# Administrative and Program Standards

## For City of Madison Child Care Center and School Age Program Accreditation

**January, 2016**

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Definitions of Terms Used in Madison Accreditation Standards

**Administration:** The center administration includes the director, assistant director, program/education coordinator, coaches and other non-teaching office staff.

**Administrator:** The individual who has primary responsibility for planning, implementing, and evaluating the program. Role titles for the Administrator vary and may include director, or manager.

**Agency:** The legal registered entity that is responsible for the early childhood and/or school age program. This includes development of a written mission and vision statements, strategic planning, oversight of staff and program evaluation. In some instances the terms Agency and Center are synonymous.

- **Early Childhood Center:** The individual facility housing the early childhood program. This term may also refer to the legal registered entity.
- **Early Childhood Program:** The program provides early childhood care and education for children from birth to 5 years of age (or entrance into kindergarten).
- **School Age Program Site:** The physical location of a school age program, can be attached to a Madison elementary school or community center.
- **School Age Program:** The program provides school-age care and education for children from kindergarten through 5th grade (or 12 years of age whichever come first). The program components compliment the regular school day experience.

**Ages:** Ages are given as general guidelines, not hard and fast rules. These guidelines should be combined with the knowledge of each child’s individual development when deciding what kind of programming is appropriate.

- **Infants and Young Toddlers:** Children between the ages of birth – 24 months.
- **Older Toddlers:** Children between the ages of 24 and 36 months.
- **Preschoolers:** Children ages three years through five years or up to full day kindergarten.
- **School Agers:** Children in kindergarten through fifth grade or up to 12 years.

**Child Assessment:** An ongoing and continuous process that utilizes information gathered from focused child observations, assessment tools, and other sources to understand their learning and progress, and to set individual goals for the child and to plan the program.

**Child Screening:** Provides information at a point in time on how a child’s development compares with others of the same age to identify those who may have undiagnosed developmental delays.

**Curriculum:** The curriculum guides teachers to integrate content, concepts, and activities across the children’s developmental domains (e.g., health and physical, social and emotional, language development and communication, approaches to learning, cognition and general knowledge) and broad based learning experiences (e.g., literacy, mathematics, science, technology, creative expressions, health and safety, and social studies).

**Family:** The term ‘family’ is used to refer to the nuclear and extended network of adults and children who share a meaningful relationship with the child.

**Inclusion:** Embodies the values, policies, and practices that support the right of every child, parent and adult, of all races, ethnicity, both with or without special needs, the access and individualized accommodations to participate as full members of the center community.

**Parent:** The term ‘parent’ is used to refer to the person or people who are raising the child. The term is meant to include biological parents, guardians, grandparents, foster parents, step-parents, or any adult who has legal responsibility for the child.
**Program Staff:** Includes Lead Teachers, Teachers, and Assistant Teachers/Aides.

**Lead Teachers:** The individual assigned to teach a group of children and who is responsible for daily lesson planning, parent conferences, child assessment, and curriculum planning. This individual may also supervise other staff members of the teaching team. In some settings, this individual may be called a head teacher, master teacher, or teacher.

**Teacher:** A member of the teaching team who shares responsibility with the Lead Teacher for the care and education of an assigned group of children. In some settings this individual may serve as a Co-Lead Teacher or Lead Teacher. In school age settings the term staff is used to designate the teachers/counselors within program.

**Assistant Teacher/Aide:** A member of the teaching team assigned to a group of children who works under the direct supervision of the Lead Teacher and/or Teacher.

**Ratios:** Groups of children may be limited to one age or may include multiple ages. A group or classroom consists of the children assigned to a teacher or team of teachers occupying an individual classroom or well-defined space.

### Staff-child ratios within group size

<table>
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<tr>
<th>AGE OF CHILDREN:</th>
<th>GROUP SIZE</th>
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<tbody>
<tr>
<td></td>
<td>2 4 6 8 10 12 14 16 18 20 22 24 30 32 34</td>
</tr>
<tr>
<td>Infants (birth to 12 mo)</td>
<td>1:2 1:4 1:3 1:4</td>
</tr>
<tr>
<td>Toddlers (12 to 24 mo)</td>
<td>1:2 1:4 1:3 1:4</td>
</tr>
<tr>
<td>2-year olds (24 to 30 mo)</td>
<td>1:4 1:6 1:4 1:5 1:6</td>
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<tr>
<td>2 ½ year olds (30 to 36 mo)</td>
<td>1:4 1:6 1:4 1:5 1:6 1:7</td>
</tr>
<tr>
<td>3 year olds</td>
<td>1:6 1:8 1:10 1:6 1:7 1:8 1:9 1:10</td>
</tr>
<tr>
<td>4 year olds</td>
<td>1:6 1:8 1:10 1:6 1:7 1:8 1:9 1:10</td>
</tr>
<tr>
<td>5 year olds</td>
<td>1:6 1:8 1:10 1:6 1:7 1:8 1:9 1:10</td>
</tr>
<tr>
<td>Kindergartners</td>
<td>1:6 1:8 1:10 1:12 1:7 1:8 1:9 1:10 1:11 1:12</td>
</tr>
<tr>
<td>1st-2nd Graders</td>
<td>1:6 1:8 1:10 1:12 1:7 1:8 1:9 1:10 1:11 1:12 1:15 1:16</td>
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<tr>
<td>3rd-5th Graders</td>
<td>1:6 1:8 1:10 1:12 1:14 1:8 1:9 1:10 1:11 1:12 1:15 1:16 1:17</td>
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**Notes:**

- Dark line on the left indicates the maximum group size with one teacher.
- Double line on the right indicates the maximum group size for each age group.
- Shaded area indicates when two teachers are required.
SECTION I: AGENCY DEVELOPMENT

I. A. Leadership

A-1. Agency Mission and Goals

A-1a. The staff and governing board develop a well-articulated mission statement and philosophy of program excellence that guides its operation. The goals and objectives relate to the mission, philosophy, and all program operations and include child and family desired outcomes.

- The mission or vision statement is reviewed at least every five years.

A-1b. A philosophy of respect for cultural diversity and inclusion is incorporated into the broader program mission statement.
- The philosophy sets high expectations for every child, regardless of ability or background, to reach his or her full potential.
- The philosophy is reflected in center values, policies and practices.

A-2. Strategic Planning

A-2a. At least annually, the agency conducts an assessment to identify strengths and weaknesses of the program and specify program goals for the upcoming year.
- The assessment process examines the quality of the program, service to parents, the adequacy of staff wages and benefits and dimensions of organizational climate.
- The results of the most recent internal and external evaluation process (e.g., parent survey, staff evaluation, program evaluation, City of Madison accreditation, NAEYC accreditation) inform the agency assessment process.

A-2b. The evaluation and planning process outlines actions the program will take to:
- Implement the program’s vision and mission.
- Achieve outcomes desired for children.
- Maintain high-quality services to children and families.
- Provide long-term resources to sustain the operation of the program.
- Attract and maintain a consistently qualified, well-trained staff, and reduce turnover.

A-3. Governance

A-3a. Requirements outlined in Madison General Ordinance 3.12 govern board or advisory group composition, member selection, and responsibilities. (See Appendix I)
A-3b. Written policies define the roles and responsibilities of private owners, sponsors, board members, parent advisory group members, parents, and staff who work directly with those entities.
• A clear division of responsibilities exists between board and administration.
• The center director serves on the board or parent committee as an ex officio member.
• The director and/or other staff report to the private owners, board, or parent advisory committee on the effectiveness of policy, and refer needed policy revisions for review as appropriate.
• Board, parent advisory committee, and program staff follow proper procedures to insure confidentiality whenever sensitive issues arise (e.g., termination of enrollment, collection of fees, classroom issues regarding a particular child or family).
• Policy or bylaws define when meetings of the board or parent advisory committee can be closed.

A-3c. Private owners, sponsors, board members, and parent advisory committee members shall receive an orientation to their role and responsibilities including those defined by ordinance and:
• Elements and methods involved in implementing a high quality, developmentally appropriate program.
• Role and responsibility in policy formation of the child care program and public accountability in the use of public resources.
• Agency confidentiality policies and procedures.

A-3d. The board and/or parent advisory committee maintains a clear record of meetings and actions and provides a procedure for parents and staff to present concerns and information to the board or parent advisory committee and place specific items on meeting agendas.
• All parents and staff have access to advanced notices of meetings including the agenda, topics to be discussed, and actions to be taken.
• Minutes of all board and committee meetings are made available to all parents and staff.
• Board policies outline record-keeping procedures for closed meetings.

A-4. Program Administration

A-4a. Systems shall be in place to ensure specified oversight of the child care program. There is a written plan for the delegation of authority.

A-4b. The center administrator:
• Demonstrates a commitment to a high level of continuing professional competence.
• Demonstrates an ability to promote teamwork.
• Provides leadership to staff to implement the program mission.
• Responds proactively to changing conditions to enhance program quality.
A-4c. The agency hires an adequate number of administrative staff to ensure sufficient program oversight, based on the center’s size and complexity.

I. B. Agency Management

B-1. Non- Discrimination

Madison accredited agencies assure that no person shall on the grounds of race, color, sex, age, disability, or national origin, (as provided by Title VI of the Civil Rights Act of 1964, and the Civil Rights Restoration Act of 1987, the American Disabilities Act, the Individuals with Disabilities and Madison General Ordinance 39: Disability Rights and Equal Opportunities) be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity. (See Appendix/Definitions)

- Cultural Diversity is reflected in program policies, programming, interactions, and teaching embracing the cultural diversity of the center and the larger community.
- Inclusion within the program creates an atmosphere open to children of all races and ethnicity both with and without special needs, providing access, individualized accommodations and supports.

B-2. Regulatory Requirements

The center presents valid certification that it is in compliance with all legal requirements for protection of the health and safety of children in group settings. These include:

- Compliance with state and local building codes, and sanitation codes, demonstrated by a record of an inspection by a qualified building, fire, or public health inspector.
- A license to operate as a child care center as required by state law, and a high level of compliance with licensing standards, free of a record of repeated serious violations. Exempt programs must show evidence of compliance with these rules.
- Compliance with City of Madison Accreditation Standards and agreement to collaborate with the Madison Child Care Program to correct areas of improvement and required changes.
- Accident protection and liability insurance coverage for children and adults.
- Vehicle insurance on any vehicle owned or leased by the facility that is used to transport children. A certificate of insurance is available for review.

B-3. Operating Policies

B-3a. Written policies guide all components of program operation through articulated systems, plans, and procedures that enable the program to run smoothly and effectively and that guide the program toward achieving its goals. (See Appendix II).

B-3b. The agency reviews policies on an annual basis, with the participation of all relevant parties, and revises policies as needed.
• All staff receive current copies of relevant agency policies, and policies are accessible to families.
• There is a procedure for keeping all staff informed of new or revised policies.

B-4. Financial Management

B-4a. The agency has resources to support the center’s vision, philosophy, mission, goals, and child outcomes.
• Resources are allocated and managed to support a program of excellence.
• Program needs assessment and goal-setting are an integral part of the budget planning process.
• No multi-service or for-profit corporation shall allocate to its child care program an amount less than the program’s gross income in tuition and fees.
• The agency is willing to provide care to City of Madison Tuition Assistance clients.
• When participating in the Madison Child Care Assistance Program, the agency will work to ensure accurate and timely invoices, payments to the center and continuity of care for Madison Child Care Assistance clients.
• A wage and benefit structure is in place to attract and maintain a qualified staff. The center utilizes local living wage guidelines in establishing base wages.
• Provide parents with a mechanism for timely review of ongoing financial decisions that impact program quality.

B-4b. Financial policies and procedures provide evidence of sound fiscal accountability using standard accounting practices.

B-4c. The center prepares an annual operating budget.
• A clear and readable budget reflects expense and revenue projections with an adequate breakdown of income and expense items to permit effective monitoring of revenue and expenditures (e.g., separate lines for payroll taxes, training, and salaries; separation of equipment and consumables, with further separation by program, office, kitchen, custodial).
• Explanations and rationale are available to explain what each budget item represents.
• The board of directors or authorized corporate agent approves the annual budget in advance of its implementation.
• The agency shall have processes that ensure staff participation regarding the budget.

B-4d. The center maintains a comprehensive system of financial controls within a framework of checks and balances to protect its finances and to provide for adequate cash flow. These include:
• Reconciliation of expenses to budget, at least quarterly, with regular review of income and expenses statements to monitor the center’s fiscal status and to make programmatic decisions.
• A system to review income and expenditures is performed at least quarterly, by the owners, board or parent advisory committee including a party with accounting expertise, with budget adjustment as necessary.
• Division of financial responsibilities to ensure adequate financial oversight. (e.g., two or more signatures on checks, the same person does not receive income and reconcile statements).
• Accepted practices provide for adequate cash flow (e.g., prompt deposits of income, methods of informing parents of money owed, clear policies and procedures concerning delinquent tuition).
• The budget reflects adequate reserve accounts to cover such expenditures as staff benefits, payroll taxes, deferred maintenance, capital improvements, and equipment replacement.

B-4e. The person directly responsible for program implementation (e.g., administrator, director, site manager, program manager) is included in long-range fiscal planning and in operating budget preparation, reconciliation and review as defined in job descriptions.
• The Program Administrator provides the board, parent advisory committee and interested parents with accurate and timely information on the center’s finances.
• The agency has clear procedures for staff to request and obtain funding for program needs.
• Program staff participate in prioritizing and planning purchases for their program or classroom.

B-5. Agency Technology

B-5a. Information management systems are in place to enable the agency to function effectively and efficiently (e.g., financial management, enrollment, record-keeping, internal and external communication, child assessment).

B-5b. Policies establish parameters for the use of technology in the center by children, staff and families. These include:
• Policies to ensure the protection of staff, child, and family confidentiality and security of data.
• Work rules that outline parameters for staff’s use of technology including the use of personal devices, the internet and social media.
• Expectations related to communication via technology between program, staff, and families.
SECTION II: PROGRAM OVERSIGHT

II. A. Interactions Among Teachers and Children

A-1. Agency Oversight

Agency oversight assures the effective implementation of the classroom standards relating to interactions among teachers and children. (See Sections III A. and IV. A.)

II. B. Curriculum

B-1. Philosophy and Educational Framework

B-1a. The center has a written statement of its philosophy and goals for children, which is available to all staff and families.

B-1b. The center philosophy emphasizes care and education that is developmentally appropriate, culturally relevant and effective in supporting each child’s learning and development as well as their strengths and interests.

B-1c. The center in its policies and interactions is designed to be inclusive of all children, adults and families.

B-1d. The center uses one or more written curricula or educational frameworks consistent with its philosophy that address central aspects of child development. The curriculum addresses key goals in all areas of children’s development and across learning domains. (e.g., health and physical, social and emotional, language development and communication, approaches to learning, cognition and general knowledge).

   • Curriculum designs help children explore and acquire the key concepts and tools of investigation in ways that are effective for preschool children.
   • The curriculum is inclusive and is adapted to embrace the diversity of the center and the larger community in respect to culture, race, ethnicity, and special educational needs. Anti-bias strategies are used to teach children to respect, value and positively interact with those who are different from themselves.
   • The 4 year old kindergarten curriculum aligns with the school district’s 4K Standards for Development and Learning.

B-1e. The center’s philosophy, goals, objectives, as well as the curriculum framework guide all components of the program for children (e.g., daily schedule, materials and equipment, learning experiences, learning environment, interaction strategies).

B-2. Program Evaluation

B-2a. The center regularly establishes goals for continuous improvement
and innovation.

B-2b. At least annually, administrators, families, staff, school-age children, and other routinely participating adults are involved in a formal evaluation of the program’s effectiveness in meeting the needs of children and families.
- Teachers complete an evaluation of their classroom quality.
- The center shares results with families and staff.

B-2c. The center uses the results of the formal evaluation to recognize strengths and adjust the program to better meet the needs of families, children and staff.

B-2d. The center uses a variety of ongoing, informal methods for parents and staff to provide feedback about program quality (e.g., classroom logs, surveys, director availability, comment box).

B-3. Child Screening and Assessment, Documentation, Planning

B-3a. The center has a comprehensive, clearly written child assessment system that is used to gather information, to increase understanding, and enable the program to make decisions about children.
- The center uses reliable, valid, and standardized tools and procedures.
- The system describes screening and assessment purposes, tools and procedures, timelines, use of results to set goals for children and program planning, confidential record-keeping, and communication with and involvement of families in the assessment process.
- Assessment methods are fair and unbiased.

B-3b. Developmental screening may be used to provide the program and families with information about a child’s development in relationship to other children of the same age (normative development).
- Screening tools are not used to exclude a child from the program.
- A developmental screener may be administered by the center, by a physician, by an outside agency, or completed by the family and shared with the center.
- Prior to participation in center-conducted screening, teachers receive training in administration of the tool(s) to be used.
- The center works to engage families as partners and as sources of information in the screening process.

B-3c. The center uses authentic methods of child assessment to gather information about children, their abilities, learning styles, growth and development.
- The information gathering process is ongoing and continuous. Information comes from various sources (e.g., everyday observations, Interactions, information supplied by parents, and focused child observations).
- Information is documented in ways that may include anecdotal records, photos and collected work samples
- Information collected is summarized at regular intervals throughout
the year to capture children’s rapid developmental changes.

B-3d. Assessment tools are researched-based and satisfy the following criteria:
- Aligns with the center’s curricular framework
- Tools are able to be used on an ongoing basis, over time.
- Tracks children’s progress on a developmental continuum across domains and areas of learning.

B-3e. Information learned from child assessments is used to set goals for individual children and to plan and adapt the program to meet the developmental and learning needs of each child.

B-3f. Staff share assessment results and information about children’s growth and development with parents throughout the year. Scheduled conferences occur at least twice each year.

B-3g. If staff or parent suspects that a child has difficulties in behavior, learning or development, they discuss and plan next steps (e.g., continued observation, a classroom plan, referral for diagnostic evaluation).
- Center staff communicate with families in a sensitive, supportive and confidential manner.
- The center works with families to seek out and utilize community resources to successfully meet children’s needs.

B-3h. Staff are aware of the identified/diagnosed special needs of individual children and trained to follow through with specific intervention plans, such as Individual Education Plans (IEPs), ISFPs, and individualized therapies.
- The center, when given written permission, works with resource systems approved by the parents.
- The center ensures that any child-specific interventions/therapies developed by outside resources are delivered in an individually and developmentally appropriate manner.

II. C. Personnel

C-1. Staffing

C-1a. Written procedures address the maintenance of developmentally appropriate staff-child ratios within a specific group size to facilitate adult-child interaction and constructive activities among children. (See Ratio Chart in Definitions page ii)
- When children under 2 are included in multi age groups, group size may not exceed 8, and ratios for children under 2 must be maintained. When no children under 2 are included, the group size must be determined by the number of children that can be cared for by two child care workers as determined by the staff-to-child pro-rated requirement in the Wisconsin licensing rules.
- Maximum group size is determined by the distribution of ages in the group. Group size may require additional size reductions, depending on the type of activity, whether it is indoors or outdoors; the inclusion of
children with special needs; and other factors.

- Teaching staff-child ratios within group size (See Table 1) are maintained during all hours of operation including indoor time, outdoor time, during transportation and field trips, and through provision of substitutes when regular staff members are absent.
- During naptime, one child care worker shall be in sight and sound of each group of sleeping children, and the adult-child ratio required for the total number of children in the center must be maintained. Maximum group sizes for napping children may be adjusted.
- The staffing level in each classroom must be sufficient to meet the immediate needs of children in the group.

C-1b. Policies require that each group of children be assigned teaching staff who have primary responsibility for working with that group of children and their families. These teaching staff provide ongoing personal contact, meaningful learning activities, supervision, and offer immediate care as needed to protect children’s well-being.

C-1c. Program policies and practices support primary care-giving in infant and toddler programs. The same one or two adults care for each child, enabling the caregiver to come to know the child very well, and to enable the child to form a strong attachment relationship with the adult.

C-1d. The center is organized and staffed to ensure continuity of care. Every attempt is made to have continuity of adults who work with children within each day and over extended periods of time (could be several years of the child’s enrollment).

- In infant and toddler programs, there is sufficient continuity of care to ensure that every child and their parents can form a positive relationship with one or two providers.
- Policies facilitate keeping infants and toddlers together with their teaching staff for a minimum of nine months, preferably longer.
- The staffing plan provides coverage so that all children are with consistent staff throughout the day.
- Any regroupings of children at the beginning and end of the day are carefully planned and consistent.

C-1e. Procedures address transition planning by administrators and teachers to facilitate children’s change in assignments from one teacher to another, from one group to another, from one classroom to another, and from one program to another.

C-2. Hiring Practices

C-2a. Hiring practices are non-discriminatory. The center makes every effort to hire staff that reflect the diverse cultural, racial, and linguistic characteristics of the children, families, and community served as well as the diversity of society.

C-2b. Hiring procedures ensure that all employees in the program (e.g., including
bus drivers, bus monitors, maintenance staff, cooks, clerical and other support staff, contracted teachers) who come in contact with children in the program or who have responsibility for children:

- Comply with the DCF caregiver background law.
- Are free from any history of substantiated child abuse or neglect.
- Are at least 18 years old (except drivers, who must be at least 21).
- Have completed high school or the equivalent.

C-2c. The center receives a current health assessment (not more than a year old) before an employee starts work or before a volunteer has contact with children. Health assessments are to be repeated periodically (recommend every 2 years of employment). Documented health assessments include:

- Immunization status (See Appendix. III for Recommendations.)
- Capacities and limitations that may affect job performance.
- Documentation of TB skin testing and showing the employee to be free from active TB disease.

C-2d. Each adult (paid staff and volunteers) is free of physical, mental, and emotional conditions that might adversely affect children’s health.

C-2e. Hiring practices include complete checking of personal and employment references of all potential new employees or volunteers.

C-2f. Hiring practices are based on the City of Madison Accreditation Standards that define staff qualifications for the position being recruited. This applies to position transfers and reassignments within the agency.

C-2g. The center ensures meaningful parent participation in the hiring, supervision, and termination of the director of the child care program.

C-3. Staff Preparation, Knowledge and Skills

C-3a The person responsible for administering the program for children has the educational qualifications and personal commitment required to serve as the program’s operational and pedagogical leader. The administrator has one of the following:

- A baccalaureate or an Associate degree from an accredited institution of higher education in early childhood care and education or related field and specialized college-level course work in administration, leadership, and management (Satisfied, for example, with Wisconsin Administrative, Leadership or Program Development Credential).
- A baccalaureate degree or an Associate degree from an accredited institution of higher education in administration, leadership or management and specialized college level course work in early childhood care and education. (Satisfied, for example with Wisconsin Preschool, Infant Toddler or Youth Development Credential related to the ages of the children served).
- If the above qualifications are not met, a plan must be developed upon hire, and implemented to ensure that qualifications are met within five years.
C-3b. Early Childhood Teachers (See definitions of Teaching Staff) have one of the following:
- An early childhood professional credential (e.g., Child Development Associate, Wisconsin Infant-Toddler, Preschool, Inclusion Credential, Montessori Teacher Certification).
- An associate’s degree or equivalent, in early childhood education or a related field.
- A baccalaureate degree or equivalent in early childhood education, child development, elementary education, or early childhood education that encompasses child development and learning of children birth through kindergarten; family and community relationships; observing, documenting, and assessing young children; teaching and learning; and professional practices and development.
- If the above qualifications are not met, a plan must be developed upon hire, and implemented to ensure that qualifications are met within five years.

C-3c. Early Childhood Teacher Assistants (staff who implement program activities under direct supervision) have a high school diploma or High School Equivalency and meet teacher qualifications set by state licensing requirements.

C-3d. Staff that work directly with school-age children have professional preparation in child development, elementary education, physical education, child guidance, recreation or a related field. Agencies inform staff of credit-based, school-age coursework as it becomes available, encouraging and supporting staff’s participation.

C-3e. All teaching staff have completed or have access to specialized college-level coursework or professional development training and preparation in each of the following areas:
- Working with families, including those of diverse races, cultures, languages, economic backgrounds, composition, and special needs.
- Inclusion training designed to prepare staff to work with children who have special needs including children with social-emotional challenges and those with identified disabilities.
- Knowledge and skills relevant to the specific age(s), specific needs, or special circumstances of the children they teach.
- The center’s curriculum, and its implementation.
- Communication, collaboration, and conflict resolution skills that prepare them to participate as a member of a team.
- How to accurately document and use the center’s procedures for assessing child progress and for program planning.
- Staff training on nutrition and physical activity.

C-3f. The center provides time, training, and materials for teachers to complete required child assessments properly and accurately.

C-3g. The center assures that all teaching staff who supervise or mentor other staff members and/or student interns have or are provided with specialized college-
level coursework or professional development training and preparation in adult supervision, mentoring, and leadership development.

C-3h. Volunteers only work with children under the direct supervision of qualified staff members.

C-4. Personnel Policies

C-4a. The center has clear, written personnel policies. (See Appendix II)

C-4b. For each staff and volunteer position there is an accurate and specific job description that defines roles and responsibilities, qualifications, physical requirements, specialized training requirements, reporting relationships and evaluation procedures.
   • Staff members receive a copy of their job description before beginning employment.
   • Job descriptions are reviewed regularly. Center staff have input into revisions.

C-4c. For each employee, there is an employment agreement, signed by the employee and employer, that outlines the parameters of their position.

C-4d. Personnel practices and work rules define expectations for staff behavior, ethical conduct, and professionalism, (e.g., confidentiality, attendance and punctuality, dress code, implementation of agency policies, use of technology when at work, appropriate communication, accountability and professional relationships with families and co-workers). They include staff responsibilities and procedures for reporting child abuse and neglect.

C-4e. New employees serve a probationary period of employment during which the administrator or other qualified person makes a professional judgment as to their competence for working with children and their continued employment.

C-4f. Procedures are in place and followed with clear steps and timelines that ensure prompt and fair hearing of grievances by or against staff.

C-4g. Salary scales are in line with community wage standards, and include increments based on professional qualifications, length of employment and performance.

C-4h. Benefits are available for full-time staff that have successfully completed their probationary period, that are pro-rated for part-time staff who are employed at least half-time. They include health coverage, paid leave (e.g., sick, vacation, holiday and personal), education benefits, and other benefits that may be negotiated as unique to the situation (e.g., subsidized child care, retirement). If some or all of these benefits are not available, a written plan for improving benefits is developed and implemented.

C-5. Staff Orientation

C-5a. Before assuming responsibility for a group of children, new teaching staff are given an initial orientation that introduces them to the fundamental aspects of
program operation. (See Appendix II)

C-5b. The orientation of new teaching staff includes observation in the assigned classroom and meeting children and co-workers prior to assuming responsibilities.

C-5c. Follow up training expands on the initial orientation.

C-5d. All substitutes, volunteers, and other adults receive a preliminary orientation that introduces them to the fundamental aspects of program operation before they begin working with children. (See Appendix II)

C-5e. Clear direction is given to all outside resource people, students, and researchers about their roles in the center.

C-6. Performance Evaluation & Professional Development

C-6a. Staff receive clear expectations about job performance and regular supervision to enhance job performance. Supervision is individualized to meet the varying needs, experiences, and skills of all staff, paid and volunteer.

C-6b. As a part of orientation and ongoing staff development, new and existing program staff develop skills and knowledge to work effectively with all families.

C-6c. All staff are encouraged to continually improve their own performance based on ongoing reflection and feedback from supervisors, peers, and families to add to their knowledge and increase their ability to put knowledge into practice.

C-6d. All staff, including the director/program administrator, receive a formal evaluation at least annually by their appropriate supervisor.

- Evaluation criteria differ by role based on the employee’s job description and previously established goals for improvement. Staff are informed of evaluation criteria in advance.
- There is a written staff evaluation plan that specifies who will initiate, implement, and participate in employee evaluation, and who will communicate the results of the evaluation to the employee.
- Staff have an opportunity to evaluate their own performance. Staff evaluations include scheduled classroom observations conducted by their supervisor.
- Results of evaluation are written and confidential. They are discussed privately with the staff member.
- The center implements a system to provide ongoing feedback and support to teaching staff.
- The annual evaluation of the program administrator includes a process that supports meaningful parent input and a review of the effectiveness of her/his work with the staff she/he supervises.

C-6e. An individual professional development plan is generated from the staff evaluation process and is updated at least annually.
• The professional development plan integrates reflection and feedback on demonstrated skills and abilities in working with children.
• The agency budgets funds for staff professional development.
• Staff have access to professional resources on site (e.g., professional periodicals and publications, curriculum guides, training resources, information from professional associations).

C-6f. The center has an implementation plan for professional development, including orientations for new staff. The professional improvement plan includes credit bearing coursework when possible. The plan improves staff credentials and competencies, is updated at least annually or as needed based on the evaluation process, the need to keep staff’s knowledge and teaching practice current, or other identified needs.

C-7. Organizational Climate

C-7a. The center’s organizational climate fosters trust, collaboration and inclusion.
• A system is in place to periodically assess dimensions of organizational climate to identify strengths and determine areas for growth and improvement.
• The center promotes understanding and acceptance of diversity among staff, board and families. When needed, the center provides for diversity training.
• The center ensures that all staff are informed of and involved in the mission, vision, and values of the organization.
• Personnel policies, practices and agency work rules are reasonable and fair and equitably applied to all employees.
• The center provides opportunities for program staff to work collaboratively on projects, to share resources, and solve problems together.
• Referrals and resources are offered to staff experiencing personal problems to assist them in remaining effective in their jobs.
• The center solicits staff input when temporary schedule changes are being considered. Staff are given advance notice of permanent schedule changes.

C-7b. Effective methods of communication are in place to maintain smooth operation of the program.
• The center informs staff of and ensures they have input into the decisions that affect them (e.g., program changes, policies and procedures, center finances, classroom budget, staffing).
• Staff and administrators plan and consult together frequently about the program, children, and families.
• The center utilizes effective means of communicating with staff about program, professional and community news (e.g., email, voicemail, newsletters, communication log, bulletin boards).
• Ideas and opinions of teaching staff are solicited and acknowledged.
C-7c. Procedures are in place for effectively handling conflicts between staff. The center provides staff with professional resources and/or training in conflict resolution.

C-7d. Agency practices support staff’s right to and expectations of confidentiality.
   • Staff and volunteers keep information about children, families, and associates confidential.
   • All personnel files are confidential including resumes with record of experiences, transcripts of education, documentation of ongoing professional development, and results of performance evaluation.

C-7e. The center schedules regular staff meetings to consult on program planning, to plan for implementing and attaining goals, to plan for individual children, and to discuss program and working conditions (may be meetings of small group or full staff).
   • Staff have the opportunity to provide input into the content of staff meetings.
   • Staff receive agenda items in advance.
   • The center maintains an accessible written record of center-wide meetings.

C-7f. Teachers receive weekly paid planning time (recommended two or more hours).
   • Planning time requires time away from responsibility for children when teacher(s) are not counted in ratio.
   • Planning time is given to teachers in order to meet the learning and developmental needs of the children.
   • Planning time is given to teachers to complete required child assessments and to prepare for conferences.
   • Regular time is provided for classroom team planning/meeting (recommended weekly).

C-7g. Space and time away from children is provided. Work breaks of at least 15 minutes are provided when staff work directly with children for more than 4 hours. In addition, staff may request temporary relief when they are unable to perform their duties.

II. D. Staff and Family Relationships

D-1. Establishing Partnerships with Families

D-1a. The center establishes intentional practices that involve parents in co-creating approaches to foster strong reciprocal relationships from the first contact and maintain them over time.

D-1b. The center includes families in all aspects of the program, regardless of family structure; socioeconomic, racial, ethnic, religious, and cultural backgrounds; gender; abilities or preferred language.
D-1c. The center uses formal and informal methods to communicate with new and prospective families about the program’s philosophy and curriculum objectives including educational goals and effective strategies that can be used by families to promote their child’s learning. These methods include the following:
- Families receive written descriptions of the center’s operating procedures, and the families’ roles in center governance.
- Families are made aware of their right to confidentiality.
- The center provides families information in a language and/or manner that the family can understand.

D-1d. A process is in place for orienting children and families to the program that includes the following:
- Pre-enrollment visit.
- Tour of the facility.
- Introduction to staff.
- Opportunity to observe classrooms and ask questions of the administrator.
- Parent orientation meeting.
- Information about family-friendly support and family involvement opportunities.
- Gradual introduction of children to the program that supports children and families through the separation process.
- System to check in with new families after a few weeks.

D-1e. The center ensures that classrooms implement effective verbal and written systems for sharing child and program-related information with families, including translation services.

D-1f. The center ensures that staff provide regular daily updates regarding each child. Individual systems are established and maintained by each classroom.

D-1g. The center uses a variety of formal and informal strategies to become acquainted with and learn from families about their family structure, child-rearing practices, and information that they wish to share about their socioeconomic, linguistic, racial, ethnic, religious, and cultural backgrounds.
- The program actively uses knowledge gained about families and children to meet children’s day-to-day needs, and to inform program design and teaching practices.
- When parenting beliefs and techniques differ from best practice knowledge, program staff look for opportunities to dialogue with families about those differences, and to clarify required practices.

D-1h. Parents and parent-authorized family members may visit any area of the facility at any time during the program’s regular hours of operation.

D-1i. The center facilitates opportunities for families to be involved in the program in various ways, taking into consideration families’ schedules, preferred avenues of involvement, and availability. These are to include:
• Membership on and participation in the program’s governing or advisory groups with encouragement and support to take on leadership roles.
• Opportunities for families to volunteer in the center in ways that match their interests and skills as well as the needs of the program.
• Formal and informal opportunities for families to meet one another, work together on center projects, and support each other.
• Center events planned together by families and staff.
• The opportunity to evaluate the program for children at least once each year.

D-1j. The center provides on-going support to all families (including those on public child care assistance) to ensure their successful participation in the program. The program utilizes the resources, consultation, and support available through the Madison Accreditation Program.

D-2. Information-Sharing Between Families and Staff

D-2a. The center uses a variety of mechanisms such as family conferences or home visits to promote dialogue with families. The center secures interpretation services as needed.
• Communication between staff (teaching staff and administrators) and families conveys trust and respect.
• Each family has a contact person in the center that has primary responsibility for their child and that shares information about his/her progress.

D-2b. Teachers and families communicate to ensure that the classrooms or groups from which children come and to which they go from one year to the next provide continuity over time. Prior to a change in assigned classroom and/or caregiver, current and future teachers and family members meet to discuss and prepare for the child’s transition.

D-2c. The center uses a variety of mechanisms to inform families about proposed program, policy, or regulatory changes that could potentially affect the program and/or the early childhood profession. The center notifies families of changes prior to their implementation. The center provides sufficient information and time for families to consider the changes and a mechanism for gathering information and providing input regarding them.

D-2d. Policies and practices are in place to ensure that staff and families have an effective way of negotiating difficulties and differences that arise in their interactions.
• The center uses a variety of techniques to handle differences (e.g., parent policy council, appeals committee, special conferences, and individual meetings).
• Program staff make arrangements to communicate in a language that the family can understand.
- The program encourages parents and staff to resolve questions, issues, and concerns with each other in a direct manner whenever possible, prior to initiating a formal problem resolution procedure.
- The problem resolution policy is made available to parents and staff in handbooks and other written materials. The policy clearly states that board and staff are open to issues and concerns that maintain the family’s right to confidentiality, respect, and fair treatment.
- The problem resolution policy includes a procedure for staff and parents to follow for the resolution of problems, and for the appeal of administrative decisions related to the implementation of agency policies and procedures. The procedure has clear, progressive steps to be followed with timelines that assure prompt action at each step. The policy identifies by position how and to whom the complaint is to be addressed. The policy includes the family’s right to address concerns with the assigned state licensing specialist, and City of Madison Child Care Specialist.

D-2e. The center has developed strategies that provide sensitive support to families experiencing difficulties. Administrative staff are available to check-in regularly with families and are prepared to connect them with appropriate community resources to assist in meeting the child’s and family’s needs.

D-2f. Center staff inform, support, and encourage parents to utilize resources and participate in making decisions about the services that their children need, including efforts to negotiate those services (e.g., health care, mental health, assessment, educational services, social services).
- The center, in collaboration with the parents, arranges for developmental screening and referral for diagnostic assessment when indicated.
- The center, when given written permission, works with resource systems approved by the parents.

D-2g. The center establishes and utilizes linkages with other early childhood programs including special education programs and local elementary schools, to help families prepare for and manage their children’s transitions between programs and services. Staff provide information to families that can assist them in contacting and working with other programs.

D-2h. Centers utilize the resources available through the Madison Accreditation Program including consultation with their child care specialist to address the issues that may arise with children and families.

II. E. Physical Environment

E-1. Indoor and Outdoor Environments

E-1a. There is a minimum of 35 square feet (preferably 50 square feet) of usable playroom floor space per child indoors. There is a minimum of 75 square feet (preferably 100 square feet) of play space outdoors per child (when space is in use).
E-1b. The building design incorporates natural light sources and proper ventilation in each classroom.

E-1c. In programs that are located in host spaces such as schools, churches, and community centers, the program and host agency have a written agreement that clarifies space usage, and responsibility for building maintenance.

E-1d. Facilities meet the City of Madison accessibility requirements as outlined in Madison General Ordinance 39.05. Accessibility includes access to buildings, outdoor play spaces, parking areas, toilets, sinks, drinking fountains, and all classroom and therapy areas.

E-1e. The building, grounds, and furnishings are safe, well-maintained, and in good repair.
   • Systems are in place to ensure the security of the building and grounds (e.g., secured entry system, adequate lighting).
   • A system is in place for routine maintenance and upkeep of the facility that includes weather-related maintenance.

E-1f. The design of outdoor play areas:
   • Provides enough usable and appropriate play space(s) for each age group.
   • Provides a variety of surfaces.
   • Incorporates natural features and materials.
   • Provides a balance of sun and shade.
   • Allows for sight and sound supervision by staff.
   • Allows for adequate drainage.

E-2. Work Environment for Staff

E-2a. The work environment for staff, including classrooms, staff rooms, and outdoor play spaces, is comfortable, well-organized, and in good repair.

E-2b. The environment supports the needs of staff in a variety of ways such as:
   • Secure place for staff to store their personal belongings.
   • Adult-sized bathroom that allows for privacy.
   • Place for adults to take breaks away from children.
   • An administrative area, separate from children’s areas for planning or preparing materials.
   • Comfortable places for adults to sit with children in classrooms and outdoor play areas.
   • Space on site for the administrator to use for private conversation, meetings, and storage of confidential files.

E-3. Environment for Families

E-3a. The center is welcoming and accessible to families. Elements include:
   • A variety of materials that promote appreciation for diversity while being respectful of the unique traditions, values, and beliefs of the families being served.
• Clearly defined places where families can obtain information about the center: program information, board of directors/advisory group, upcoming events, licensing postings, menus.
• Images of children and families that are enrolled in the program.
• When possible, comfortable places where families can socialize.

E-3b. Nursing mothers have a place to breast-feed their children that meets their needs for comfort and privacy.

II. F. Health and Safety

F-1. Child Health Records

F-1a. Current health records for each child that include results of recent health examination conducted by an approved health care resource within 6 months prior to enrollment, (not required for school-age children).

F-1b. Families provide evidence of an up-to-date record of immunizations, and any required health tests, with an indication of typical and atypical results and any follow-up required.

F-1c. Records include names of people authorized to call for the child and current emergency contact information for each child.

F-1d. Families provide names of individuals authorized by the family to have access to health information about the child.

F-1e. Families provide specific care instructions for any of the child’s special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes)

F-1f. A system is in place for ensuring that child health records including special health care protocols, are current, up-to-date and provided to all staff that care for affected children.

F-2. Policies

F-2a. The center has written policies to promote wellness and safeguard the health and safety of children and adults. (See Appendices II and III)

F-2b. Written policies promote healthy practices that reduce the risk of preventable disease in both children and adults in the program. Program practices include:
• Serving healthy meals that include fruits and vegetables, whole grains, meat and meat alternatives.
• Celebrating special occasions (e.g. holidays, birthdays) by offering nutritious snacks and doing creative activities that focus on the reason for the celebration.
• Limiting beverages to milk, water, and juice (if desired) on an occasional basis.
• Providing family style meal service.
• Planning and providing daily physical activity (per recommendations of the American Academy of Pediatrics), including daily outdoor play as weather permits
• Staff modeling of healthy eating and physical activity, and avoiding consumption of unhealthy foods and beverages in front of children.

F-2c. Written policies and practices promote a healthy workplace and the well-being of staff.
• Personnel practices and agency work rules that are sensitive to employee needs.
• Recognition of stress in the staff and its effect on job performance.
• Provisions of resources to support the prevention and treatment of depression and stress management in staff members.
• Staff members experiencing personal problems are given referrals and resources to assist them in remaining effective in their jobs.

F-2d. Management plans and reporting requirements for staff and children with illness include identification of ill children, criteria for their inclusion or exclusion, and providing of space, comfort, and supervision for children waiting for pick up due to illness.

F-2e. Written policies and procedures to ensure children’s safety on field trips address: advance notification to parents, preplanning, staffing to ensure adequate supervision of children, child tracking procedures, handling of medications and medical treatment procedures, and procedures for handling injuries, incidents, and emergencies.

F-2f. Written policy and procedures for reporting suspected child abuse and neglect comply with applicable federal, state, and local laws including mandated reporter requirements.

F-2g. The center has written procedures to be followed if a staff member is accused of abuse or neglect of a child at the center. The procedures protect the rights of the accused staff person as well as protect the children in the center.

F-3. Safety Protocols

F-3a. Systems and protocols are in place to ensure the safe arrival, departure, and transportation of all children. Systems and protocols address the following:
• Steps taken to account for absent children.
• The safety of all children as pedestrians and as passengers.
• That all children transported during the program day are accounted for before, during, and after transport.
• Specific procedures to accommodate children and family members with disabilities.
• Children are released only to authorized people.
• Special circumstances involved in release of children (e.g., non-custodial parents, non-authorized persons, pick up person fails to show, arrival of person under the influence of alcohol or other drugs, release of children on field trips).

• The safety of older school-age children whose parents have agreed to allow them to leave the program on their own.

• Daily sign in and out procedures for released children.

• Interaction between families and assigned teaching staff.

F-3b. Children are under developmentally appropriate adult supervision at all times. Face-to-name systems are in place for accounting for children’s whereabouts at regular intervals, especially during periods of transition.

F-3c. Systems and safety protocols are in place to ensure a safe outdoor play environment. The outdoor play areas, and all equipment are in a safe, clean condition and in good repair. Staff monitor and report any safety hazards.

F-3d. The center has written and posted disaster preparedness and emergency evacuation procedures. Procedures designate an appropriate person to assume authority and take action in an emergency when the administrator is not on site. Procedures include:

• Plans that designate how and when to either shelter in place or evacuate, and that specify a location for the evacuation.

• Arrangements for emergency transport and for escorting from the program.

• Plans for handling lost or missing children, security threats, utility failure, and natural disasters.

• Individual emergency care plans for children with known medical or developmental needs or other conditions that may require special care in an emergency (e.g., allergy, asthma, seizures, orthopedic, sensory, or other chronic conditions including those that require regular medication or technology support).

F-3e. Safeguards are used with all medications for children. Staff are trained and held accountable for adherence to all procedures. (See Classroom Standards III F-16 and IV F)

F-4. Cleanliness and Sanitation

F-4a. The facility, including classrooms, child care and food areas, toileting and diapering areas is clean, safe, and well-maintained. The routine frequency of cleaning and sanitizing all surfaces, equipment, and materials is as indicated in the Cleaning and Sanitation Frequency Table.

F-4b. Staff members and children who are developmentally able to learn personal hygiene are taught hand washing procedures and are periodically monitored.

F-4c. To protect against cold, heat, sun injury and insect-borne disease, the program ensures that:
• Children wear clothing that is dry and layered for warmth in cold weather.
• Each classroom maintains a supply of seasonably appropriate, appropriately sized clothing.
• Children have the opportunity to play in the shade.
• When in the sun, children wear sun-protective clothing, applied sun protection, or both.
• Specific consent and direction of families is required to apply insect repellant and sunscreen.

II. G. Nutrition and Food Service

G-1. General Requirements

G-1a. If the center provides food to infants, program staff work with families (who are informed by their child’s health care provider) to ensure that the food meets the infants’ individual nutritional needs and developmental stages.

G-1b. The center plans meals and/or snacks to meet the child’s nutritional requirements as recommended by the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) in proportion to the amount of time the child is in the program each day. Amount of food served is adjusted according to the age and needs of the children. When the center provides food for meals and snacks, whether catered or prepared on-site, the food is prepared, served, and stored in accordance with USDA and CACFP guidelines.

G-1c. The center prepares written menus, posts them where families can see them, and has copies available for families.

G-1d. Foods indicative of children’s cultural backgrounds are served periodically.

G-1e. Protocols are in place to ensure the safety of food brought from home.
• The program works with families to ensure that foods meet the USDA’s CACFP food guidelines.
• All foods and beverages are labeled with the date and child’s name.
• Food requiring refrigeration is kept cold until served.
• The center provides food to supplement items brought from home when necessary.
• The program supplements meals, snacks, or treats brought from home with healthy food choices including serving planned menu items on days of celebrations.

G-1f. The center provides eating and serving dishes and utensils that are suitable for the size and developmental levels of the children.
G-2. Children with Special Dietary Needs

G-2a. The center develops an individualized care plan for each child with special health care needs, food allergies, or special nutrition needs in consultation with family members and specialists involved in the child’s care.

- The program has protocols in place to protect children with food allergies from contact with the problem food.
- The program asks families of a child with food allergies to give written consent for posting information about their 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.

G-2b. Food brought by families to share with the group comes in original packaging (for purchased items), or an ingredient list (if home-made).
III. A. Interactions Among Teachers and Children

A-1. Teachers create an emotionally supportive and nurturing environment that is inclusive of the cultures, home languages, family structure, and developmental abilities of all children in the classroom. All adults who come into contact with children will be expected to follow these standards.

- When substitute teaching staff are present in the program their role is clear and primary classroom staff provide them with appropriate guidance and supervision to assure the expectations for children and planned teaching support strategies are consistent.
- Volunteers only work with children under the direct supervision of qualified permanent classroom teachers and may not take a role in physical care and or discipline of children. Volunteers are never left alone with children.

A-1a. Teachers foster children’s emotional well-being by demonstrating respect for all children and creating a positive emotional climate that counters all potential bias and discrimination.

A-1b. Teachers provide models and visual images of children and adults with differing abilities, ethnic, or cultural backgrounds.

A-1c. Teachers express an openness and warmth in daily interactions. They are consistent and predictable in their physical and emotional care of the children providing comfort and support.

A-1d. Teachers function as a secure base for children maintaining a physical presence at the child’s level. Teachers speak frequently with children at eye level in a friendly and courteous manner and listen with attention and respect to build relationships with every child. Teachers consistently call children by their name.

A-1e. Teachers spend time observing children without interrupting an actively involved child.

A-1f. Teachers act intentionally, understanding why they are doing what they are. They evaluate and change their responses based on their observation and assessment of children’s individual needs.

A-1g. Teachers use strategies to communicate effectively and assist children in building relationships.

- Teachers introduce children to a variety of communication techniques such as sign language, give and take conversations, clear “I” statements to express feelings and wants, active listening and social problem solving.
A-1h. Teachers validate children’s actions and intentions using comments, descriptions, and statements.

A-1i. Teachers support children’s competent and self-reliant exploration and use of classroom materials.

A-1j. Teachers encourage children’s appropriate expression of a full range of emotions, (e.g., joy, pleasure, excitement, anger, frustration, sadness).

A-1k. Teachers establish an environment that is primarily marked by pleasant conversation, spontaneous laughter, and exclamations of excitement rather than harsh, stressful noise or enforced quiet.

A-1l. Teachers create a social and emotional climate that supports positive child behavior.
   • Teachers understand the normal developmental sequence of impulse control and provide for the safety of all children.
   • Teachers use affirmative rather than negative language in stating expectations of children.
   • Teachers view children’s mistakes in context and use them as opportunities for learning.
   • Teachers anticipate and take steps to prevent potential behavior problems.
   • Teachers apply logical or natural consequences in problem situations.
   • Teachers refrain from the use of physical punishment or restraint, psychological abuse, or coercion.
   • Teachers refrain from the use of threats (real or implied) or derogatory remarks and neither withhold nor threaten to withhold food or beverages as a form of discipline.

A-2. Interactions Among Teachers and Infants and Young Toddlers

A-2a. Teachers engage infants and toddlers in frequent face-to-face social interaction each day, including:
   • Verbal behaviors (e.g., cooing, repeating infant sounds and toddlers beginning words, singing).
   • Nonverbal behaviors (e.g., smiling, touching, holding).
   • Beginning back-and-forth conversations by mimicking gestures, facial expressions, and vocalizations.
   • Utilize self-talk verbally describing their actions as they participate in activities, interact with, and care for the children.

A-2b. Teachers give one-on-one attention when engaging in care giving routines allowing time for the child’s response.

A-2c. Teachers adjust their interactions to the child’s various states and levels of arousal.

A-2d. Teachers quickly respond to signals of distress and frustration by:
• Providing physical comfort and needed care.
• Providing verbal reassurance.
• Understanding the underlying message of a child’s individual signals, cues, cries, and protests and verbalizing for the child what the child’s message is.

A-2e. Teachers facilitate safe infant and toddler social interactions when the child is looking at, touching, or vocalizing to others.

A-3. Interactions Among Teachers and Older Toddlers

A-3a. Teachers respond to children’s questions and requests.

A-3b. Teachers assist toddlers as they begin to resolve conflicts by helping them identify, express, and begin to regulate feelings.

A-3c. Teachers introduce calming and self-regulation techniques.

A-3d. Teachers understand and support a toddler’s need for solitary play and gradual development of parallel play skills.

A-3e. Teachers help toddlers begin to persist beyond frustration by using simple language to communicate needs and wants.

A-3f. Teachers anticipate and take steps to prevent potential behavior problems.

A-3g. Teachers model turn-taking behavior and other positive social interaction techniques during play and other situations throughout the day.

A-4. Interactions Among Teachers and Preschoolers

A-4a. Teachers engage regularly in meaningful and extended conversations with each child.

A-4b. Teachers ask children open ended questions encouraging them to describe actions, experiences, and events.

A-4c. Teachers help children talk about their own and other’s emotions and find positive ways to express those feelings.

A-4d. Teachers provide children with opportunities to develop a sense of classroom community.

• Teachers support children’s positive peer interactions and the development of friendships.
• Teachers provide opportunities for children to play with and learn from each other.
• Teachers facilitate positive peer interactions for children who are socially reserved or withdraw and for children who are excluded from play situations.
A-4e. Teachers adopt a style of guidance that moves children toward effective self-regulation.
- Teachers model social problem solving and assist children in resolving conflicts by identifying feelings, describing problems, and developing alternative solutions.
- Teachers guide children who bully, isolate, or hurt other children toward positive social behavior.
- Teachers use children’s mistakes as learning opportunities, encouraging the child to evaluate the situation and find an amicable solution.
- Teachers set clear, consistent, fair limits for classroom behavior and involve the older children in setting some basic rules and limits.

III. B. Curriculum

B-1. All teachers intentionally plan the curriculum based on specific outcomes or goals for the children in the classroom that are meaningful, relevant, and developmentally appropriate. The curriculum guides teachers to integrate content, concepts, and activities that promote social, emotional, physical, language and cognitive development (e.g., literacy, mathematics, science, technology, creative expressions, health and safety, and social studies).

B-1a. A center philosophy, developed at the administrative level, is known to all staff and serves to create a cohesive curriculum or educational framework.

B-1b. The program curriculum or educational framework addresses central aspects of child development.
- The curriculum is aligned with the Wisconsin Model Early Learning Standards.
- The classroom curriculum is consistent with the center’s philosophy and educational framework.
- The activity plans encourage choice and support children’s curiosity, hands-on exploration, investigation and physical activity.
- The curriculum provides a useful and flexible framework for daily planning that includes developmentally and individually appropriate learning experiences for children.

B-1c. Teachers have incorporated the center’s designated approach to developmental monitoring.
- Teachers collect authentic information that is evidence based to gather information about children, their abilities, learning styles, growth and development.
- The documentation incorporates a strength-based functional assessment within the child’s natural classroom environment.
- Information comes from various sources (e.g., everyday observations, interactions, information supplied by parents, and focused child observations).
- Information is documented in ways that may include anecdotal records, photos and collected work samples
• Information collected is summarized at regular intervals throughout the year to capture children’s developmental changes.
• Child outcomes, related to specific developmental goals are documented and reviewed every four to six months generating summaries that monitor progress.

B-1d. All formal and informally gathered information, including daily observations, are used to plan and adapt the program to meet developmental and learning needs.

B-1e. Teachers identify developmental challenges in children and work with families to support the child’s needs. This may include the creation of an individualized education plan and consultation with outside resource specialists.

B-1f. Teachers provide a variety of developmentally appropriate activities and broad-based learning experiences with materials that are selected to engage children in active, meaningful learning.

B-1g. Teachers provide learning experiences in the following areas:
• Foster positive self-identity and sense of emotional well-being.
• Develop social skills and knowledge.
• Encourage children to think, reason, question, and experiment.
• Encourage language and literacy development.
• Enhance physical development and skills.
• Encourage and demonstrate sound health, safety, and nutritional practice.
• Encourage creative expression, representation, and art appreciation.
• Respect for cultural diversity.

B-1h. Teachers use a variety of teaching strategies to scaffold children’s learning and development throughout the day.
• Stimulate children’s thinking and extend their learning using verbal methods such as posing problems, asking questions, and making comments and suggestions.
• Introduce children to new experiences, ideas, or challenges.
• Coach and/or directly guide children in the acquisition of specific skills as needed, being careful to challenge, but not frustrate any child.
• Teachers positively recognize a child’s effort at a skill or task whether or not s/he is successful.

B-1i. Developmentally appropriate materials and equipment are available in sufficient quantity to meet the developmental needs and interests of each group of children.
• Real and authentic materials are used.
• A variety of natural and textured items are offered (e.g., fabric, wood, metal).
B-1j. Teachers select and use materials and equipment that project diverse racial, ethnic, gender, ability, family structure and age attributes. Materials include books, dolls, toys, dress-up props, music, photos, pictures, and other images.
   • Materials reflect the lives of the children and families served.
   • Materials and equipment reflect the diversity found in society in general.
   • Staff are aware of materials that are important to the children at home.

B-1k. Technology and interactive media enhance developmentally appropriate classroom programming. These do not replace activities such as creative play, real-life exploration, physical activity, outdoor experiences, conversation, and social interactions.
   • Technology and media are used to support learning, not as an isolated activity.
   • Technology and media should expand young children’s access to new content.
   • Assistive technologies are incorporated as appropriate for children with special needs and/or developmental delays.

B-1l. The daily routine is consistent yet flexible and offers enough security, independence, and stimulation to meet the needs of all children. Staff respect the children’s right not to participate in some activities.

B-1m. The daily routine provides a balance of developmentally appropriate activities. Teachers plan the entire day’s schedule creating a balance within the child’s total daily experience.
   • Physical care routines support each child’s unique natural rhythms and preferences.
   • All age groups play outdoors daily if conditions protect children’s health and safety. Full day programs play outdoors twice per day.
   • The schedule provides for alternating periods of quiet and active play.
   • The schedule provides a balance of large muscle and small muscle activity.
   • A variety of groupings are planned for children throughout the day.
   • The daily schedule provides significant opportunities for child choice.
   • The amount of time spent in staff-initiated, large group activity is limited respecting children’s interests and developmental levels.
   • Developmentally younger group members are not expected to function as a large group.

B-1n. The current daily schedule is posted and clear to children and adults.

B-1o. Teachers are flexible enough to change planned or routine activities according to the needs or interests of children, and/or to cope with changes in weather or other situations that affect routines without unduly alarming children.

B-1p. Teachers incorporate routine tasks into the program as a means of furthering children’s learning, self-help, and social skills.
B-1q. Teachers conduct smooth, unregimented transitions between activities and uses them as a vehicle for learning.
   - Children are given advanced notice to prepare them for transitions ahead of time.
   - The new activity is prepared before the transition from the completed activity to avoid prolonged waiting.
   - Children are not always required to move as a group from one activity to another.
   - Children plan and participate in the change of activity.

B-2. Curriculum - Infants and Young Toddlers

B-2a. Developmentally appropriate, high quality materials and equipment are available for infants and young toddlers. These include:
   - Materials are large enough to prevent swallowing or choking.
   - Simple, lightweight, open-ended, easily washable toys such as containers, balls, pop-beads, nesting cups, blocks.
   - Materials to explore with all of the senses, such as rattles, squeak toys, action/reaction toys, soft cuddle toys, toys to mouth such as teething rings.
   - Sturdy board books that reflect a topic that appeals to infants such as everyday objects, animals, foods, and plants.
   - Pictures of family members and real objects.
   - Low-mounted safety mirrors for self discovery.

B-2b. No furnishings or equipment may be used to restrict children’s movement or impede their physical development (e.g., exersaucers, bouncy chairs, swings, highchairs).

B-2c. Teachers provide opportunities and time for infants and young toddlers to select their own activities during the day. Children may choose from several activities that the teacher has planned or children initiate. Teachers scaffold activities in which the children initiate or show interest and provide:
   - Objects and materials for free exploration that promote mastery of their bodies and discovery.
   - Opportunities to develop fine motor coordination, movement, balance, and hand-eye coordination.
   - Sensory experiences integrated throughout the day.
   - Several alternative activities are available to provide choices for children.

B-2d. Routines for infants and toddlers are a time for pleasant interaction and learning.
   - Teachers handle routines such as diapering eating, dressing, and sleeping or resting in a relaxed, reassuring, and individualized manner based on developmental needs.
   - Teachers plan with families to make toileting, feeding, and the development of other self-regulation skills a positive experience for infants and young toddlers.
B-3. Curriculum – Older Toddlers

B-3a. Developmentally appropriate, high quality materials and equipment are available for older toddlers.
- All materials are large enough to prevent swallowing or choking.
- Small buckets and baskets to fill and dump.
- Manipulatives such as stacking toys, large wooden spools/beads/cubes, pounding bench, simple puzzles.
- Unit blocks, mini hollow blocks, and accessories (e.g., vehicles, people, animals).
- Sturdy picture books with a simple text. The text can be melodic with a simple rhyme.
- Music incorporating simple verse and rhyme.
- Toys for pretending such as play telephone, dolls, simple dress-up clothes.
- Large paper and simple drawing tools.
- Sturdy furniture to hold on to while walking.
- Materials to move, and move with and on, including riding toys.
- Low mounted safety mirrors for self discovery.
- Sand and water area equipped to touch, squeeze, fill, and empty containers.

B-3b. Teachers provide materials and time for toddlers to select their own activities during the day. Toddlers may choose from among several activities that the teacher plans or the toddlers initiate.
- Toddlers have objects and materials for free choice.
- Several alternative activities are available for children’s choice.
- Sensory experiences integrated throughout the day.
- The daily routine focuses on individualized and spontaneous activities rather than structured groups.
- Teachers respect the child’s right not to participate in some activities.
- Teachers scaffold activities that children initiate or in which children show interest.

B-4. Curriculum – Preschoolers

B-4a. Developmentally appropriate, high quality materials and equipment are available for preschoolers, including:
- Open-ended materials are available in every activity area.
- Active play equipment for climbing and balancing.
- Unit blocks, hollow blocks, and accessories (e.g., vehicles, people, animals).
- Puzzles, manipulative toys.
- A variety of reading materials including books, magazines, audio recordings/tapes.
- Music and instruments.
• Accessible art materials such as finger and tempera paints, crayons, markers, chalk, safe scissors, glue, tape, and recycled materials.
• Accessible and well stocked easel or equivalent.
• Writing tools, varieties of paper, and small blank books.
• Science exploration (magnifying glasses, color paddles, discovery tubes, natural collections).
• Dramatic play materials such as dolls, dress-up clothes and props, child-sized furniture, puppets.
• Equipment and materials for active exploration of a variety of sensory experiences such as sand and water tables.

B-4b. Teachers provide materials and time for children to select their own activities during the day. Children may choose from among several activities that the teacher plans or the children initiate.
• Children have objects and materials for free choice.
• Several alternative activities are available for children’s choice.
• Sensory experiences integrated throughout the day.
• Teachers respect the child’s right not to participate in teacher-initiated activities.
• Teachers scaffold activities that children initiate or in which they demonstrate interest.

B-4c. Digital technology and media may only be used in the context of support for creativity and learning, focusing on the child’s initiative and creativity. As example, teachers may:
• Capture photos of block building or art work that children have created; capture dramatic play to replay for the children.
• Record children’s stories about their drawings or their play; make audio or video files to document their progress.
• Explore digital story telling with children. Co-create digital books with photos of the children’s play or work; attach audio files with the child as the narrator.
• Search with children digital files for photos of people, places, animals, or objects that the children have expressed interest in
• Provide access to photographs and experiences children may not otherwise encounter.

B-4d. Teachers provide quiet activities for children who are early risers or who do not nap in a designated, adequately furnished, and lit area, off their cots.

III. C. Personnel

Staff Communication

C-1. With the goal of supporting the mission and philosophy of the program of care and education for children, teachers, and administrative staff, work as a cohesive team that fosters mutual trust, respect, collaboration, and professionalism.

C-2. Systems are in place to ensure all staff:
• Communicate with each other effectively to ensure smooth operations.
• Work collaboratively on resource sharing, and problem solving.
• Interact in a way that reflects an understanding of cultural values and individual differences.
• Seek out and acknowledge each others’ ideas and opinions.
• Give positive recognition to each others’ skills and accomplishments.
• Provide appropriate support for each other in dealing with the stress of the job and the demands of balancing personal and professional commitments.

C-3. All staff maintain confidentiality of staff, child and family- related information. Staff share information in a professional manner only between those staff who need to know. The sharing of sensitive child information between adults occurs apart from children.

C-4. Teachers relay information about the specific developmental needs, goals, and interests of individual children to any substitute teacher that comes into the classroom. The format for the information is based on a consistent approach used by the center.

C-5. Completed curriculum plans are made available in a timely manner to any substitute teacher working in the classroom.

C-6. Teachers work together with their supervisors to use the results of child and classroom evaluations to identify their specific professional development needs.

C-7. Secondary staff, including those who provide coverage for breaks and student teachers, are provided with any specific information about the daily routine that is needed to support their work with the children.

C-8. The primary teaching team maintains a system of open communication regarding specific developmental information on all children. The shared information is used to develop overall classroom curriculum plans.

C-9. Secondary staff, including those who provide coverage for breaks and student teachers, are provided with any specific information about individual children that is needed to support their work within the classroom.

**Staffing Patterns**

C-10. Staff maintain teacher-child ratios at and beyond minimal staffing requirements within the classroom to support the level of individual attention children require.

C-11. Staff create primary care groupings for all children. Every child has a designated teacher with a special focus on his or her developmental needs; every parent has a primary contact regarding his/her child. The teacher focuses on advocacy for the child, specific ways to nurture the child’s development, planning based on concrete observation, and communication about the specific child as part of the whole group.
C-12. Teachers are given advance notice of any staff scheduling changes and are asked for input to ensure the needs of the children are met. For example, specific support for transition times, planned activities, higher needs children.

C-13. Teachers utilize their paid weekly planning time away from responsibility for children. The classroom team plans together as well as individually.

III. D. Teacher and Family Relationships

D-1. Teachers use a variety of formal and informal strategies to become acquainted with and learn from families about their family structure, child rearing practices, and information they wish to share about socio-economic, linguistic, racial, ethnic, religious, and cultural backgrounds.

D-1a. Teachers use knowledge gained about families and children to help meet the children’s day-to-day needs and to inform program design and teaching practices.

D-1b. Teachers show acceptance of various family and cultural perspectives.

D-1c. When parenting beliefs and techniques differ from best practice knowledge, teachers look for opportunities to dialogue with families about those differences and to clarify required practices (e.g., child care regulations, cleanliness, sleep routines, eating, child guidance, and recommendations from outside professionals).

D-1d. Teachers treat family members with respect, and make them feel welcome and comfortable.

D-2. Teachers provide parents with information that will help them and their child become acquainted with staff and the classroom.

D-2a. Teachers welcome parents at pre-enrollment visits to their child’s classroom.

D-2b. Teachers provide biographical information that helps familiarize the parents with their expertise and interests.

D-2c. Teachers provide parents with a written statement of philosophy and goals developed for the classroom.

D-2d. Teachers provide parents with a written program description and other materials (e.g., daily schedule, sample menus, activity guidelines, and staffing schedule) specific to the classroom. Program materials and related resources are available in English and the range of home languages spoken in the classroom community.

D-3. Communication between teachers and families conveys trust and respect.

D-3a. Teachers strive to establish positive rapport and goodwill with every parent. Parents and other family members are welcomed and greeted by name.
D-3b. Teachers recognize the family strengths and their positive impact on the child.

D-3c. Teachers establish systems to communicate with parents about daily classroom happenings. This may include notes, emails, phone calls, newsletters, work samples, message boards, and individualized information sheets.

D-3d. Each classroom maintains daily contact with parents. This includes:
   • A well established system in place to ensure that information is passed on to each family about their child’s day.
   • Information sharing at the beginning and end of the day.
   • Daily records of each infant and toddler’s feeding, diapering and sleeping patterns.
   • Regular reports of any changes in the child’s physical or emotional state.

D-3e. All adults speak of children and families respectfully and with discretion during the course of the day.

D-3f. Teachers discuss with families priorities and concerns about children in private exhibiting sensitivity and support.

D-3g. Teachers and parents include the child in the conversation when they discuss a child in his or her presence.

D-3h. Teachers show sensitivity to families who are experiencing difficulties. Staff check-in with parents regularly and ask what supports may be helpful and work with the program administration to share appropriate community resources to assist in meeting the needs of children and families.

D-3i. Teacher changes, classroom transitions, special programs, and other changes that impact children are discussed with families before decisions are made and before changes are implemented.

D-3j. When preparing to transition a child from one classroom to another, the teachers from both classrooms meet with the parents to discuss this change and develop a gradual transition plan.

D-3k. Teachers seek parents’ specific ideas for dealing with the child’s individual needs.

D-3l. Teachers take a professional approach as they work with the child’s parents to establish goals and strategies to address pervasive challenging behaviors.

D-4. Teachers communicate in a sensitive, supportive, and confidential manner to the family when they suspect that a child has a developmental delay or other special need.

D-4a. The teacher will provide documentation and explanation regarding the child’s identified need.
D-4b. The teacher and parents will discuss next steps and an agreed upon plan of action.

D-4c. The center will offer to the family referrals to community based child and family support services.

D-4d. The center establishes planned ongoing communication with specific check-in points.

D-5. For infants and young toddlers (under the age of two years), teachers shall document changes in care routines and development every three months through discussion with the parents.

D-5a. Teachers plan toilet training in cooperation with the parent so that a child’s toilet routine is consistent between the center and home, except that no routine attempts may be made to toilet train a child under 18 months of age.

D-5b. Teachers and parents discuss children’s patterns and preferences regarding physical care routines.

D-6. Every classroom utilizes a primary care grouping system for the purpose of ongoing communication. This provides each parent with a primary contact regarding their child.

D-7. Teachers notify parents of any injury sustained by their child. Immediate notification for any head injury is given. Written documentation is signed by the center administrator and child’s parent.

D-8. Teachers schedule parent conferences at least twice each year to talk about the child’s growth and development. Teachers and parents set specific goals for the child that will be supported by learning experiences and reflected in documentation.

- Teachers share assessment results and information about children’s growth and development
- Parents are given the opportunity to provide specific information regarding their satisfaction with care, concerns they may have, and ways they would like to become involved in their child’s classroom.
- Parents and/or teachers can request additional conferences as needed.

D-9. Teachers offer opportunities for parents to network. Teachers plan parent meetings and family events specific to their classroom. Every parent is invited to center wide and classroom specific events.

III. E. Physical Environment

E-1. Teachers plan the space for children to create a warm, comfortable, inviting and aesthetically pleasing environment.

- The environment includes soft and comforting elements such as rugs, textured fabric, cushions, love seats/couches, or rocking chairs.
- There are comfortable places both in the classroom and outside for adults and children to sit together (e.g., futon, rocking chair, glider, couch, picnic table).
• Wall displays reflect children’s interests and work. Displays are maintained to attract interest. Teachers respectfully display photographs of staff, children and family members at children’s eye level.
• The environment includes natural elements such as fish, plants, shells, rocks, large stones, woven baskets, and wooden containers.
• Secondary light sources are part of the classroom environment.
• Small areas that are comfortable and inviting are available indoors and outdoors for children who seek solitude. Areas should be easily monitored by sight and sound.

E-2. Teachers design the classroom environment to minimize excessive noise. Teachers:
• Utilize sound-absorbing materials.
• Limit recorded music to a specific purpose such as group time experiences and nap time background music.

E-3. Teachers design indoor and outdoor play spaces to meet the needs of the children served.
• Play spaces are attractive, clean, and safe. These spaces are welcoming and accessible to children and adults with disabilities.
• Teachers have access to the designated space in sufficient time to prepare the environment before children arrive.
• Teachers arrange the space so that children can work individually, in pairs, together in small groups, or in a large group.
• There is ample space to allow children and adults to move around freely.
• There are clear pathways for children to move from one area to another without disturbing activities.

E-4. Indoor play spaces provide protected floor and table areas to allow children to explore art media, sensory materials, and other potentially messy activities.

E-5. Outdoor play spaces are designed to provide developmentally appropriate physical challenges and risks.
• All outdoor play spaces are carefully assessed for any potential hazards which must be removed before children enter the areas.
• Teachers plan and arrange active play spaces to assure the safe movement of all children and adults (e.g., running and ball playing are out of the way of slower-moving activities).
• The space includes a variety of surfaces such as hard areas for wheel toys and ball play including grass, sand and soil, hills, flat sections.
• Areas support a range of experiences including: group and individual play, running, crawling, climbing, balancing, pretending, digging, exploring nature, and riding.
• There is enough usable outdoor space for play for each age group (i.e., specific age groups use different areas or are scheduled at different times).

E-6. Age-appropriate materials and equipment of sufficient quantity, variety, and durability are readily accessible to children. Teachers:
• Provide a sufficient quantity of materials and equipment to avoid problems with turn-taking, sharing or waiting.
• Selected materials are durable and in good repair.
• Have access to extra materials to add variety to and extend usual activities.
• Rotate and adapt materials to maintain children’s interest.
• Store materials not intended for children out of children’s sight.
• Display and store materials close to where they are to be used (e.g., table, near art supplies, empty floor space near block storage).
• Organize materials consistently on low, open shelves to encourage independent use by children.
• Create methods of display that enable children to complete the find-use-return for all materials.
• Label shelves and containers with pictures and/or words.
• Utilize labeled bins or boxes to store small items belonging together.
• Display books individually and in baskets to support specific activity areas.

E-7. Teachers provide accessible space for children to independently store their personal belongings.

E-8. Tables and chairs must be at a seating height that allows the child to sit with his or her feet on the floor (for each child over the age of one year); tables at a height that allows a child to sit comfortably with the table between underarm and waist.

Physical Environment: Classroom and Outside Play Space – Infants and Young Toddlers

E-9. Teachers arrange the space for infants and young toddlers to facilitate safe exploration and movement. Areas are designed to:
• Provide non-walkers open space for crawling/toddling and protected space for play.
• Carefully monitor any space shared by non-mobile and mobile infants
• Include safe sturdy equipment, furnishings and materials for infants and young toddlers that support the child’s ability to learn through whole body movement (e.g., allowing for rolling over, sitting, creeping, crawling, pulling upright, walking around, cruising between, and climbing in and on).
• Exclude furnishings that restrain and restrict infants and young toddlers.
• Provide easily accessible places to hang or store additional clothing, diapers wipes, blankets and security objects.

Physical Environment: Indoor and Outside Play Space – Preschool

E-10. Teachers arrange the room into well-defined activity areas that offer a range of learning experiences including:
• Blocks and construction.
• Dramatic play.
• Art.
• Sensory.
• Quiet area for fine motor and math manipulatives.
• Well developed and comfortable reading area.
• Science/discovery.
E-11. The space accommodates large motor experiences such as movement, music, dance and other physical activity.

Physical Environment: Staff

E-12. Classrooms and staff rooms are comfortable, well-organized, and in good repair. Teachers have access to the necessary equipment and resources to do their jobs. Teachers have dedicated adult space in the classroom such as a counter or small work table along with some storage space not directly accessible to children.

E-13. The environment includes a place for adults to take a break or work away from children, an adult-sized bathroom, a secure place for staff to store their personal belongings, and an area for planning or preparing materials that is separated from the children’s areas.

III. F. Health and Safety

F-1. Children are under developmentally appropriate adult supervision at all times.
   • Infants and toddlers are never left unattended.
   • All children under age 8 years are closely monitored by sight and sound without exclusively relying on monitoring devices.
   • All indoor/outdoor play spaces are designed so staff can supervise children by sight and sound at all times.
   • In semi private areas, it is always possible for both children and adults to be observed by an adult from outside the area (e.g., tents, lofts, bathrooms, storage closets, nap areas, any other enclosed spaces where children and adults are together).
   • There is specific face-to-name accounting for children’s whereabouts at regular intervals, especially during transitions.

F-2. Teachers follow all safety policies and procedures when taking children on trips away from the building.
   • Parents receive written advance notification of all planned trips.
   • Teachers preplan all trips and receive administrative approval.
   • A system is in place to notify parents whenever the group is out of the room.
   • Adequate staff is present to assure proper supervision. (A minimum of two staff at all times.)
   • Teachers follow center-developed child tracking procedures for all trips.
   • Teachers carry emergency contact information, first-aid supplies, necessary medical supplies and a working cell phone.
   • Teachers follow center-developed plans regarding handling of any medications and first aid.
   • Teachers receive training in how to handle injuries, emergencies and other incidents.

F-3. Children are dressed appropriately for all activities. A change of clothing is available. In full-day programs, a change of clothes should be available for each child, while in
half-day programs only some extra clothing need be available. Every classroom maintains:

- Center-provided clothing.
- Protective clothing such as smocks and extra necessary outerwear.

F-4. As children use the facility, staff and children keep areas reasonably clean. This includes:

- Washing and sanitizing tables using the proper two-step process of cleaning and disinfecting.
- Keeping sanitizing solutions in contact with the surface for enough time for the chemical to reduce the population of germs. Solution of 1 tablespoon of bleach to 1 quart of water requires 2 minutes of contact time. Follow specific directions for all other approved sanitizers and disinfectant solutions.
- Sweeping floors after meals and throughout the day as needed.
- Picking up toys and equipment at appropriate times supporting active play.
- Requiring that anyone entering infant and young toddler classrooms, is required to remove their outdoor shoes or wear protective shoe covers.

F-5. In all classrooms, separate sinks with running water are available for hand washing, food preparation/ drinking water.

- Teachers label multiple classroom sinks for designated use. Hand washing procedures are posted for both children and adults next to the appropriate sinks.
- In classrooms with one sink, teachers develop an acceptable plan to meet this requirement.
- All children over six months of age have free access to drinking water throughout the day.

F-6. Staff, volunteers, classroom visitors, and children wash their hands with liquid soap and water at appropriate times following proper hand washing procedures:

- Wash with liquid soap and warm, running water for at least 20 seconds.
- Use single use or disposable towels.
- Avoid recontamination from faucets by turning off faucets with a disposable towel.
- Staff assists infants and toddlers with face and hand washing as needed.
- Staff members educate children concerning hand washing procedures listed above.

F-7. Adults wash their hands:

- Upon arrival in the room.
- Before preparing or serving food.
- Before feeding children.
- Before diapering, even when using gloves.
- After diapering or assisting children with toileting or nose wiping.
- After handling pets or animals.
- After contact with any potentially infectious materials including bodily fluids. This includes when gloves are used.
- After their own toileting or nose wiping.
F-8. Children wash their hands or are assisted as needed at the following times:
   • As they enter the classroom.
   • After toileting.
   • After nose wiping.
   • Before and after water play.
   • Before and after participating in snacks and meals.
   • Before and after participating in food preparation activities.

F-9. Toilets and hand washing facilities are easily accessible to children. Facilities are either child-sized or made accessible by non-slip stool or steps.

F-10. Toileting areas are sanitary. Potty chair receptacles are emptied, rinsed, and disinfected immediately after each use with a chlorine bleach solution of 1 tablespoon of bleach to 1 quart of water, mixed fresh daily.

F-11. Adults follow safe and sanitary diapering procedures in all classrooms where children are diapered. These procedures include:
   • Changing table is fitted with a comfortable surface that is disinfected after each use. Clean and disinfect the surface after every use even when an individual paper covering is used.
   • Changing tables are restricted to diapering.
   • All materials needed to clean and sanitize the diapering surface are easily accessible to the diapering area.
   • All materials needed to properly diaper children are easily accessible to the diaper changing table. Remove materials from their containers before placing on the diapering surface. Keep clean clothing out of the direct diapering area.
   • Wiping caregiver and child’s hands clean before putting on a clean diaper and clothing.
   • Removing disposable gloves after the soiled diaper and wipes are placed in the hands-free refuse container.
   • Ensuring that soiled diapers are disposed of or held for laundry in closed containers out of reach of children. Containers are foot operated and designed to minimize odors.
   • A sink with running water of comfortable temperature is in the room and is as close as possible to the diapering area.
   • Signs posted reminding staff of proper diapering procedures.

F-12. For infants under one year of age, the current SIDS protocol is known and followed.

F-13. The program maintains the building, outdoor play areas, and all equipment in a safe, clean condition and in good repair. Staff need to monitor and report any safety hazards.

F-13a. Indoor play areas are monitored to assure that teachers:
   • Clean and sanitize the water play table with a bleach solution daily when in use.
   • Clean tables, counter tops, and other surfaces frequently.
- Clean furniture and floors promptly after messy activities (including meals).
- Check that equipment is not a potential source of entrapment.
- Maintain safe floor coverings that are attached to the floor or backed with non-slip materials.

F-13b. Outdoor play areas are monitored to ensure that:
- Equipment is free of sharp edges, splinters, protruding or rusty nails, or missing parts.
- There are no pinch, crush, or shear points on or under the equipment.
- All glass and other trash is removed from children’s play areas.
- Fences or natural barriers protect the play space from access to streets. Where hazards are nearby (e.g., parking lots), there is a permanent enclosure 4’ or higher.
- Groundcover meets or exceeds any required safety standards.
- Outdoor sandboxes are covered when not in use.
- Outdoor sandboxes are cleaned of foreign materials on a regular basis.

F-14. Areas used by children are well-lighted and ventilated and kept at a comfortable temperature.
- Materials likely to cause odors (e.g., food, diapers) are disposed of regularly.
- Shades, curtains, or other window coverings are available to dim the level of light in the room when children are resting or napping.
- Provide soft adequate lighting to ensure visibility for supervision whenever the room is darkened.

F-15. Each classroom has written emergency-evacuation procedures posted in conspicuous places near classroom exits.

F-16. Teachers maintain medications in appropriate secured storage. Teachers dispense medications following agency guidelines. A physicians instructions must be documented and followed for all prescribed medications. Instructions included with over the counter medications must be followed. Dispensing of medications requires dated (including start and end date), written parental permission.

III. G. Nutrition and Food Service

G-1. Meals and snack times are pleasant social and learning experiences for children, while respecting families’ cultural preferences. The center serves foods periodically indicative of children’s cultural backgrounds.
- Mealtimes promote good nutrition habits.
- At least one adult sits with children during meals to provide a good role model and encourage conversation.
- Eating utensils are suitable for the size and development levels of the children.
- Meals and snacks are available and served at flexible intervals but no child may go without nourishment for more than 3 hours.
- Additional servings of nutritious foods are available to satisfy children’s hunger.
• Clean, sanitary drinking water is offered to children throughout the day. (Infants who are fed only human milk do not need to be offered water.)

G-2. Menus reflect U.S. Department of Agriculture Child and Adult Care Food Program minimum meal requirements.
• Menus are readily available to all parents.
• A designated staff person checks posted menus for daily accuracy clearly noting any substitutions.

G-3. Classroom staff should be made aware of any special dietary needs including allergies, sensitivities, and family food preferences.
• Documentation of all children’s allergies and other food restrictions are posted confidentially. This information is taken into consideration in food preparation and service.
• Food brought by families to share with the group comes in original packaging (for purchased items), or includes an ingredient list (if home-made).

G-4. Nutrition and Food Service – Infants and Young Toddlers

G-4a. Teachers hold infants in an inclined position while bottle feeding so social interaction can occur. When feeding multiple children, teachers hold at least one child and maintain attention and close contact with others being fed.

G-4b. Teaching staff who are familiar with the infant feed him or her whenever the infant seems hungry. Feeding is not used in lieu of other forms of comfort.

G-4c. Breast milk or iron fortified formula is given to infants of the program. Individual infant bottles are clearly labeled. Proper procedures are carefully followed for storing, serving, and heating formula and breast milk.

G4d. Teachers introduce foods in coordination with families’ plans. 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 infants’ individual nutritional needs and developmental stage.

G-4e. Program staff provides families with a daily record of the type and quantity of formula, breast milk, and food a child consumes.

G-5. Nutrition and Food Service – Older Toddlers and Preschoolers

G-5a. Mealtimes promote children’s self-help skills and developing independence.
• Teachers serve food family style.
• Teachers facilitate and encourage children’s growing abilities to serve and feed themselves, and assist with clean-up.
IV. A. Interactions Among Staff and Children

A-1. Staff create an emotionally supportive and nurturing environment which is inclusive of the cultures, home languages, family structure, and developmental abilities of all children in the classroom. All adults who come into contact with children will be expected to follow these standards.

- When substitute teaching staff are present in the program their role is clear and permanent staff provide them with appropriate guidance and supervision to assure the expectations for children and planned teaching support strategies are consistent.
- Volunteers only work with children under the direct supervision of qualified permanent staff and may not take a role in physical care and or discipline of children. Volunteers are never left alone with children.

A-1a. Staff foster children’s emotional well-being by demonstrating respect for all children and creating a positive emotional climate that counters all potential bias and discrimination.

- Staff promote equity and inclusion by demonstrating support for the principles that all youth are different, equal and important.
- Staff provide models and visual images of children and adults with differing abilities, ethnic or cultural backgrounds.

A-1b. Staff express an openness and warmth in daily interactions. They are consistent and predictable in their physical and emotional care of the children providing comfort and support.

A-1c. Staff function as a secure base for children maintaining a physical presence within the program space.

A-1d. Staff spend time observing children without interrupting an actively involved child.

A-1e. Staff act intentionally understanding why they are doing what they are. They evaluate and change their responses based on their observation and assessment of children’s individual needs.

A-1f. Staff speak frequently with children at eye level, in a friendly and courteous manner, and listen with attention and respect to build relationships with every child. Staff consistently call all children by their name.

A-1g. Staff use strategies to communicate effectively and assist children in building relationships.

- Staff introduce children to a variety of communication techniques such as sign language, give and take conversations, and clear “I” statements to express feelings and wants.
- Staff support children to communicate, to listen using active listening techniques, to respond appropriately, and to negotiate conflicts.
- Staff work with children to cultivate a culture in which people actively care for each other.

A-1h. Staff validate children’s actions and intentions using comments, descriptions, and statements.

A-1i. Staff encourage children’s development of independent functioning as appropriate. Staff foster the development of age appropriate self-help skills. These include obtaining and caring for program materials and personal belongings, wiping spills, personal hygiene, and other skills.

A-1j. Staff support children’s competent and self reliant exploration and use of program materials.

A-1k. Staff support children’s appropriate expression of a full range of emotions (e.g., joy, pleasure, excitement, anger, frustration, sadness).
   - Staff support children in developing self awareness of their emotions and how emotions influence behavior.
   - Staff support children to address their own conflicts respectfully, working toward a successful resolution.

A-1l. Staff establish an environment that is primarily marked by pleasant conversation, spontaneous laughter, and exclamations of excitement rather than harsh, stressful noise, or enforced quiet.

A-1m. Staff create a social and emotional climate that supports positive child behavior and helps children understand the effects of their actions on others.
   - Staff understand the normal developmental sequence of impulse control and provide for the safety of all children.
   - Staff use affirmative rather than negative language in stating expectations of children.
   - Staff view children’s mistakes in context and use them as opportunities for learning.
   - Staff anticipate and take steps to prevent potential behavior problems, redirecting children to more acceptable behavior or activities in positive ways.
   - Staff apply logical or natural consequences in problem situations.
   - Staff refrain from the use of physical punishment or restraint, psychological abuse or coercion.
   - Staff refrain from the use of harsh discipline methods. Staff do not shame, embarrass, use threats (real or implied), sarcasm, or derogatory remarks and neither withhold nor threaten to withhold food or beverages as a form of discipline.
A-1n. Staff assist children in setting clear, consistent, fair limits for behavior.
  • Staff take steps to ensure that each child understands the limits that are set.
  • Staff set basic health and safety limits.
  • Staff support children in developing their individual limit setting ability.
  • Staff engage children in social problem solving of group issues.

IV. B. Curriculum

B-1. A program philosophy, developed at the administrative level, is known to all staff and compliments the regular school day experience.

B-2. A developmentally appropriate curricular framework, consistent with the program’s philosophy, guides program design and decisions. The framework:
  • Addresses central aspects of child development.
  • Is a useful model for daily program planning.

B-3. The curricular framework guides staff to integrate content, concepts, and activities that promote development across educational domains (e.g., social, emotional, physical, language and cognitive).

B-4. Staff provide a variety of developmentally appropriate activities and broad-based learning experiences with an environment and materials selected to engage children in active, meaningful learning.

B-5. Staff provide learning experiences that:
  • Foster positive self-identity and sense of emotional well-being.
  • Develop personal skills such as self help, responsibility, and self care.
  • Increase social skills and knowledge such as teamwork, conflict resolution, courtesy
  • Promote leadership such as encouraging children to share special interests, teach skills, lead games.
  • Promote cultural awareness and acceptance of diversity.
  • Encourage children to think, reason, question, and experiment (as used in mathematics, science, and social studies).
  • Encourage language (speaking, listening) and literacy development (reading, and writing skills).
  • Encourage creative expression, representation, and appreciation for the arts.
  • Enhance physical development and skills.
  • Promote an active and healthy lifestyle through nutrition and fitness.
  • Encourage and demonstrate sound health and safety practice.

B-6. Child and staff-initiated activities encourage choice and support children’s curiosity, hands-on exploration, and investigation. Staff and children work together to plan and implement activities.
B-7. Staff use observations of individuals and the group to identify developmental skills, learning needs, and interests. Gathered information guides decisions about the selection of program materials and daily activity plans.

B-8. The program staff identify developmental challenges in children and work with families and school staff to support the child’s needs. This may include input for an individualized education plan and consultation with outside resource specialists.

B-9. Staff use a variety of teaching strategies to scaffold children’s learning and development throughout the program that:
- Stimulate children’s thinking and extend their learning using verbal methods such as posing problems, asking questions, and making comments and suggestions.
- Introduce children to new experiences, ideas, or challenges.
- Coach and/or directly guide children in the acquisition of specific skills as needed, being careful to challenge, but not frustrate any child.
- Give positive recognition to a child’s effort at a skill or task whether or not s/he is successful.
- Are based on current and relevant resources that facilitate and extend learning based on children’s interests (e.g., magazines, quality online resources, clubs).

B-10. Developmentally appropriate materials and equipment are available in sufficient quantity to meet the developmental needs and interests of each group of children. These include:
- Real and authentic materials.
- A variety of natural and textured items (e.g., fabric, wood, metal).
- A system for accurate inventory of supplies and materials and for timely replenishment.

B-11. Staff provide materials that reflect the lives of the children and families served in the classroom as well as images that accurately reflect the diversity of society.
- Staff communicates with families to ensure that they are aware of materials that are important to the children at home.
- Visual images depict differing ages, abilities, gender, family structures and values, diverse racial, ethnic, and cultural backgrounds.

B-12. Technology and interactive media enhances developmentally appropriate programming. They are used in ways that:
- Do not replace activities such as creative play, real-life exploration, physical activity, outdoor experiences, conversation, and social interactions.
- Support learning, not as an isolated activity.
- Expand children’s access to new content.
- Incorporate assistive technologies as appropriate for children with special needs and/or developmental delays.
- Provide access for all children.
B-13. The program routine is consistent yet flexible and offers enough security, independence, and stimulation to meet the needs of all children. Staff respect the children’s right not to participate in some activities.

B-14. The program routine includes the following:
   • Significant opportunities for child choice during all activities.
   • Alternating periods of quiet and active play.
   • A balance of large muscle and small muscle activity.
   • A limited amount of time spent in staff-initiated, large group activity respecting children’s interest and developmental levels.
   • More than one option for group activity.
   • Daily outdoor play except in inclement weather.

B-15. The program schedule is clear to children, parents and visitors.

B-16. Staff are flexible enough to change planned or routine activities according to the needs or interests of children and/or to cope with changes in weather or other situations that affect routines without unduly alarming children.

B-17. Staff incorporate routine tasks into the program as a means of furthering children’s learning, self-help, and social skills.

B-18. Staff conduct smooth and unregimented transitions between activities, and use them as a vehicle for learning.
   • Staff provide children advanced notice to prepare them for transitions.
   • New activities are prepared before the transition from the completed activity to avoid prolonged waiting.
   • Children are not always required to move as a group from one activity to another.
   • Children plan and participate in the change of activity, have time to adjust to change from the school day to the program.

IV. C. Personnel

Staff Communication

C-1. With the goal of supporting the mission and philosophy of the program of care and education for children, staff work as a cohesive team that fosters mutual trust, respect, collaboration, and professionalism.
   • Staff communicate with each other effectively to ensure smooth operations by using appropriate skills, services and resources.
   • Staff members seek out and acknowledge each others’ ideas and opinions.
   • Staff gives positive recognition to each others’ skills and accomplishments.
   • Staff interactions reflect an understanding of cultural values and individual differences.
   • Staff communicate any serious injuries to their supervisors.
   • Staff provide appropriate support for each other in dealing with the stress of the job and the demands of balancing personal and professional commitments.
• Staff maintains confidentiality of staff, child and family-related information.
• Staff share information in a professional manner only between those staff who need to know.
• The sharing of sensitive child information between staff occurs apart from children.

C-2. Staff relay program information to any substitute staff member that comes into the program based on the consistent approach used by the program. Completed activity plans are made available to any substitute staff prior to working in the program.

C-3 All staff members encourage and facilitate positive relationships and effective, regular communication between program staff, administration, and host site administrators with the goal of supporting the well being of children. Staff seek family permission to speak with other agencies and school staff about their child.

**Staffing Patterns**

C-5. Staff maintain consistent staff-child ratios at or beyond minimal staffing requirements to support the level of individual attention children require within a specific program.

C-6. The agency provides staff advance notice when any long term and permanent staff scheduling changes are being planned. Staff are asked for input as these decisions are being made. These changes must provide for the needs of children as well as staff (e.g., specific support for transition times, planned activities, higher needs children, and break times for the staff).

C-7. Staff receive and utilize their paid weekly planning time away from the responsibility for children. The agency provides time for the team to plan together as well as individual planning options for each staff member (recommended weekly).

**IV. D. Staff and Family Relationships**

D-1. Staff use a variety of formal and informal strategies to become acquainted with and learn from families about their family structure, parenting practices, and information they wish to share about socio-economic, linguistic, racial, ethnic, religious, and cultural backgrounds.

D-1a. Staff use knowledge about families and children to help inform program design, teaching practices and to meet the children’s day-to-day needs.

D-1b. Staff show acceptance of various family structures, interests, values, beliefs, and cultural systems, and encourage engagement and opportunities for involvement.

D-1c. When parenting beliefs and techniques differ from best practice knowledge, staff dialogue with families about those differences, and to clarify required practices (e.g., state regulations, accreditation standards, recommendations from outside professionals).
D-2. The agency provides parents with information that will help them and their child
become acquainted with staff and the program.

D-2a. The agency encourages parents to participate in pre-enrollment visits to their
child’s program site.

D-2b. Staff provide information that helps familiarize the families with their
expertise and interests.

D-2c. Staff provide parents with a written statement of philosophy and goals
developed for the program.

D-2d. Staff provide parents with a written program description and other materials
(e.g., daily schedule, sample menus, activity guidelines, staffing schedule)
specific to the program.
  • Staff provide parents with agency resources and information.
  • Staff provide parents with all available translated materials.

D-2e. Staff ensure open and on-going parent-to-staff communication regarding the
child’s adjustment to the program, progress, accomplishments, specific needs,
and difficulties at home and at the program.

D-3. Communication between staff and parents conveys trust and respect.

D-3a. Staff strive to establish positive rapport and goodwill with parents. Staff
develop ways to make parents feel welcome and comfortable.

D-3b. Staff recognize the family strengths and their positive impact on the child.

D-3c. Staff establish systems to communicate with parents about daily program
events, activities and children’s preferences. This may include notes, email,
phone calls, newsletters, work samples, message boards, and information
sheets.

D-3d. Each program maintains daily contact with parents that includes greeting
family members by name and information sharing. A system is in place when
primary staff are not present at the end of a child’s day to ensure that
information is passed on to the child’s family.

D-3e. Staff speak of children and parents respectfully and with discretion during the
course of the program.
  • Discussions between parents and staff about their specific children are
held in private with sensitivity and support (e.g., concerns, special needs,
behaviors).
  • When staff and parents discuss a child in his or her presence, the child is
included in the conversation.

D-3f. Staff show sensitivity to families who are experiencing difficulties. The
agency administration seeks out and connects families with appropriate
community resources to assist in meeting the needs of children and families.
D-3g. Staff use arrival and departure times to share positive information and develop relationships with the parents.

D-3h. Staff and program changes that impact children are discussed with parents before decisions are made and before changes are implemented.

D-3i. Staff seek a parent’s input for working with their child’s individual needs when at the program.

D-3j. Staff take a professional approach as they work with the child’s parents to establish goals and strategies to address challenging behaviors.

D-3k. Staff and parents work together to communicate with the schools on homework, classroom projects, behaviors, special events, and family needs.

D-4 Staff work in partnership with parents and schools to develop consistent approaches and support strategies for children with suspected or identified special needs. Program staff obtain written permission from parents to speak with the school regarding children’s special needs.

D-5 Staff notify parents of any injury sustained by their child. They provide immediate notification for any head or significant injury via a phone call. They complete written documentation that is the signed by the staff onsite supervisor and child’s parents.

D-6. Staff offer opportunities for families to network. Staff plan family meetings and events specific to their program site. Every family receives invitations to these meetings and events.

IV. E. Physical Environment

E-1. Staff plan the space for children to create a warm, comfortable, and inviting environment that reflects the diversity of the children served. The environment includes:
   • Elements such as rugs, fabric, cushions, pillows, and comfortable seating.
   • Natural elements such as plants, shells, rocks, large stones, woven baskets, wooden containers.
   • Showcases individual children’s work and children are free to personalize the space for their purpose.
   • Small individual private areas that are comfortable and inviting are available indoors and outdoors for children who seek solitude. These areas are easily monitored by sight and sound.

E-2. The program takes steps whenever possible to minimize excessive noise.

E-3. Staff plan the use of indoor and outdoor play spaces to meet the needs of the children served and to provide rich and varied experiences.
   • The indoor and outdoor play spaces are attractive, clean, and safe. These spaces are welcoming and accessible to children and adults with disabilities.
• Program staff has access to the designated space in sufficient time to prepare the environment before children arrive.
• Staff arrange the program space so that children can work individually, in pairs, together in small groups, or in a large group.
• The space is arranged in distinct interest areas for dramatic play, blocks and construction, large motor, quiet activities (e.g., games, puzzles, manipulative toys, books) and art.
• Program space reflects children’s participation in planning the environment.
• There is ample space both in the program and outside that allows children and adults to move around freely.
• Staff plan and arrange active play spaces to ensure the safe movement of all children and adults (e.g., running and ball playing are out of the way of slower-moving activities).
• There are clear pathways for children to move from one area to another without disturbing activities.
• Floors and table tops are covered to permit children to freely explore art and sensory materials.

E-4. Staff design the program environment and indoor spaces so they can supervise children in developmentally appropriate ways at all times. In semi-private areas, it is always possible for both children and adults to be observed by an adult from outside the area.

E-5. Staff select age-appropriate materials and equipment of sufficient quantity, variety, and durability that are readily accessible to children and support the goals of the program. Staff:
• Provide a sufficient quantity of quality materials and equipment in each interest area to avoid problems with sharing or waiting.
• Select materials are durable and in good repair.
• Provide extra materials to add variety to and extend usual activities.
• Rotate and adapt materials to maintain children’s interest.
• Store materials not intended for children out of children’s sight.
• Display and store materials close to where they are to be used (e.g., table near art supplies, empty floor space near block storage).
• Organize materials consistently on shelves to encourage independent use by children. Methods of display enable children to complete the find-use-return cycle for toys and materials. For example:
  o Shelves and containers are marked with pictures and/or words.
  o Shelves are uncluttered so when a child removes an item, s/he can see where to replace it.
  o Appropriately store excess materials.
  o Display books in a manner that supports ease of identification and respectful use.

E-6. Staff arrange the program space into well defined activity areas that offer a wide range of learning experiences including:
• Blocks and construction.
• Dramatic play.
• Art.
- Sensory.
- Quiet areas for fine motor and math manipulatives.
- Well developed and comfortable reading and relaxing.
- Social interaction (hangout space).
- Science/discovery.

E-7. The program space accommodates large motor experiences such as movement, music, dance, and other physical activities.

E-8. Staff provide child-accessible space for children to store their personal belongings.

E-9. Program provided tables and chairs must be at a seating height that allows the child to sit with his or her feet comfortably on the floor.

E-10. Outdoor play spaces are designed to provide developmentally appropriate physical challenges and risks. All outdoor play spaces are carefully assessed for any potential hazards which must be removed before children enter the area.

E-11. Outdoor areas include a variety of surfaces and support for developmentally appropriate physical and discovery experiences. This space is attractive, clean, and safe.
  - The space provides a balance of shade and sun.
  - The space includes a variety of surfaces such as pavement, grass, sand and soil, hills, flat sections.
  - Staff provide additional active play materials daily.

**Physical Environment: Staff**

E-12. The work environment for staff is well-organized, and in good repair. Staff have access to the necessary equipment, resources, and space for planning, preparing materials, and staff communication.

E-13. Staff have access to adequate, convenient, and secure storage to place their personal belongings.

**IV. F. Health and Safety**

F-1. Children are under developmentally appropriate adult supervision at all times. The program follows approved group to staff ratios according to individual children’s abilities, ages and needs.
  - Staff closely monitor all children under age 8 years by sight and sound.
  - Children 8 years and older may not be in sight, but staff know where children are and what they are doing.
  - In semi private areas, it is always possible for both children and adults to be observed by an adult from outside the area (e.g., tents, bathroom, storage closets, enclosed spaces).
F-2. There is specific face-to-name accounting for children’s whereabouts during
transitions and at regular intervals.
   • The program implements a clearly outlined set of arrival, dismissal and pick up
     procedures
   • Staff tracks children’s movements from one location to another within the
     program.
   • Children, with written permission, may participate in non-program activities in
     other parts of the building. A consistent monitoring system is in place to track
     when the children are out of the program.

F-3. Staff follow all safety policies and procedures when taking children on trips away
from the building.
   • Families receive written advance notification of all planned trips.
   • Staff preplan all trips and receive administrative approval.
   • A system is in place for notifying families of the group’s whereabouts.
   • Adequate staff is present to assure proper supervision on all trips. A minimum of
     two staff are needed at all times.
   • Agency-developed child tracking procedures are used for all trips.
   • Staff carry emergency contact information, first-aid supplies, necessary medical
     supplies, and a working cell phone.
   • Staff follow agency-developed plans regarding handling of any medications and
     first aid.
   • Staff receive training in how to handle injuries, emergencies, and other incidents.

F-4. Children dress appropriately for both indoor and outdoor activities.
   • Extra indoor and outdoor clothing is kept at each program site.
   • Site staff keep a supply of protective clothing such as smocks.

F-5. As the facility is used, staff and children keep areas reasonably clean.
   • Staff wash and sanitize tables using the proper two-step process.
   • Sanitizing solutions are kept in contact with the surface for enough time for the
     chemical to reduce the population of germs. Solution of 1 tablespoon of bleach to
     1 quart of water requires 2 minutes of contact time. Follow specific directions for
     all other approved sanitizers and disinfectant solutions.
   • Floors are swept after meals and messy activities as needed.
   • Toys and equipment are picked up at appropriate times supporting active play.

F-6. Staff, volunteers, program visitors, and children wash their hands with liquid soap
and water at required times following proper hand washing procedures:
   • Wash with liquid soap and warm, running water for at least 20 seconds.
   • Use single use or disposable towels.
   • Avoid recontamination from faucets by turning off faucets with a disposable
     towel.

F-7. Staff wash their hands at all required times:
   • Upon arrival in the room.
   • Before preparing or serving food.
   • Before and after participating in snacks and meals.
• After contact with any potentially infectious materials including bodily fluids including when gloves are used.
• After their own toileting or nose wiping.

F-8. Children wash their hands at all appropriate times:
• After toileting.
• After nose wiping.
• Before and after participating in snacks and meals.
• Before and after participating in food preparation activities.

F-9. Staff ensure the program space, outdoor play areas, and all equipment are maintained in a safe condition and good repair. Staff report any safety concerns to the appropriate school personnel.
• Staff address hazards in a timely manner working to eliminate sharp edges, splinters, protruding or rusty nails, or missing parts, etc.
• There are no pinch, crush, or shear points on or under the equipment.
• Staff remove dangerous items and trash from children’s play areas.
• Fences or natural barriers protect the outdoor space from access to streets.
• Groundcover meets or exceeds safety standards.

F-10. Areas used by children are well-lighted and ventilated and kept at a comfortable temperature.

F-11. Staff post written emergency-evacuation procedures in a designated, conspicuous place:
• Emergency numbers (e.g., school contacts, agency numbers, 911, Child Protective Services, Poison Control).
• Licensing Fire, Safety, and Emergency checklist.

F-12. Staff store all chemicals and potentially dangerous products such as cleaning supplies in original labeled containers in locked cabinets inaccessible to children (does not apply to diluted bleach solution which must be inaccessible, but not locked).

F-13. Staff maintain medications in appropriate secured storage. Staff dispense medications following agency guidelines. A physician’s instructions must be documented and followed for all prescribed medications. Instructions included with over the counter medications must be followed. Dispensing of medications requires dated (including start and end date), written parental permission.

IV. G. Nutrition and Food Service

G-1. Meals and snack times are pleasant social and learning experiences for children while respecting families’ cultural and religious preferences. Effort is made to periodically serve foods indicative of children’s cultural backgrounds.
• Mealtimes promote good nutrition habits.
• Children and adults sit and eat together for meals and snacks. Staff provides a good role model and encourage conversation.
• Staff encourage children to serve themselves and assist with set up and clean up.
• Appropriate serving containers and utensils are provided to meet the developmental levels of the children.
• Food is served at flexible intervals but no child may go without nourishment for more than 3 hours.
• Additional servings of nutritious foods are available to satisfy children’s hunger.
• Clean, sanitary drinking water is readily available at all times.
• Staff are knowledgeable regarding children’s allergies and other food restrictions. This information is well documented and taken into consideration in food preparation and service.
• Food brought by families to share with the group comes in original packaging (for purchased items) or includes an ingredient list (if home-made).

G-2. Menus reflect U.S. Department of Agriculture Child and Adult Care Food Program minimum meal requirements.
- Staff check posted menus for daily accuracy, clearly noting any substitutions.
- Menus are readily available to all parents.
Appendix I
Madison General Ordinance 3.12
Referred to in Administrative Standards Section I: Agency Development

Requirements outlined in Madison General Ordinance 3.12 govern board or advisory group composition, member selection, and responsibilities.

A-3a.1. If the child care program is a single service corporation under Chapter 181, Wis. Stats. it shall be governed by a board of directors. The board shall have a minimum of five (5) members. A minimum of one-third (1/3) of those members shall be parents of children currently enrolled in the program or whose children have been enrolled in the program in the past year. The members shall be chosen in a process in which all parents of children currently enrolled have a fair opportunity to participate. The board shall have final authority over budget, program, hiring, supervision, and termination of the corporation’s chief administrator.

A-3a.2. If the private child care program is part of a larger, multi-service corporation registered with the Sec. of State as a nonprofit corporation under Chapter 181, Wis. Stats. it shall be governed by a board of directors and the child care program shall have a process that ensures parent participation regarding budget and structure of the child care program and hiring, supervision, and termination of the chief administrator of the child care program.

A-3a.3. If the child care program is a business corporation registered with the Sec. of State under Chapter 180 Wis. Stats. or a government sponsored child care program, its board of directors or governing body shall ensure public accountability in the use of public resources and parental participation in the policy formation of the child care program. The child care program shall have processes that ensure parent participation regarding budget and structure of the child care program and hiring, supervision, and termination of the chief administrator of the child care program.
Appendix II
Agency Policies

Policies should address the following:

Operating Policies (Administrative Standards I. B-3)
- Admission, including cultural diversity and inclusion
- Child attendance
- Enrollment
- Parent-initiated and center-initiated disenrollment
- Financial policies
  - Budget
  - Financial controls
  - Fee, payment and refunds
- Child education
  - Program philosophy
  - Cultural diversity, anti-bias and nondiscrimination
  - Educational framework
  - Developmentally appropriate programming
- Child guidance
- Field trips, including swimming
- Transportation of children
- Child assessment
- Primary care groupings
- Center-parent relationships and communication
- Parent problem resolution
- Parent involvement
- Protection of child and family rights, including confidentiality and non discrimination
- Technology

Health, Safety and Nutrition Policies (Administrative Standards II. F-2, II. G)
- Standard precautions to reduce the spread of infectious disease.
- Sanitation and hygiene including hand washing, food handling, preparation and serving
- Routine cleaning and maintenance of the facility and equipment
- Child health observation and illness detection
- Exclusion of ill children and handling of illness in the center
- Medication handling, administration and documentation
- Training in and application of special medical procedures needed by enrolled children
- Storage, preparation and serving of formula and breast milk
- Child accountability throughout the day
- Release of children
- Planned response to injuries and incidents, including reporting and documentation
Planned response to a full range of emergencies
Child abuse and neglect reporting
Safety on field trips
Prohibition of significant hazards that pose risks to children and adults
Protection from occupational hazards
Promotion of healthy workplace and staff well-being
Nutrition
Physical activity

**Personnel Policies (Administrative Standards II. C-4)**
Employee Protections: right to confidentiality, nondiscrimination, harassment-free work environment
Hiring practices, including orientation and probation
Confidential personnel files
Current job descriptions
Resignation
Progressive discipline and discharge
Staff grievance
Staff evaluation, including all staff and director/program administrator
Staff training and professional development
Salary scale and benefits
Staff communication, including team and center meetings

**Staff and Volunteer Orientation (Administrative Standards II. C-5)**
Regulatory requirements
Position description
Personnel policies and practices
Work rules
Center philosophy, values, and goals
Expectations for ethical conduct (see Appendix. IV)
Agency confidentiality policy/procedures
Health, safety and nutrition policies/procedures
Requirements for first aid, CPR, Shaken Baby and SIDS
Child tracking procedures
Individual needs of children they will be teaching or caring for
Program policies and procedures
Program curriculum, including planning and assessment
Daily program activities and routines
Guidance and classroom management techniques
Parent/guardian communication and conferences
Child abuse and neglect detection and reporting procedures
Madison Accreditation Standards and organizational prerequisites
Appendix III
Health and Safety

C-2c. Child Care Staff Immunizations Recommended by the Dane Co/Madison Public Health

Vaccinations:
Yearly:
• 1 dose flu vaccine

One time:
• 2 doses of MMR (measles, mumps, rubella) vaccine—the second dose must be administered 4 weeks or more after the first dose
• 2 doses of varicella (chickenpox) vaccine—the second dose must be administered 4 weeks or more after the first dose
• 1 dose of Tdap (tetanus, diphtheria, pertussis) vaccine

Exceptions to the recommendations
• Child care workers do not need to receive these vaccinations if they have received them in the past. This can be shown with an immunization record, a medical passport, or any other official record that shows the month, day, and year of the vaccinations, including the Wisconsin Immunization Registry: https://www.dhfswir.org/PR
• If someone cannot be vaccinated against a disease for medical reasons, that person is exempt from being immunized, and should show written documentation from their medical provider.
• Child care workers born before 1957 are not required to get a MMR vaccine
• Child care workers born before 1980 are not required to get the varicella (chickenpox) vaccine
• Child care workers do not need to get varicella (chickenpox) vaccine if they had varicella (chickenpox or shingles) in the past. This can be demonstrated with a signed statement from a licensed healthcare provider acting within his/her scope of practice (physician, physician assistant, nurse practitioner)
• If a child care worker is already immune to a disease, vaccination against that disease is not required if immunity can be verified with laboratory testing (also called a titer, blood sample). The charges for lab tests vary, but may cost $25-50 or more per test. Some insurance plans cover the cost of these lab tests. Check with your insurer.

Frequently asked questions:
• I am not sure if I have received a certain vaccine. Is it safe to get vaccinated again?
  Yes, according to the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices, if you have already received a vaccine in the past and cannot locate your record of vaccination, is it safe to receive that vaccine again.
• What happens if there is a disease outbreak at a child care center?
  If there is an outbreak of a disease at a child care center, Public Health-Madison and Dane County will consult with the facility to determine if exclusion of any unvaccinated individuals is necessary. Unvaccinated people who cannot demonstrate immunity to the identified disease must be fully vaccinated against that disease. This requirement is in place during outbreaks even for people born before 1957 and 1980.
• Where can I find out more about immunizations and recommendations?
  Centers for Disease Control and Prevention (CDC): www.cdc.gov/vaccines
  Immunization Action Coalition: www.immunize.org
  Public Health-Madison and Dane County: www.publichealthmdc.com
Appendix IV
NAEYC Code of Ethics

POSITION STATEMENT

Code of Ethical Conduct and Statement of Commitment

Revised April 2005,
Reaffirmed and Updated May 2011

A position statement of the National Association for the Education of Young Children

Endorsed by the Association for Childhood Education International and
Southern Early Childhood Association

Adopted by the National Association for Family Child Care

Preamble

NAEYC recognizes that those who work with young children face many daily decisions that have moral and ethical implications. The NAEYC Code of Ethical Conduct offers guidelines for responsible behavior and sets forth a common basis for resolving the principal ethical dilemmas encountered in early childhood care and education. The Statement of Commitment is not part of the Code but is a personal acknowledgement of an individual’s willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education.

The primary focus of the Code is on daily practice with children and their families in programs for children from birth through 8 years of age, such as infant/toddler programs, preschool and prekindergarten programs, child care centers, hospital and child life settings, family child care homes, kindergartens, and primary classrooms. When the issues involve young children, then these provisions also apply to specialists who do not work directly with children, including program administrators, parent educators, early childhood adult educators, and officials with responsibility for program monitoring and licensing. (Note: See also the “Code of Ethical Conduct: Supplement for Early Childhood Adult Educators,” online at www.naeyc.org/about/positions/pdf/ethics04.pdf and the “Code of Ethical Conduct: Supplement for Early Childhood Program Administrators,” online at http://www.naeyc.org/files/naeyc/file/positions/PSETH05_supp.pdf)

Core values

Standards of ethical behavior in early childhood care and education are based on commitment to the following core values that are deeply rooted in the history of the field of early childhood care and education. We have made a commitment to

• Appreciate childhood as a unique and valuable stage of the human life cycle
• Base our work on knowledge of how children develop and learn
• Appreciate and support the bond between the child and family
• Recognize that children are best understood and supported in the context of family, culture,* community, and society
• Respect the dignity, worth, and uniqueness of each individual (child, family member, and colleague)
• Respect diversity in children, families, and colleagues
• Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect

*The term *culture* includes ethnicity, racial identity, economic level, family structure, language, and religious and political beliefs, which profoundly influence each child’s development and relationships to the world.

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