chances are conversations, materials, equipment, or activities that allow for children to engage in a particular concept or area of development. Because “chances” is plural, at least 2 examples of chances, in some/any combination must be observed to rate Yes.

Chromated copper arsenate

A wood preservative and insecticide comprised of arsenic, chromium, and copper used commonly in outdoor wooden structures constructed prior to 2004. EHCC’s Arsenic Fact Sheet EHCC’s FAQ resource.

Class

For the purposes of NAEYC Accreditation, a class of children is defined as those children who are assigned for most of the day to a specific teacher or a team of teaching staff members and who occupy an individual classroom or well-defined space that prevents intermingling of children from different classes within a larger room or area. Each class must have at least one designated teacher.

Classroom-based assessment methods

The type of assessment used by teachers on a day-to-day basis to collect information/evidence about each child’s development and learning to inform her/his practice.

Cleaning

Physically removing all dirt and contamination, often using soap and water.

Collaborative inquiry (“co-inquiry”)

A teaching method in which teachers and children together learn about something by asking questions, engaging in discussions, gathering and assessing data, and determining next steps for answering new questions.

Community

The specific locality of a group of people with shared governmental, cultural, historical, social, religious, or occupational heritage.

Comprehensive curriculum

Curriculum addressing physical, social-emotional, and language developmental areas, and cognitive development content in early literacy, early mathematics, science, technology, creative expression, health and safety, and social studies.

Comprehensive program evaluation

A formal assessment of your program's progress toward meeting its stated goals. It should query all stakeholders and include all aspects of program functioning.

Comprehensive recycling program

The appropriate recycling of materials that otherwise would have been thrown away, reducing the selection and use of disposable materials, and increasing the selection and use of reusable materials.

Conflict

An active disagreement about opposing opinions or needs, accompanied by elevated emotions.

Consultants

Individuals outside of the program who are invited into the program to support staff efforts to meet the needs of children and families.

Continuity of services

How staff of different organizations share information and link services to provide consistent and reliable care for children moving to different settings (e.g., preschool to kindergarten) or among different care providers at one time (e.g., child care, speech therapy, social services).

Conversation

Mutual listening and talking, done in turn, between two or more people, about a common topic of interest.

Cosmetics

Products intended to be applied to the human body for the purpose of cleaning, altering, or enhancing the appearance.

Counteracting stereotypical limitations

The selection and use of materials that represent people in ways that depict a diversity of experiences, values, abilities, dress, and customs rather than singular representations of an entire group or selection of people.

Current health assessment

Not more than one year old.

Data

Broadly defined as factual information and may relate to any of the curriculum content areas (not just science).

Database management systems (DBMS)

Computer software for creating and managing collections of information. A DBMS gives users an organized, efficient way to create, retrieve, update and manage program data.

Deficit

More expenditures than income in a given time period.

Designated changing area

An area or space prepared for the purpose of changing soiled diapers, training pants, or underwear and in which all changing-related materials are readily available.

Detergent

A cleaning agent that helps dissolve and remove dirt and grease from fabrics and surfaces. Soap can be considered a type of detergent.

Developmental screening

A brief standardized procedure designed to quickly appraise a large number of children to find out which children need further evaluation. Screening typically is a process that includes use of a norm-referenced instrument, information provided by a child's teacher, and information provided by a child's family.

Developmentally appropriate

Based on what we know about the development and learning of children in a given age range, while also considering each child's individual abilities and needs and his or her cultural background.

Diagnostic evaluation

An in-depth appraisal of a child by a specialist to identify specific abilities and needs, frequently administered after a child has been noticed in a screening by a teacher or family member.

Diaper bins

Receptacles designed and/or used for the purpose of containing soiled diapers.

Disinfecting

Destroying or inactivating most germs, but not bacterial spores, on any inanimate object.

Display

A method of documentation in which examples of student ideas, completed work, processes, and/or reflections are preserved and exhibited in a place where it can easily be seen by the children.

Drama

Drama is the acting out of a story through dialogue or pantomime. Defined broadly, drama includes dramatic or pretend play.

Dramatic arts

Arts created for the purpose of public performance.

Dual language learner (DLL)

Refers to a child who is acquiring two or more languages simultaneously and learning a second language while continuing to develop their first language.

Eco-healthy practices

Choices of furnishings, materials, supplies, and procedures that eliminate or reduce people's (children, staff, families) exposure to environmental health hazards such as unhealthy air, heavy metals, and chemicals.

Elevated levels of lead

For schools and child care facilities, EPA's action level for lead in drinking water is 20 ppb. At this level (or higher), actions must be taken to reduce lead levels.

Eligible class:

A class is eligible to be included in a program's NAEYC Accreditation when the following conditions are met: 1) the children enrolled in the class are aged birth through kindergarten-age; school-age classes up to age eight may be eligible in some circumstances; 2) the class meets for a minimum of two continuous hours; 3) program teaching staff have primary responsibility for the enrolled children. Classes structured to require a parent or guardian with each child at all times is not eligible.

Employee

Any adult employed by the program including administrative, teaching, and support roles. Interchangeable with "staff."

Entrapment hazard

"Generally, an opening presents an entrapment hazard if the distance between any interior opposing surfaces is greater than 3.5 inches and less than 9 inches." (Circular openings do not present this hazard.)

"Handbook for Playground Safety", Consumer Product Safety Commission. (2019). Retrieved 1 October 2019, from <https://www.cpsc.gov/s3fs-public/325.pdf>

Ethical conduct

Ethical conduct is behavior reflecting the core values of one's profession.

Example(s)

A specific, concrete instance of the practice, as opposed to a general statement of how the practice is done.

Expulsion

Terminating the enrollment of a child or family in the regular group setting because of a challenging behavior or a health condition.

Extended conversation

Conversation that allows each participant to take more than one turn speaking and listening.

Family language preferences

Pronouns, vocabulary, and other terminology unique to a specific family. This may include non-English words or phrases used by a family.

Family roles

The day-to-day obligations, responsibilities, privileges, or rights fulfilled by each member of a family.

Family style

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.

Fine motor development

Refers to the improvement of small muscle movements and control, usually in the fingers and hands.

Fluorescent lighting

These products may contain mercury, which is a neurotoxicant. Mercury released from a broken fluorescent light bulb will not be visible, while drops from a broken thermometer will be visible. A program should have a minimum of one complete and labeled mercury spill kit accessible to staff at all times. It should be stored in a central location in the facility, but inaccessible to children. For any type of mercury spill, immediately contact the national poison center for clean-up instructions, support and resources; national toll free number: 1-800-222-1222.

Fresh water

Water that has recently obtained from its source.

Friable materials

Materials that are easily crumbled or reduced to powder, increasing the potential for inhalation.

Full-time (administrator position)

75% or more of weekly work hours are scheduled for program administration. For example, if an administrator is scheduled to work 40 hours per week, then at least 30 hours should be spent on administrative work (not in a classroom).

Full-time staff

Staff who work 35 hours per week or more.

Fully equipped first-aid kit

Includes gloves, materials to clean wounds (e.g., wet wipes or antiseptic wipes), and materials to stop bleeding.

Good standing

The program has a fully valid and current license or certification. Provisional or temporary licenses or suspension or revocations of licensing or regulatory statuses due to citations or ongoing investigations for abuse, neglect, or lack of supervision are NOT accepted as evidence of good standing.

Government child nutrition guidelines

Created by the US Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP).

Gross motor equipment

Movable or stationary equipment that supports activities such as pulling up; walking; climbing in, on, and over; moving through, around, and under; pushing; pulling; balancing; and riding.

Gross motor game equipment

Outdoor elements that promote gross motor play involving rules and structure.

Group projects

Activities that require children to work collaboratively to achieve a goal or create a finished product.

Hand hygiene

The use of appropriate hand washing techniques, or use of sanitizing products, to remove or destroy pathogens from the hands.

In good repair

Furniture, equipment and materials are not frayed, broken, chipped, or peeling. Foam containing products and furniture have no exposed foam or stuffing.

Income statement

A financial statement that gives information about profit and expenses for a specific period of time. Also called an "earnings report," "operating statement," or "profit and loss report."

Individual needs

Needs that arise from adverse life conditions (such as poverty or family stress) that call for social services, supports, or monitoring; a child's special needs are also a type of individual needs.

Individualized education plan (IEP)

A plan to ensure free and appropriate public education (FAPE) for children with developmental delays aged three to 21 years, in compliance with the Individuals with Disabilities Education Act (IDEA) Part B.

Individualized family service plan (IFSP)

A plan to ensure free and appropriate public education (FAPE) for children with developmental delays aged birth to three years, in compliance with the Individuals with Disabilities Education Act (IDEA) Part C.

Infant sleep positioner

Devices intended to keep an infant in a desired position while sleeping.

Integrated pest management (IPM)

IPM is the application of an interconnected set of largely non-toxic methods for managing pests (insects, germs, weeds, rodents) in homes, schools, child care facilities, workplaces and public areas.

Interpersonal problems

Conflicts, disagreements, or misunderstandings between children or between children and staff.

Large group

Six or more children.

Large motor activities

Activities that support muscle development and control of the body and limbs.

Large motor equipment

Equipment which support muscle development and control of the body and limbs.

Large motor skill development

The improvement of large muscle movements and control, usually in the body and limbs.

Large program

Program enrollment is 60 or more full-time equivalent (FTE) children and/or employs 8 or more FTE staff.

Learning centers

Defined areas within a classroom that are prepared with a selection of materials that promote learning in a specific content area, such as art or science.

Learning style

Each person's preferred way of taking in and remembering new information.

Lesson plan

Broadly defined as a guide for teaching staff to implement learning activities and opportunities. Lesson plan evidence may take the form of written daily, weekly, or monthly documents containing brief descriptions of multiple planned activities; detailed plans (usually a page or two) for a single activity; or curriculum webbing.

License-exempt

Programs that are not required to be licensed or regulated. A completed License-Exempt Acknowledgement Form is required in the Program Portfolio.

Matter

The substance of which a physical object is composed.

Medication

A substance used for medical treatment, especially as a medicine or drug. Includes both prescription and over-the-counter drugs. Skin protectants and cosmetics are not considered medication.

Mission statement

A brief written statement of purpose, values, and focus that remains constant over time.

Non-toxic art supplies

Art supplies certified by the Art and Creative Materials Institute (ACMI).

Non-toxic cleaning

Routine cleaning with detergent and water is the most useful method for removing germs from surfaces in the child care setting. Safer cleaning products are not only less-toxic and environmentally safer, but they also often cost less or the same as conventional cleaners.

Number concepts

The understanding of cardinal and ordinal number systems as related to objects and quantities and the static and dynamic nature of these relationships.

Number words

The language representations of quantity (e.g., one, two, three...) or position (first, second, third...).

Numerals

The symbolic representations of quantity (e.g., 1, 2, 3...) or position (1st, 2nd, 3rd...).

Object quantity

The understanding of the measurable properties of objects. (e.g., how many of something, how much something weighs, or how much time has passed.)

Operational administrator

An administrator with the educational qualifications to serve as the program's operational leader. This administrator may have a title such as director, site manager, administrator, program manager, early childhood coordinator, or principal.

Organizational climate

Properties of the business environment in a workplace observed by staff that strongly influence their actions and job performance.

What is organizational climate? Definition and Meaning. (2019). Retrieved 1 October 2019, from <http://www.businessdictionary.com/definition/organizational-climate.html>

Other service providers

Adults, either employed by or contracted with the program, with appropriate specialized knowledge that arrange or engage children in planned therapies, activities or experiences that take place for no more than one hour at a time, per group of children.

Part-day classes

Classes which operate five hours or less per day.

Part-day programs

Programs which are open for operations five hours or less per day.

Part-time (administrator position)

Less than 75% of the administrator's weekly work hours are devoted to program administration. For example, if the program is open only 20 hours per week and the administrator spends 8 hours each week in a classroom, this would be a part-time administrator since only 60% of her work hours (12 out of 20 hours) are administrative.

Pedagogical administrator

An administrator with the educational qualifications required to serve as the program's pedagogical leader. This administrator may have a title such as director, assistant director, administrator, curriculum coordinator, or master teacher. Pedagogical administrators may oversee more than one program in this role.

Phenomena

Facts or occurrences directly observable by the senses.

Phonemes

An individual sound within a spoken word.

Physical special needs

Mobility, hearing, or visual impairments are physical special needs. Neurological disorders, Down Syndrome, and "other" special needs may include physical special needs such as balance or coordination impairments.

Play

Children's active engagement and enjoyment of an activity and their ability to determine how the activity is carried out.

Polyvinyl chloride (PVC)

A type of soft plastic vinyl. Not all vinyl is a PVC. Vinyl products made from ethylene vinyl acetate (EVA) or polyethylene vinyl acetate (PEVA) are safer choices than those with PVC.

Positive peer interactions

Interactions between children that result in reciprocal feelings of success and are affirming in nature

Positive self-identity

A sense that one is a good and valued person based on some salient attributes that are maintained over time.

Potable water

Water of sufficient quality to serve as drinking water.

Present

A class of children can be left in the care of a staff member who does not have appropriate first aid and CPR training for no more than five minutes. For example, if the staff member with appropriate first aid and CPR training needs to step into the hallway to speak privately to a parent or leave the group to use the restroom, the staff member must return within five minutes or another staff member with appropriate first aid and CPR training must join the class within five minutes.

Private

A space designed for the exclusive use of a particular person or group of people.

Professional staff

Program staff working in roles within the early childhood education profession.

Regulated

Programs that are not licensed by a state government but are under the regulation of a public agency, such as Department of Defense or a board of education.

Repeating patterns

Sequences of colors, shapes, sounds, or other attributes that occur again and again.

Retirement plan

A system for saving money for use during retirement.

Definition of RETIREMENT PLAN. (2019). Retrieved 1 October 2019, from <https://www.merriam-webster.com/dictionary/retirement%20plan>

Safe environment

A fully enclosed area, free of safety and environmental hazards, occupied by at least one supervising adult.

Sanitizing

Reducing germs on inanimate surfaces to levels considered safe by public health codes or regulations.

Scaffolding

Teachers “provide assistance and/or add support to enable each child to master a challenge just beyond his current level. The teacher gradually reduces the support as the child is able to proceed independently.”

Developmentally Appropriate Practice, 3rd edition, page 154.

Secure storage

Belongings are stored in a closet, locker, or drawer out of reach of children.

Semiprivate

A space designed for a small number of people.

Sensory-motor integration skills

Relates to the manner by which a child takes in sensory information, processes and interprets the information, and then responds automatically to it.

Show or describe

When an item says “show or describe,” this means that you may document the stated practice with a sample (photo, captioned photo, child work sample, form, lesson plan) OR provide a brief narrative description (e.g., paragraph) that specifically addresses how you meet the stated practice. It is acceptable to both show AND describe, if both are needed to adequately address the stated practice.

Skills

The ability to do something well, usually as the result of training and practice.

Skin protectants

Products that temporarily protect injured or exposed skin from harmful or annoying effects and may also provide relief to such surfaces.

Small group

Two to six children.

Small program

Program enrollment is fewer than 60 full-time equivalent (FTE) children and/or employs fewer than 8 FTE staff.

Special feeding needs

Food intolerance, allergy, health concerns (e.g., diabetes, overweight/underweight), or medical conditions that require the use of specialized feeding equipment (e.g., feeding tubes).

Special health care needs

“...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.”

Newacheck, P., Strickland, B., Shonkoff, J., Perrin, J., McPherson, M., & McManus, M. et al. (1998). An Epidemiologic Profile of Children With Special Health Care Needs. *Pediatrics*, 102(1), 117-123. doi: 10.1542/peds.102.1.117

Special needs

Physical or mental health conditions that require special education services such, as early intervention or individualized supports.

Staff

Any adult employed by the program including administrative, teaching, and support roles. Interchangeable with “employee.”

Staff-to-child ratio

The number of staff compared with the number of children.

Stakeholder

Anyone with a vested interest in the program.

Standard accounting practices

A common and widely accepted system of setting up, maintaining, and verifying the financial records of a business. It includes analyzing the financial health of the business through study of its sales, purchases, and general cost of running the business. These analyses are done repeatedly, at regular intervals (such as monthly, quarterly, or annually).

Standard precautions

Work practices recommended by the Centers for Disease Control and Prevention that are required for a basic level of infection control. They are standard because these practices are used all the time, not just for children who might be sick. Standard precautions apply to (1) blood; (2) all body fluids, secretions, and excretions except sweat; (3) broken skin; and (4) mucous membranes (eyes, nose, mouth). Standard precautions include good hygiene practices (particularly washing and drying hands before and after contact), the use of protective barriers (such as gloves, masks, or eye shields), and appropriate handling and disposal of infectious waste.

Standardized tests

A test with specific characteristics: (1) developed according to American Psychological Association/American Educational Research Association guidelines, with high levels of reliability and validity; (2) prescribed methods for administration and security; and (3) scoring systems based on comparisons either with other test takers (norm-referencing) or with a specified level of performance (criterion-referencing).

Standing order (medication)

A written instruction issued by a medical practitioner or dentist, authorizing program staff to administer medication to a child if specific symptoms or circumstances occur.

Strategic planning

A systematic process of envisioning a desired future, and translating this vision into broadly defined goals or objectives and a sequence of steps to achieve them.

Do you know this term?. (2019). Retrieved 1 October 2019, from <http://www.businessdictionary.com/definition/strategic-planning.html>

Substitute

Adult who replaces a specific teacher or assistant teacher—teacher aide on a temporary basis. A substitute who replaces a specific teacher or assistant teacher—teacher aide for 20 or more consecutive business days must be considered a member of the teaching staff. NAEYC recognizes that programs may use substitutes to supplement the teaching staff.

Suitable seating

A stool, chair, bench, or other seat that is capable of supporting an adult person.

Sun-protective clothing

Clothing made with fabrics rated for ultraviolet protection, or clothing that protects skin areas most prone to sun damage.

Support staff

Adult employed by the program in a role other than administrative leadership or teaching.

Suspension or other exclusionary measures

All other reductions in the amount of time a child may be in attendance of the regular group setting, either by requiring the child to cease attendance for a particular period of time or reducing the number of days or amount of time that a child may attend. Requiring a child to attend the program in a special place away from the other children in the regular group setting is included in this definition.

Teacher

Adult with primary responsibility for a class of children. Each class must have at least one designated teacher. The teacher must spend the vast majority of time with one class of children who attend at the same time rather than divide their time between classrooms or float between classes.

Teaching staff

The teachers and assistant teachers/teacher aides that work directly with children in the implementation of curriculum, program routines, and activities.

Technology

Equipment and machinery developed from scientific knowledge.

Third-party certified

An independent organization has reviewed the manufacturing process of a product and has independently determined that the final product complies with specific standards for safety, quality or performance.

What Is Third-Party Certification? - NSF International. (2019). Retrieved 1 October 2019, from <http://www.nsf.org/about-nsf/what-is-third-party-certification>.

Toxic substances

Any substance that is potentially harmful if ingested, inhaled, or absorbed through the skin.

Training

Specialized college-level coursework or professional development training. Specialized college-level course work may include core courses that cover these topics or courses addressing these topics specifically.

Training in special needs

Specialized college-level coursework and/or professional development training. Specialized college level course work may include core courses that cover these topics or courses addressing these topics specifically. The course work and training includes (a) family-centered practice; (b) atypical development and common health problems; (c) IDEA and other applicable laws; (d) children's and families' rights under these laws; (e) roles and responsibilities related to the IEP and IFSP; (f) strategies for supporting inclusion; (g) strategies for modifying and adapting curriculum, schedules, materials, and instruction to meet individual needs; (h) the referral and assessment process; and (i) community supports and resources.

Underimmunized

A person who has not received the recommended number or types of vaccines for his or her age, according to the current national and local immunization schedules (AAP).

Usable space

The primary indoor activity areas not otherwise occupied by large structures, cribs, changing tables, storage, or areas not intended for extended use by children or groups of children (e.g., staff lounges, hallways, stairwells, closets).

Visual arts

Creations that can be observed and appreciated.

Volatile organic compound (VOC)

Organic compounds that easily evaporate at room temperature and are known to cause negative health effects given prolonged and/or concentrated exposure.

Volunteers

Adults, neither employed by or contracted with the program, who are regularly scheduled to provide support services to the program in administrative capacities (e.g., clerical work, creating bulletin boards or displays), classroom management, or other support tasks (e.g., cleaning, landscaping/gardening) without monetary compensation.

Wordless books

Books with no words or few words, in which information or narrative is conveyed primarily through imagery.

Writing

The act of communicating thoughts, ideas, and information to others through use of print.

Written curriculum/Curriculum framework

Includes the goals for the knowledge and skills to be acquired by children and the plans for learning experiences through which such knowledge and skills will be achieved.

