

Gold Seal Quality Care Program
Evaluation Instrument ~~Reviewer Rating Scale~~ for Family Day Care Homes and Large Child Care Homes

Gold Seal Quality Care Program
Reviewer Agreement

s.1002.945 ~~402.281~~ Gold Seal Quality Care program.—

(1) (b) A child care facility, large family child care home, or family day care home that is accredited by an accrediting association approved by the Department of Education under subsection (3) and meets all other requirements shall, upon application to the department, receive a separate “Gold Seal Quality Care” designation. ~~Child care facilities, large family child care homes, or family day care homes that are accredited by a recognized accrediting association whose standards substantially meet or exceed the Department’s Gold Seal Quality Care Accreditation Standards which are based standards of the National Association for the Education of Young Children (NAEYC), the National Association for Family Child Care (NAFCC), and the National Early Childhood Program Accreditation Commission (NECPA) shall receive a separate “Gold Seal Quality Care” designation to operate as a Gold Seal child care facility, large family child care home, or family day care home.~~

Accrediting Association:

I, _____, attest that I meet the requirements to serve as a Gold Seal Quality Care Program Reviewer. Furthermore, I agree to follow the review process as outlined and attest that:

- I will maintain confidentiality of the review process.
- I will disclose to the Children’s Forum when reviewing any application for which there is a conflict of interest.

Printed Name of Person Completing Form

Signature

Review Organization

Date Completed

NM = Not Met; SM/E = Substantially Met/Exceed; FM = Fully Met;

A F. Validation Process

Criteria		NM	SM/E	FM	NA	Evidence
Association	Standard	Recommended Documentation used for review				Must have evidence for a. – i. of this section to meet statutory requirements.
A#1	The program will be subject to visit(s) by validator(s) representing the accrediting agency. The program will be evaluated based on standards outlined above. The program must receive a satisfactory evaluation. Onsite visits, excluding the initial visit, are unannounced visits:	Written documentation of monitoring visit outcome; an itemized inspection form or summary format as provided by the accrediting association.				
	<u>a. Clearly defined prerequisites that a child care provider must meet before beginning the accreditation process. Accreditation may not be granted to a large family child care home or family day care home before the site is operational and is attended by children.</u>					
	<u>b. Procedures for completion of a self-study and comprehensive onsite verification process that documents compliance with accrediting standards.</u>					
	<u>c. A training process for accreditation verifiers to ensure inter-rater reliability.</u>					
	<u>d. Ongoing compliance procedures that include requiring each accredited large family child care home and family day care home to file an annual report with the accrediting association and risk-based, onsite auditing protocols for accredited</u>					

Page 2 of 67
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	<u>large family child care homes and family day care homes.</u>					
	e. <u>Procedures for the revocation of accreditation due to failure to maintain accrediting standards as evidenced by sub-subparagraph d. or any other relevant information received by the accrediting association.</u>					
	f. <u>Accreditation renewal procedures that include an onsite verification occurring at least every 5 years.</u>					
	g. <u>A process for verifying continued accreditation compliance in the event of a transfer of ownership.</u>					
	h. <u>A process to communicate issues that arise during the accreditation period with governmental entities that have a vested interest in the Gold Seal Quality Care Program, including the Department of Education, the Department of Children and Families, the Department of Health, local licensing entities if applicable, and the early learning coalition.</u>					
	i. <u>Procedures for determining compliance with the accreditation standards and the required percentage of assessed items measured to achieve accreditation.</u>					
	j. <u>Process for verifying program files, surveys, and other information used to complete the self-study are available during time of visit.</u>					
	k. <u>Process for monitoring program environment of both indoor and outdoor</u>					

Page 3 of 67
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	<u>settings.</u>							
	<u>I. Procedures for monitoring program personnel records for compliance with training requirements.</u>							

Page 4 of 67
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B A. Provider Eligibility for Accreditation							
Criteria			NM	SM/E	F M	NA	Evidence
Association	Age Group	Indicator —Standard	Recommended Documentation used for review				
<u>BA1</u>		The provider must be at least 21 years of age.	Valid Florida driver's license or other state-issued photo identification.				
<u>BA2</u>		The provider must hold a <u>h</u> High <u>s</u> School diploma or GED.	Valid high school diploma or equivalent.				
<u>BA3</u>		The provider must possess an active Staff Credential issued by the <u>F</u> lorida <u>D</u> eepartment of Children and Families.	DCF <u>t</u> Training <u>t</u> ranscript that indicates an active Staff Credential.				
<u>BA4</u>		The provider must provide care to a minimum of three (3) children, with at least one (1) child living outside the provider's home, for a minimum of 15 hours per week.	Sign-in/out log that includes signatures of parents, dates and times of arrival and departure. Logs should be retained for at least (4) months. Attendance records retained for at least four (4) months.				
<u>BA5</u>		The provider must be the primary caregiver, spending at least 80% of the operating hours actively involved with the children. If applying as co-providers, each provider must spend at least 60% of the <u>o</u> perating <u>h</u> ours actively involved with the children.	Provider's verified monthly work schedule.				

Gold Seal Evaluation Instrument

<p><u>BA6</u></p>	<p>The provider must have a health assessment within two (2) years of the date of the request for the observation visit, including an acceptable Tuberculosis (TB) screening within two (2) years of the date of the request for the observation visit. The provider is physically active enough to keep up with the children. The provider or an assistant is able to lift <u>infants</u> babies and toddlers.</p>	<p>Copy of a health assessment conducted by a health care professional that is dated within two (2) years of the accreditation application.</p> <p>The health assessment must include the following:</p> <ul style="list-style-type: none"> • A negative TB test result, <u>OR</u> • A statement that the provider does not need a TB test for being low risk of acquiring TB, <u>OR</u> • A statement verifying that the provider has been cleared to work with children in the case that he/she has had a positive TB test result and/or tuberculosis disease. 				
<p><u>BA7</u></p>	<p>The provider must be certified in First Aid and Pediatric CPR.</p>	<p>Copies of current First Aid and Pediatric CPR certification.</p>				
		<p>Quality Relationships: Provider with Children</p>				
<p><u>BA8</u></p>	<p>The provider cares about, respects, and is committed to helping each child develop to his or her full potential.</p>	<p>Individual file(s) for each child in care that includes, but not limited to, notes of the child's interests, strengths, accomplishments, and challenges.</p>				

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BA9	The provider shows affection to each child in some way. She holds or carries <u>infants</u> babies frequently, depending on their individual preferences as shown by expressions of discomfort, such as crying or fussing <u>and</u> , as well as their expressions of well-being, such as smiling and cooing, <u>as well as</u> their body language, <u>such as</u> or settling in or pulling away.	Enrollment packet for parents that includes comforting and redirection policies and requires parental signature.					
BA10	The provider is sincere and comfortable with children. The provider seems to like children and to enjoy being with them. The provider greets children and parents warmly every day and helps children get involved in an activity or social interaction.	Self-study materials.					
BA11	The provider observes children's behavior, verbal and body language, and abilities and uses this information to respond to each child. The provider recognizes signs of stress in children's behavior and responds with appropriate stress-reducing activities <u>and/or strategies</u> .	Self-study materials.					
BA12	The provider shows positive attitudes toward bottle weaning, diapering, toilet learning, discipline, and special needs of children.	Enrollment packet for parents that includes written policies on bottle weaning, diapering, toilet learning, positive discipline methods, and meeting the special needs of children, and requires parental signature.					

Gold Seal Evaluation Instrument

BA13	The provider respects diverse family styles and recognizes the strengths of each family. The provider seeks information about each family's cultural traditions and uses this information in responding to the children and in planning activities.	Individual file(s) for each child in care that includes, but not limited to, notes of the child's interests, strengths, accomplishments, and challenges. Written lesson plans and daily activity schedules that demonstrate cultural activities relating to the cultural traditions of the children in care.					
		Quality Relationships: Provider with Parents and Families					
BA14	The provider encourages parents to visit any time their children are present. The provider offers, but does not require, a variety of ways for parents to participate in the program's activities, but consideration is given to the parents' interests and time availability.	Enrollment packet for parents that includes a policy on parental visitation in the child care home, and requires parental signature. Documentation of planned and past activities that encourage and include parents.					
BA15	<u>Provider ensures that</u> Parents can count on child care as described in their contract.	Parent survey.					
BA16	The provider individualizes the child care program, within reason, to respond to a parent's specific requests, preferences, and values.	Parent survey.					
BA17	The provider Provider and parents work together on issues such as guidance/discipline, eating, toileting, etc.; alwayskeeping in mind the best interest of the child.	Enrollment packet for parents that includes a policy on parental cooperation on procedures for feeding, bottle weaning, diapering, toilet learning, positive discipline methods, and meeting the special needs of children. Individual file(s) for each child in care that includes notes on cooperation.					

Gold Seal Evaluation Instrument

BA18	The provider attempts to maintain open and easy communication with each family.	Enrollment packet for parents that includes a policy on formal and informal communication to parents.				
BA19	The provider keeps parents informed, through conversation or in writing, about what their children do (daily for <u>infants and toddlers/2-year-olds babies</u> , at least weekly for older children).	Parent survey. Individual file(s) for each child in care that includes parent communication.				
BA20	The provider discusses concerns with parents when they arise and tries to reach a mutually satisfying solution.	Parent survey. The provider has a written conflict resolution policy. The provider has parental signature acknowledging receipt and understanding of the policy.				
BA21	The provider has a conference with each child's parent(s) at least once per year. Together they review the child's progress and needs and set goals for the child.	Schedule of parent conferences for the previous two (2) years. Documentation (i.e. conference/progress notes signed by the provider and parent) of yearly parent conferences.				

Gold Seal Evaluation Instrument

<u>BA22</u>	<u>The Provider finds an effective way to communicate with parents if they do not speak the language of the provider, the provider finds an effective way to communicate with them.</u>	Enrollment packet for parents that includes a policy on formal and informal communication to parents that includes English as a second language protocol.					
<u>BA23</u>	The provider and/or parents plan occasional activities where the child care families can get together.	Documentation of planned and past activities that encourage and include families of children in care (i.e. photos, sign-in logs, description of activities, copies of invitations/announcements).					
		Quality Relationships: Children with Each Other					
<u>BA24</u>	The provider supports children in developing friendships with each other and helps each child find positive ways to interact with others.	Written lesson plans and daily schedule of activities that include relationship development.					
<u>BA25</u>	The provider helps children understand their own feelings and those of others.	Written lesson plans and daily activity schedules that teach children about feelings and responding to the feelings and needs of others.					
<u>BA26</u>	The provider encourages children to help and support each other.	Written lesson plans and daily schedule of activities that include activities, games, toys, and books that provide opportunities for children to work together.					
<u>BA27</u>	Children seem to enjoy each other's company. Animated conversation and laughter are heard much of the time.	Written lesson plans and daily schedule of activities that allows at least ½ hour of free play in each half of the day.					
		Quality Relationships: The					

Gold Seal Evaluation Instrument

		Provider's Family					
<u>BA28</u>	The arrangement of space and use of materials are balanced to meet the needs of both the child care program and the provider's family.	A floor plan that indicates usable square space foot usage per child, and documentation of materials and equipment used.					
<u>BA29</u>	When the provider's own child is a part of the program, appropriate steps are taken to increase the possibility of making this a good experience for all. The provider's family members are courteous and respectful when they interact with the children in care and their families.	Enrollment packet for parents that includes a policy on the provider's own child(ren) and members of the provider's family during hours of operation.					
		Quality Relationships: The Community					
<u>BA30</u>	The provider has the social support of friends, family, other providers, and/or community organizations.	Resource and referral list of community support contacts. The provider is an active member in early childhood and other professional organizations in the community. Letters of support from families and friends.					
Total							
Comments:							

<u>C</u> B. The Environment							
Criteria			NM	SM/E	F M	NA	Evidence
Association	Standard	Recommended Documentation used for review					
<u>CB1</u>	The areas of the home used by children are welcoming and friendly, appearing like a family home, a small preschool, or a combination of the two. The environment includes a comfortable and cozy place for children, as well as a place for quiet time alone. There is enough indoor space for children to move freely, approximately 35 square feet of usable space per child.	A floor plan that indicates usable space footusage per child. Photographs.					
<u>CB2</u>	The child care space is well organized. The environment is arranged so that the provider seldom has to say "no" to children. Children can use what they can reach most of the time.	Written room arrangement plans to demonstrate the areas where items are readily accessible to children.					
<u>CB3</u>	The environment is pleasant, not over stimulating or distracting. The provider chooses music and other recordings that the children enjoy. At least half the time there is no background music, TV, radio, or other recordings.	Written policies on the home environment, including rotation of activities, toys, games, books, music and art, and the use of media.					
<u>CB4</u>	Space is available for <u>infants</u> babies to explore freely, to crawl, and to stand. Sturdy, lowfurniture is available for those who are learning to walk.	A floor plan and written room arrangement plans that indicates the play and activity are for <u>infants</u> babies.					

Gold Seal Evaluation Instrument

CB5	Each child has a space for personal belongings.	Written chart for space allocation for each child.					
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Gold Seal Evaluation Instrument

<u>CB6</u>	Older children have a place to use materials without interference from younger children (such as, preschoolers can play with small manipulatives out of reach of toddlers, and school-agers have a quiet place to do homework).	Written floor plan that indicates the play and activity area for older children.					
<u>CB7</u>	The home has adequate ventilation and room temperature between 68-82 90° (F). If the temperature is over 90° (F), air conditioning or safe fans are used. Lighting is bright in areas where children read, make art, or play with manipulatives.	Self-study materials.					
<u>CB8</u>	The home does not smell of urine, feces, garbage, pets, tobacco smoke, air deodorizers, mildew, or other fumes.	Enrollment packet for parents that includes a policy on cleaning and sanitizing of the home.					
<u>CB9</u>	The provider makes reasonable adaptations to the environment and activities to meet the special needs of each child. If the child has been diagnosed with a specific condition, the provider follows the Individual Family Service Plan (IFSP) or Individual Education Plan (IEP).	Enrollment packet for parents that includes a policy for assisting children and families with special needs.					
<u>CB10</u>	The children are learning to take care of the equipment, materials, and the environment.	“Chore Board,” “Helper Board,” or similar tool that offers children to take responsibility in the child care setting.					
<u>CB11</u>	Outdoors, <u>I</u> the play area has open space for active movement, some play equipment and materials, and places for open-ended explorations.	Written outdoor plan with equipment and space measurements indicated.					

Gold Seal Evaluation Instrument

		The Environment: Equipment					
<u>CB12</u>	All equipment, outdoors and indoors, is safe for the ability of the children who use it.	Written evidence of regular safety inspection of equipment and methodology of inspection.					
<u>CB13</u>	If high chairs or boosters are used, they have a wide base or are securely attached to a table or another chair. They have a T-shaped restraint/harness that is fastened every time they are used.	Written evidence of regular safety inspection of equipment and methodology of inspection.					
<u>CB14</u>	Heavy furniture, climbing equipment, swings, and slides are stable or securely anchored.	Written evidence of regular safety inspection of equipment and methodology of inspection.					
<u>CB15</u>	Cushioning materials are placed under all climbers, swings, and slides over 36 inches high, both indoors and outdoors.	Written evidence of regular safety inspection of equipment and methodology of inspection.					
<u>CB16</u>	There are no movable baby walkers (stationary saucers are permitted).	Enrollment packet for parents that includes a policy for restriction of these items.					
<u>CB17</u>	Children always wear a helmet and pads while riding bicycles, skateboards, scooters, and in-line or roller skates.	Enrollment packet for parents that includes a policy on the use of helmets that include procedures for cleaning and sanitation after each use.					
<u>CB18</u>	Equipment is modified to accommodate children's special needs, or special equipment is provided. If a child is in a wheelchair, there is sufficient space for it to move around.	Enrollment packet for parents that includes a policy for assisting children and families with special needs.					
		The Environment: Materials					
<u>CB19</u>	There are enough toys and materials, home-made or purchased, to engage all the children in developmentally appropriate ways.	Self-study materials.					

Gold Seal Evaluation Instrument

	<p>Suggested materials and equipment for large and small-motor development: <u>For Infants:</u></p> <ul style="list-style-type: none"> ▪ balls ▪ grasping toys ▪ stacking and nesting toys ▪ toys to look at, feel, and chew on 						
	<p><u>For Toddlers:</u></p> <ul style="list-style-type: none"> ▪ equipment for climbing (at home or nearby) ▪ riding toys ▪ balls ▪ large interlocking blocks and puzzles ▪ water and sand for sensory play 						
	<p><u>For Preschoolers (toddlers' equipment plus):</u></p> <ul style="list-style-type: none"> ▪ peg boards ▪ blocks ▪ sewing materials ▪ dancing music and props 						
	<p><u>For School-Age (toddlers' equipment plus):</u></p> <ul style="list-style-type: none"> ▪ other sports equipment and games ▪ games that require participation 						
<p>CB20</p>	<p>The books are in readable condition. <u>(i.e., no missing or torn pages, covers intact, etc.)</u></p>	<p>Enrollment packet for parents that includes a policy for selection of learning materials.</p>					

Gold Seal Evaluation Instrument

<p>Suggested materials for language and literacy development:</p> <p>BOOKS FOR CHILDREN UNDER AGE TWO:</p> <ul style="list-style-type: none"> ▪ at least 10 books on-site ▪ made of durable materials ▪ includes simple pictures of people and familiar objects ▪ short stories about every-day activities 						
<ul style="list-style-type: none"> ▪ BOOKS FOR CHILDREN OVER AGE TWO: ▪ at least 10 books on-site ▪ nursery rhymes ▪ a variety of stories about pretend and real situations ▪ information books 						
<p>BOOKS FOR SCHOOL-AGERS:</p> <ul style="list-style-type: none"> ▪ at least 10 books on-site ▪ chapter books ▪ adventure stories ▪ mysteries ▪ information books ▪ magazines/comics ▪ a variety of reading levels and topics 						
<p>OTHER LANGUAGE MATERIALS:</p> <ul style="list-style-type: none"> ▪ telephones ▪ puppets ▪ interactive games ▪ written or audio materials in the child's home language (supplied by the provider or family) 						

Gold Seal Evaluation Instrument

CB21	Materials (books, dolls, puzzles, and pictures) <u>reflect diversity and</u> are culturally relevant to reflect the lives of the children in care. They show diverse girls and boys, women and men, and older people in a variety of positive activities, and do not include stereotyped imagery.	Enrollment packet for parents that includes a policy for selection of learning materials.					
CB22	No toy guns or other weapons are offered as play options or permitted in home. Material that is violent, sexually explicit, stereotyped, or otherwise inappropriate for children is not available and prohibited.	Enrollment packet for parents that includes a policy for restriction of these items.					
CB23	Art materials are non-toxic.	Written evidence of regular safety inspection of equipment and methodology of inspection.					
CB24	Materials are rotated to maintain children's interest.	Enrollment packet for parents that includes a policy for rotation of materials.					
CB25	Materials are stored in consistent places and some of them are easy for children to find, help themselves to, and put away. Separate containers are provided for different kinds of materials.	Written room arrangement plans to demonstrate the areas where items are readily accessible to children.					
CB26	If there is a toy chest on-site, it has safety hinges and air holes, or there is no lid.	Written evidence of regular safety inspection of equipment and methodology of inspection.					
Total							

Comments:

DE. Developmental Learning Activities Child Directed							
Criteria			NM	SM/E	FM	NA	Evidence
Association	Standard	Recommended Documentation used for review					
<u>DE1</u>	Children have opportunities to make choices and explore their own interests. a. They direct their own free play for at least ½ hour at a time, totaling at least one (1) hour in each half day.	Daily schedule of activities that shows evidence of this standard. Daily schedules of activities are retained for four (4) months.		(2 out of 3)			
	b. The provider offers several activities appropriate for the abilities and interests of the children.						
	c. Free play may occur indoors or outdoors.						
<u>DE2</u>	Children are engaged in activities most of the time. Their faces often reflect concentration.	Daily schedule of activities that shows evidence of this standard. Daily schedules of activities are retained for four (4) months.					
		Developmental Learning Activities: Activity Planning					

Gold Seal Evaluation Instrument

DE3	<p>The provider understands how children grow and learn.</p> <p>a. The provider gathers information about children’s interests and needs through observation and conversations with parents and uses this information to set goals that support the children’s development.</p>	<p>Daily schedule of activities that shows evidence of this standard. Daily schedules of activities are retained for four (4) months. Individual file(s) for each child in care that includes, but not limited to, notes of the child’s interests, strengths, accomplishments, and challenges.</p>		(4 out of 5)				
	<p>b. The provider uses this knowledge to design the environment and plan activities that are developmentally appropriate and culturally appropriate for each child.</p>							
	<p>c. The provider extends children’s learning by describing what they are doing and asking open-ended questions.</p>							
	<p>d. The provider helps children engage in activities by breaking complex tasks into simple ones – or increasing the difficulty of activities by combining familiar materials in new ways and contexts.</p>							
	<p>e. The provider takes advantage of and builds upon the many natural learning experiences and "teachable moments" associated with daily life in a home.</p>							

Gold Seal Evaluation Instrument

<u>DC4</u>	The provider is flexible; a. The provider supports and extends children's self-directed play, as well as offering activities and materials that build on their interests, needs, and skills.	Daily schedule of activities that shows evidence of this standard. Daily schedules of activities are retained for four (4) months. Individual file(s) for each child in care that includes, but not limited to, notes of the child's interests, strengths, accomplishments, and challenges.		(3 out of 4)			
	b. Most of the children's activities promote many kinds of development simultaneously – the curriculum is integrated and holistic rather than focused on one area of development at a time.						
	c. The provider offers opportunities to practice and explore new skills in a range of developmental areas						
	d. Except for necessary routines and transitions, the provider does not force children into activities they do not enjoy.						
<u>DC5</u>	The provider: a. gives children the help they need to succeed in a range of activities and to feel comfortable trying new activities.	Daily schedule of activities that shows evidence of this standard. Daily schedules of activities are retained for four (4) months. Individual file(s) for each child in care that includes, but not limited to, notes of the child's interests, strengths, accomplishments, and challenges.		(2 out of 3)			

Gold Seal Evaluation Instrument

	b. finds opportunities to help children learn specific skills and concepts when they show interest in learning them.						
	c. supports children’s play, without dominating it, by simply observing, offering materials, joining in, or making gentle suggestions as needed.						
		Developmental Learning Activities: Schedules and Routines					
DC6	The provider usually maintains a consistent sequence of daily events, while the flow of activities is adapted to the individual and developmental needs of each child and the changing group.	Daily schedule of activities that includes special activities for each day.					
DC7	Activities and transitions are generally smooth and unhurried; children can usually finish activities at their own pace. They seem to know what is expected of them.	Daily schedule of activities that includes special activities for each day.					
DC8	The provider helps children and parents, especially when newly enrolled, to cope with separation at drop-off and pick-up times. The provider talks to children babies- and toddlers about what is happening during transitions and routines.	Written orientation procedure for newly enrolled children.					
DC9	The provider takes children outdoors every day, weather permitting (not below 32 20° or above 95° F and not stormy), unless the neighborhood is not safe. Active play is offered in another way if they do not go outside.	Daily schedule of activities that includes special activities for					

Gold Seal Evaluation Instrument

DE10	Rest time is relaxing and comfortable for children. Non-sleepers can have books and quiet toys to play with during rest time. Infants Babies and toddlers can nap when they are sleepy. If needed, the provider helps them fall asleep through rocking, patting, and/or soft music.	Daily schedule of activities that includes special activities for each day.					
DE11	If children wear diapers, the provider checks diapers at least once every <u>two (2)</u> 2 hours and changes them if wet or soiled, except during naps.	Enrollment packet for parents that includes a policy on diapering procedure.					
DE12	If a child is learning to use the toilet, parents and the provider agree on toilet learning approach based on each child's developmental readiness, not on age. The process is free from punishment or power struggles.	Enrollment packet for parents that includes a policy on toilet learning.					
DE13	The provider encourages children to clean up after themselves as they are able and models a positive attitude about cleaning up.	Written orientation procedure for newly enrolled children.					
DE14	School-agers have space and time to relax after the school day.	Enrollment packet for parents that includes a policy on after school activities and schedule.					
		Developmental Learning Activities: Positive Discipline					
DE15	Positive guidance, appropriate for the developmental abilities of each child, is used to help children gain self-control and take responsibility for their own behavior. No form of physical punishment or humiliation is ever used. The provider does not criticize, shame, tease hurtfully, threaten, or yell at children and is not physically rough with the children.	Enrollment packet for parents that includes a policy that describes positive discipline methods (i.e. redirection, time out, loss of privilege, natural consequence). Parent survey.					

Gold Seal Evaluation Instrument

DC16	The provider: a. Clearly explains to children in a positive way what is expected of them.	Written policies and procedures on developmentally appropriate codes of conduct, reviewed with the children regularly, and provided to the parents.		(3 out of 4)			
	b. Minimizes toddlers' frustrations through redirection.						
	c. Frequently lets children experience the consequences of their own misbehavior, if this is safe, rather than punishing them.						
	d. Avoids power struggles with children. Children age 3 and over have opportunities to assert their power by taking responsibility as leaders and helpers.						
DC17	If "time outs" are used, they are used only as a last resort with children age 3 and older as a cooling-off time rather than a punishment. They are no more than one-minute in length for each year of the child's age, or the child determines when she/he is ready to return to the group. Time outs are not used, but rather time is given for a child to cool off or go to a safe place until they are ready to return to the group. The provider uses redirection whenever possible.	Written policies and procedures on developmentally appropriate codes of conduct, reviewed with the children regularly, and provided to the parents.					
		Developmental Learning Activities: Social and Self Development					

Gold Seal Evaluation Instrument

DE18	The provider utilizes activities that help children to gain awareness of other people's feelings, and to understand how their own actions affect others.	Written lesson plans and daily schedule of activities.					
DE19	The provider utilizes activities that help children resolve conflicts and disagreements by talking through their feelings and finding their own solutions.	Written lesson plans and daily schedule of activities.					
DE20	The provider utilizes activities that help children learn to respect each other's possessions and activities.	Written lesson plans and daily schedule of activities.					
DE21	The provider utilizes activities that involve all the children working together for a common purpose: a. The provider encourages children to work on projects and play games together.	Written lesson plans and daily schedule of activities.		(2 out of 3)			
	b. Children learn about sharing, taking turns, and working together.						
	c. If there are children age 3 and older, the provider helps children get to know people in the neighborhood and community.						
DE22	The provider utilizes activities that help children understand and respect people who are different from themselves: a. The provider responds factually to children's curiosity about similarities and differences among people.	Written lesson plans and daily schedule of activities.		(3 out of 4)			
	b. a. The provider assures that children and their families are not stereotyped or left out of any activity because of their race, gender, ethnicity, ability, or any other personal characteristic.						

Gold Seal Evaluation Instrument

	c. a. The provider helps children notice incidents of bias and learn effective ways to stand up for each other and themselves in the face of teasing, bullying, or other forms of discrimination.						
	d. The provider introduces cultural activities based on the authentic experiences of individuals rather than exotic and stereotyped imagery.						
DE23	The provider supports children in their growing self-awareness and self-acceptance: a. The provider acknowledges specific aspects of each child's accomplishments and efforts.	Written lesson plans and daily schedule of activities. Enrollment packet for parents that includes a policy that describes this standard. Individual file on each child in care that includes recorded observations of the child's accomplishments and efforts.		(3 out of 4)			
	b. The provider accepts children's emotional needs, including their often conflicting see-sawing demands for both dependence and independence.						
	c. The provider does not criticize or tease children when they make mistakes.						
	d. The provider helps children take responsibility for themselves and their belongings, building self-help skills when they are ready.						
		Developmental Learning Activities: Physical Development					

Gold Seal Evaluation Instrument

DC24	Children have daily opportunities for large-motor activities, such as crawling, walking, climbing, running, jumping, dancing, balancing, throwing, and catching.	Written lesson plans and daily schedule of activities. Parent survey.					
DC25	Children have daily opportunities for small-motor activities.	Written lesson plans and daily schedule of activities. Parent survey.					
	<p>FOR CHILDREN 2 AND UNDER, the provider sets out inviting art materials at least once per day:</p> <ul style="list-style-type: none"> ▪ crayons, markers or pencils ▪ paint brushes ▪ large pieces of paper ▪ non-toxic paint ▪ play dough 						
	<p>FOR CHILDREN AGE 3 AND OVER, basic art materials are accessible during free play times:</p> <ul style="list-style-type: none"> ▪ tools for drawing and painting ▪ scissors (child-safe but sharp enough to cut, including left-handed scissors if any children are left-handed) ▪ papers of various sizes and colors ▪ glue or paste ▪ play dough and/or clay ▪ miscellaneous materials such as scraps of construction paper, fabric, yarn, or wood ▪ household recycles ▪ second-hand materials 						
DC26	Children, especially <u>infants</u> babies and toddlers, have rich experiences using their senses- seeing, hearing, tasting, smelling, and touching.	Written lesson plans and daily schedule of activities. Parent survey.					

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		Developmental Learning Activities: Cognition and Language					
DE27	The provider helps children gain information and understanding through exploration, books, and other people. a. The provider encourages children to develop and represent their understanding through a variety of activities.	Written lesson plans and daily schedule of activities.		(2 out of 3)			
	b. The provider introduces time concepts through consistent routines, and helps children two (2) and over recall past experiences and plan future events.						
	c. The provider encourages children to think for themselves, to solve problems on their own andwith others, and to have confidence in their ability to find solutions.						
DE28	The provider takes time every day for meaningful conversation with each child. The provider takes an interest in and responds positively to <u>infants'</u> babies' vocalizations and imitates their sounds.	Enrollment packet for parents that includes a policy that describes this standard.		(4 out of 5)			
	a. The provider encourages children to listen to and respond to each other.	Parent survey.					
	b. The provider encourages children to express their thoughts and feelings and listens with interest and respect.						

Gold Seal Evaluation Instrument

	c. The provider adjusts communication to match the understanding of each child.						
	d. When the child's home language is different from the provider's, the provider shows respect for both languages by learning and using key words or songs in the child's home language.						
<u>DE29</u>	The provider introduces, engages, and builds on children's interest in reading and writing in the context of meaningful activities.	Written lesson plans and daily schedule of activities. Individual file on each child in care that includes recorded observations of the child's accomplishments and efforts.		(6 out of 7)			
	a. The provider reads to children for at least 15 minutes during each half day, or all the children are able to read.						
	b. Books are used to stimulate conversation that expands upon children's interests and imagination, to build vocabulary, or to introduce new ideas and information.						
	c. If the children have short attention spans, reading can occur in brief moments including during snacks or meals.						
	d. Children who can read independently spend at least ½ hour in each ½ day engaged in literacy activities (such as reading, writing, listening to stories, or performing plays).						
	e. Children have access to books every day. The provider encourages children to look at or read						

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	books on their own. Provider teaches children to take care of books as needed.						
	f. Depending on their developmental levels, provider encourages children to scribble; to recognize signs, alphabet letters and their sounds, to write their names, notes, and stories; to label their drawings; make books; or keep journals.						
<u>DC30</u>	The provider introduces, engages, and builds on children's interest in mathematics and science in the context of meaningful activities.	Written lesson plans and daily schedule of activities. Individual file on each child in care that includes recorded observations of the child's accomplishments and efforts.		(4 out of 5)			
	a. Children learn math and science concepts in the context of everyday activities, such as setting the table, preparing food, sorting the mail, cooking, gardening, and playing games.						
	b. As they are able, they match, sort, arrange things in sequence, count things, measure, and recognize and create patterns.						
	c. Children have opportunities to explore the natural and physical environment, such as watching insects, planting seeds and caring for plants, playing with water and sand, and playing with balls and ramps.						
	d. The provider encourages children age 3 and older to observe and make predictions about things in the environment through activities and language, and ask them "what if" questions.						

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DE31	Suggested materials for math and science:	Written lesson plans and dailyschedule of activities.					
	<p>Assorted math materials for:</p> <ul style="list-style-type: none"> ▪ matching ▪ sorting ▪ arranging things in sequence ▪ counting things ▪ measuring ▪ recognizing and creating patterns ▪ comparing differences and similarities <p>Suggested science materials:</p> <ul style="list-style-type: none"> ▪ a magnet ▪ a magnifying glass ▪ an outdoor thermometer ▪ a balance scale ▪ sand or similar substance 						
		Developmental Learning Activities: Creative Development					
DE32	The provider offers daily opportunities for children to use their imagination and creativity through a variety of activities.	Written lesson plans and daily schedule of activities.					
DE33	The provider introduces, engages, and builds on children's interest in art in the context of meaningful activities.	Written lesson plans and daily schedule of activities. Individual file on each child in care that includes recorded observations of the child's accomplishments and efforts. Parent survey.		(4 out of 5)			
	a. The provider sets out inviting materials for art activities. Children age 3 and over have access						

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	to basic art materials during free play times.						
	b. Most art activities are open-ended and child-directed.						
	c. The provider displays children's work.						
	d. The provider provides feedback to children on specific aspects of children's art that focuses on children's exploration of the materials and descriptions of their work, rather than provider preference for work that looks realistic or pretty.						
DE34	The provider introduces, engages, and builds on children's interest in music, drama, and movement, in the context of meaningful activities.	Written lesson plans and daily schedule of activities.		(4 out of 5)			
	a. The provider uses music in a variety of ways such as singing, finger plays, clapping games, playing instruments, and playing a variety of recorded music.						
	b. Children have opportunities to participate in making music with their voices or instruments (purchased or home-made).						
	c. The provider encourages children to dance and to use movement to recreate meaningful experiences, tell stories, or act out concepts.						
	d. The provider facilitates children's pretend play.						

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<p>DC35</p>	<p>Suggested materials for music, drama, and movement:</p> <ul style="list-style-type: none"> ▪ materials for children to create their own costumes and props ▪ dress-up clothing ▪ props for particular themes ▪ blocks ▪ stuffed animals and dolls ▪ miniature animals and people 	<p>Written lesson plans and daily schedule of activities.</p>					
		<p>Developmental Learning Activities: Media</p>					
<p>DC36</p>	<p>If television, videos, or computer games are used:</p> <p>a. The provider assures that the content is appropriate for the ages of the children. Violent, sexually explicit, or stereotyped content (including cartoons) is avoided.</p> <p>b. <u>Children under the age of 2 years are strongly discouraged from participating in media viewing (TV, computer, video, DVD, iPad, etc.). Developmentally appropriate, engaging alternative activities are provided when screen media is offered to older children. Children under age 2 are not encouraged to watch television or videos. Alternate activities are available to all children during these times.</u></p> <p>c. If children watch television or videos, the provider limits their viewing time to no more than one hour per day and one full-length movie per week.</p> <p>d. The provider limits each child's computer time to no more than one hour per day. When school-agers are engaged in an educational project, time using the computer does not need to be limited.</p>	<p>Enrollment packet for parents that includes a policy on utilization of media. Written lesson plans and daily schedule of activities.</p>		<p>(5 out of 6)</p>			

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	e. All computer software promotes children’s active involvement, group participation, learning, creativity, or fun.						
	f. If the internet is used by children, the provider actively monitors its use.						
Total							

Comments:

E D. Safety and Health

Supervision

Criteria			NM	SM/ E	F M	NA	Evidence
Association	Standard	Recommended Documentation used for review					
ED1	The provider can see or hear children at all times.	Enrollment packet for parents that includes a policy on supervision in all areas occupied by children.		(3 out of 4)			
	a. Children age 2 and under are in the provider's line of sight at all times, except when she attends to personal needs for up to 5 minutes. The provider assures the safety of all children while attending to her personal needs.						

Gold Seal Evaluation Instrument

	b. When children age 3 or older are not in sight, she listens carefully to assure that all is well.						
	c. Children age 5 or under are not left inside or outside by themselves.						
<u>ED2</u>	When children are sleeping a. The provider can hear them(monitors are permitted).	Enrollment packet for parents that includes a policy on supervision in all areas occupied by children.		(2 out of 3)			
	b. The provider visually checks on <u>infants babies</u> age <u>11 7-months</u> and younger every 15 minutes.						
	c. The provider's own children may sleep in their own beds regardless of age.						
<u>ED3</u>	The provider is particularly careful in supervising children in potentially hazardous activities including swimming, water play, woodworking, cooking, and field trips.	Enrollment packet for parents that includes a policy on supervision in all areas occupied by children.					
<u>ED4</u>	Children are not permitted to leave the program with anyone other than their parent or specific individuals designated by a parent in writing or verbally. This applies to non-custodial parents.	Sign-in/out log that includes signatures of parents, dates and times of arrival and departure. Logs should be retained for at least (4) months. Attendance records retained for at least four (4) months.					

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ED5	Children are not left in equipment that restrains their movement for more than 20 minutes at a time and no more than half the time in care, except when eating or sleeping. Such equipment includes but is not limited to cribs, play pens, swings, <u>infant baby</u> seats, high chairs, exercisers. Back and front packs excluded.	Enrollment packet for parents that includes a policy on supervision in all areas occupied by children.					
ED6	If children are transported, take walks, or go on field trips, the provider has a comprehensive plan which addresses all safety issues and assures that children do not become separated from the group.	Written policies and procedures on safety and supervision for outdoor activities, and field trips.					
ED7	If children are transported or go on field trips, the provider has signed permission from parent(s).	Written policies and procedures on transportation safety and supervision for outdoor activities, and field trips.					
ED8	If children are transported by vehicle: children babies, toddlers, and preschoolers never sit in the front seat of a vehicle; those between 6 and 12 years of age do not sit in the front seat of a vehicle with an active passenger airbag; they are never left unattended in a vehicle, excluding public transportation; they use a car seat, belt positioning boosterseat or a seat belt approved for their height and weight. The car seat/booster has been properly installed according to the instructions of both the vehicle and car seat/booster's manufacturers.	Written policies and procedures on transportation safety and supervision for outdoor activities, and field trips.					
		Safety and Health: Emergency and Fire Preparation					

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ED9	The provider has a first-aid kit readily accessible but out of reach of children. The first-aid kit includes: first-aid instructions, disposable non-porous gloves, soap and water or hydrogen peroxide, <u>adhesive bandages, cotton balls or applicators, sterile gauze pads or rolls, pre-moistened wipes, tweezers, bandage tape, scissors, a thermometer, baby-safe if <u>infants</u> babies are enrolled (may be kept separately from first aid kit).</u>	Written evidence of regular safety inspection and inventory of first aid kit, and methodology of inspection/inventory.				
ED10	There is a working corded telephone, and emergency phone numbers are posted nearby. Emergency phone numbers include: <u>p</u> Parents' daytime numbers; 911 or the local emergency numbers for ambulance, police, and fire department; poison control; a nurse, doctor, or other medical consultant; an emergency back-up caregiver; two back-up contacts for each child.	Written safety plan that includes this standard.				
ED11	The provider helps children, as they are	Written lesson plans and daily schedule of				
	able, to learn their full names, addresses, phone numbers, and how to dial 911 or the local emergency number.	activities.				
ED12	If the provider does not speak English, he/she is able to communicate basic emergency information in English and can understand English instructions printed on children's medication.	Written safety plan that includes this standard.				

Gold Seal Evaluation Instrument

E D13	Flammable materials, including matches and lighters, are not stored in areas used for child care and are inaccessible to children.	Written safety plan that includes this standard.					
D 14	Children do not have access to matches or lighters.	Written safety plan that includes this standard.					
		Safety and Health: Injury Prevention					
E 14 D 15	The provider has an effective system to check for new safety hazards, indoors and outdoors.	Written evidence of regular safety inspection of equipment, and methodology of inspections.					
E 15 D 16	Provider maintains a safety inspection checklist that includes:	Written evidence of regular safety inspection of equipment and standards, and methodology of inspections. Safety inspection checklists are kept for at least six (6) months. Written safety plans. Enrollment packet for parents that includes safety policies.		(5 out of 6)			
	a. Verification that all equipment and materials, indoors and outdoors, are safe and in good repair. There are no sharp or rough edges on furniture, toys, or outdoor play equipment.						
	b. Verification that monthly evacuation drills are completed. A separate log is maintained that includes dates and times of drills.						
	c. There are no latex balloons within reach of children age 3 and under.						
	d. If there is a working fireplace, woodstove, or space heater, it is safely screened and inaccessible to children or not used when children are present.						
e. Poisonous items are kept in a							

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	locked or out-of-reach location. Poisonous Items include: Medications, poisons, alcoholic beverages, tobacco, pesticides, cosmetics, and cleaning supplies.						
	f. Children age five (5) and under do not wear necklaces (unless necklace can be easily broken), pacifiers on a cord around the neck, or clothing with draw strings around the neck, or the provider takes necessary precautions to avoid strangulation. There are no toys with cords, strings, or straps long enough to wrap around the neck (over 12 inches long).						
<u>E16</u> D17	If there are firearms in the home, they are kept unloaded in a locked place inaccessible to the children. Ammunition is stored in a separate, locked place.	Provider has parental signature acknowledging presence of firearms in the home.					
<u>E17</u> D18	<u>The provider helps children understand dangerous situations and the reasons for safety rules. The provider involves children age 3 and older in discussions about their safety. Children are provided activities that help them understand dangerous situations and the reasons for safety rules.</u>	Written lesson plans and daily schedule of activities.					

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E18 D19	If there are children age 2 or under: a. Toys or objects less than 1 ¼ inches in diameter and 2 ¼ inches in length are kept out of reach.	Written evidence of regular safety inspection, and methodology of inspections. Safety inspection checklists are kept for at least six (6) months. Written safety plans, including on water play for children in care. Enrollment packet for parents that includes safety policies and practices.	(3 out of 4)			
	b. Children are never left alone on a changing table. The provider keeps one hand on the child or diapering occurs on the floor.					
	c. Babies under 1 year of age are placed on their backs for sleeping.					
	c. d.If there are children age 2 or under, water play is limited to sprinklers, containers less than 6 inches wide, or sinks - or water is less than 1 inch deep.					
		Safety and Health: Special Precautions/Home safety checklist				
E19 D20	Provider maintains a safety inspection checklist that includes: a. Verification that children cannot lock themselves into rooms. Privacy locks on bathroom or bedroom doors are inaccessible to children, or locks can be opened quickly from outside.	Written evidence of regular safety inspection of equipment and standards, and methodology of inspections. Safety inspection checklists are kept for at least six (6) months. Written safety plans. Enrollment packet for parents that includes safety policies.	(11 out of 13)			

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	<p>b. Working smoke detectors are installed on each floor of the home and near cooking and sleeping areas. Working carbon monoxide detectors are installed near sleeping areas.</p>						
	<p>c. A working ABC-type fire extinguisher is located near the kitchen and on each floor used by children and instructions for use are posted. The recommended dates on fire extinguishers are not expired.</p>						
	<p>d. Hot radiators and water pipes are covered or out of reach of children, or are not very hot to the touch. The tap water is not uncomfortably hot to the touch.</p>						
	<p>e. Hot items, including beverages, are kept out of children's reach.</p>						
	<p>f. Paint on the walls, ceilings, woodwork, and any other surface is not peeling or flaking. There are no paint chips or dust on floors or window sills. Walls and ceilings are free of holes or large cracks. There is no exposed asbestos insulation.</p>						
	<p>g. There are no toxic plants within children's reach, and the provider teaches children not to pick plants without permission.</p>						

NM = Not Met; SM/E = Substantially Met/Exceed; ~~FM = Fully Met~~; NA = Not Applicable

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	h. Verification that all electrical cords within children's reach are secured.						
	i. No cords are placed under rugs or carpeting.						
	j. If there are children age 5 or under, every electrical outlet within children's reach is covered with a choke-proof, child-resistant device, in use, or otherwise "child proof."						
	k. Cords of window coverings are secured or out of children's reach.						
	l. If windows more than 3 feet above ground are opened, they cannot be opened more than 6 inches or they are opened from the top and have safety guards– with bars no more than 4" apart. The safety guards must be removable from inside or outside by an adult in case of an emergency.						
	m. Windows that are opened have screens in good repair, unless the region is free of flying insects.						

		Safety and Health: Special Precautions/Exits and Stairs				
E20 D21	Provider maintains a safety inspection checklist that includes:	Written evidence of regular safety inspection of equipment and standards, and methodology of inspections. Safety inspection checklists are kept for at least six (6) months. Written safety plans. Enrollment packet for parents that includes safety policies.		(3 out of 4)		
	a. Each floor used by children has at least two exits that lead to the ground level.					
	b. Exits are usable by toddlers and older children. Access is unobstructed.					
	c. Stairs with more than 3 steps, or a total rise of 24 inches or more, have railings usable by the children. Railings are on the right side when descending, if possible.					
d. Secure and safe gates or barriers close off the top and bottom of all stairs adjoining areas used by children age 3 or under. There are no pressure gates or accordion gates with openings large enough to entrap a child's head.						

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		Safety and Health: Special Precautions/Kitchen				
E21 D22	The provider utilizes safety standards in kitchens that include: a. The stove and other cooking appliances are used safely or not used while children are present.	Written policies and procedures and/or enrollment packet for parents that includes kitchen safety standards.		(5 out of 6)		
	b. The provider utilizes basic stove and oven safety guidelines: pot handles are turned to the back; back burners are used when available; knobs are removed or covered when not in use or there are safety knobs, or they are out of children's reach; children do not play within 3 feet of stove while in use. (School-agers may cook on stove if they are carefully supervised).					
	c. If children age 3 or under enter the kitchen, lower cupboards are free of dangerous items or have child-proof latches.					
	d. Dishes, utensils, cooking and serving items, and bottles are washed in a dishwasher, or washed in clean, hot, soapy water, rinsed, and air dried; or disposable dishes, cups, and utensils are used.					

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	e. Containers for wet garbage are plastic-lined and covered with a step-operated lid, or are located out of reach of children.						
	f. A cold pack or equivalent is kept in the freezer or refrigerator.						
		Safety and Health: Special Precautions/Bathroom and Diapering					
E22- D23	The provider utilizes safety standards in the bathroom and diapering area(s) that include:	Written policies and procedures and/or enrollment packet for parents that include diapering and bathroom standards.		(4 out of 5)			
	a. Diapering and toileting areas are separated from food areas. If the kitchen sink is used for hand washing after toileting or diaper changing, it is sanitized after use.						
	b. The diapering surface is cleaned and sanitized after each diaper change, and diapers are disposed of in a plastic-lined container, covered with a step-operated lid, or located out of reach of <u>children</u> babies and toddlers . <u>The container must be emptied, cleaned and sanitized or disinfected, at least, daily.</u>						
	c. If a potty chair is used, it is washed and sanitized after each use.						

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	d. A secure step or stool is located in front of any sink where children wash their hands, or children can reach faucets without a step. Children under age 2 may be held while washing hands.						
	e. Soap, running water, and paper towels are provided. If paper towels are not used, then each child has an assigned towel that is used consistently, doesn't touch other towels, and is laundered weekly or more often if needed.						
		Safety and Health: Special Precautions/Sleeping Areas					
E23 D24	Provider maintains a safety inspection checklist that includes: a. If a crib, port-a-crib, or playpen is used, it meets current safety standards, so that slats are spaceds not more than 2 3/8 inches apart; mattress is fitted so no more than 2 fingers can fit between the mattress and crib side; sSides are locked in raised position; mattress is fixed in lowest position if child can sit up.	Written evidence of regular safety inspection of equipment and standards, and methodologyof inspections. Safety inspection checklists are kept for at least six (6) months. Written safety plans. Enrollment packet for parents that includes safety policies.		(4 out of 5)			
	b. Sleeping areas for <u>infants</u> babies do not have any surface that can conform to the face, including a						

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	<p>soft pillow, soft mattress, comforter, or stuffed animal. <u>Cribs, play yards, and playpens used for infants must have tight fitting sheets and no excess bedding, which includes but is not limited to: bumper pads, hanging mobiles, quilts, comforters, receiving blankets, pillows, stuffed animals and cushions.</u></p>						
	<p>c. Children are provided with individual sleeping spaces allowing their faces to be at least 3 feet apart from each other.</p>						
	<p>d. Each child's bedding is stored so that it does not come into contact with other bedding.</p>						
	<p>e. Infants <u>Babies</u> under 1 year of age are placed on their backs for sleeping <u>on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission, unless otherwise ordered by a physician. The infant's head remains uncovered during sleep.</u></p>						
		<p>Safety and Health: Special Precautions/Outdoor Safety</p>					

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E24 D25	<p>Provider maintains a safety inspection checklist that includes:</p> <p>a. Outdoor play equipment is spaced to avoid safety hazards for active children.</p>	<p>Written evidence of regular safety inspection of equipment and standards, and methodology of inspections. Safety inspection checklists are kept for at least six (6) months. Written safety plans. Enrollment packet for parents that includes safety policies.</p>		(6 out of 8)			
	<p>b. Play space, including neighborhood playground if used, is free of animal feces, broken glass, paint chips, or trash.</p>						
	<p>c. There is no flaking or peeling paint or bare soil within 15 feet of a structure.</p>						
	<p>d. If there is a sand area or box, it is covered when not in use.</p>						
	<p>e. A fence or natural barrier encloses the play space, unless traffic is not a hazard. Space under porches is closed off.</p>						
	<p>f. Ponds, wells, tool sheds, and other hazards are fenced or closed off.</p>						
	<p>g. No trampolines are accessible to the children in care, except for therapeutic equipment used with supervision.</p>						

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	h. If there are swings, they are safe, so that swings are surrounded by a clearance area and fall zone that extends at least 6 feet beyond the stationary swing; each swing hangs at least 30 inches away from the support poles; swing seats do not have pinch points or "S" hooks; and hooks at the top of swing ropes or chains are closed (not an open "S").						
		Safety and Health: Special Precautions/Swimming Pool					
<u>E25</u> D26	If there is a swimming pool, it is inaccessible to children except when carefully supervised; it has a barrier such as a gate or door which is locked when the pool is not in use; in-ground, it is surrounded by a barrier at least 4 feet above grade that children cannot climb; above-ground, pool sides are at least 4 feet high and a ladder is locked or removed when not in use; life- saving equipment is located nearby.	Written policy for swimming pools use and water safety. Enrollment packet for parents that includes water safety policies.					
<u>E26</u> D27	Any hot tub or spa that is not fenced off has a locked cover strong enough for an adult to stand on.	Written policy for swimming pools use and water safety. Enrollment packet for parents that includes water safety policies.					
		Safety and Health: Environmental Health					

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E27 D28	No one smokes or drinks alcohol in the presence of children. No one smokes in child care areas during child care hours.	Written policy that prohibits the use of alcohol and tobacco while children are in care. The provider maintains written acknowledgement of receipt and understanding of this policy from each child's parents and the provider's family members.					
E28 D29	The provider administers medications and other remedies only with written directions from a parent or the child's health care professional. Prescription medication is only administered from the original container. The written directions on the label are always followed. <u>Providers must be educated on proper administration procedures.</u>	Written policy on medication administration. Written directions from parents for medication administration must be kept in the child's file for as long as the medication is administered.					
E29 D30	Children are provided activities that help them learn to keep themselves safe and healthy.	Written lesson plans and daily schedule of activities.					
E30 D31	If a child has been diagnosed as having a special need, the provider understands the condition, follows all prescribed treatments, and works with parents and other specialists as needed.	A child's individual file that records and maintains information about special needs, including medical diagnosis, literature on the diagnosis/medical condition, prescribed treatment procedures, and medical contact information (physician, specialist, etc.).					
		Safety and Health: Nutrition and Food Preparation					

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E31 D32	The provider serves nutritious and sufficient food: a. The provider follows Child and Adult Care Food Program guidelines. If parents bring food, the provider assures that it is nutritious or supplements it.	Written food service plan that requires completion of a course on sanitary food storage and service. Menus prepared by a registered nutritionist that exclude items that are common childhood food allergies.		(5 out of 6)			
	b. Food is stored, prepared, and served to children in a sanitary manner.						
	c. If parents bring food, perishable items including baby bottles, are refrigerated immediately.						
	d. Infant Baby formula is in factory-sealed containers, or powdered formula is used. When parents bring prepared bottles, they are labeled with the child's name and date of preparation or time it was expressed if <u>breastmilk</u> mother's milk is used.						
	e. A written menu is posted daily or weekly and modified if it is changed - or parents bring food.						
	f. Children's food allergies are posted in the food preparation and eating areas.						

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		Safety and Health: Meals and Snacks				
E32 D33	Children always sit down to eat meals. Meals and snacks are not rushed nor are children forced to stay at the table for more than a few minutes after they have finished eating.	Written plan for meal/snack times. Enrollment packet for parents that includes food and snack policies.		(6 out of 7)		
	a. Meals or snacks are available at least every 3 hours. These times are relaxed, with some conversation.					
	b. Drinking water is available at all times. Cold-water faucets that are used for drinking or cooking are flushed for 30-60 seconds every morning before use. Hot tap water is never used for cooking or for formula.					
	c. Food is never used as a reward or withheld as a punishment.					
	d. The provider feeds <u>infants</u> babies when they are hungry. <u>Infants</u> Babies younger than eight months are held when bottle fed. The provider is attentive and responsive to <u>infants</u> babies during feeding. <u>There must not be any propped bottles.</u>					
e. Children do not have bottles or sippy cups of milk, juice, or other beverages while lying down						

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	<p>walking around. Bottles are not heated in a microwave. Solid food is cut into cubes no larger than 1/4 inch for <u>infants babies</u> and 1/2 inch for <u>toddlers/2-year-olds</u>, according to <u>each child's chewing and swallowing capability</u></p>						
	<p>f. Children are encouraged to taste newfoods, but they do not have to eat anything they do not want.</p>						

Gold Seal Evaluation Instrument

		Safety and Health: Minimizing Disease					
E33 D34	The provider practices universal health precautions: a. Children do not share combs, brushes, toothbrushes, bibs, bottles, towels, washcloths, or bedding.	Written plan for health precautions. Enrollment packet for parents that includes health and sanitation policies.		(6 out of 8)			
	b. All floors used by children are swept and/or vacuumed daily. Washable floors used by children are mopped with disinfectant at least twice a week.						
	c. Toys and surfaces are cleaned and sanitized as needed. Toys that are mouthed by a child are not used by other children until sanitized.						
	d. Sheets are laundered at least once a week or when visibly soiled.						
	e. The provider washes her hands with soap and running water and dries with paper towel or personal towel before preparing food, before eating, and after toileting, diapering, and contact with bodily fluids. If running water is unavailable, hand-cleaning solution or disinfectant wipes may						

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	be used.						
	f. Children’s hands are washed with soap and running water and dried with paper towel or personal towel before preparing food, before eating, and after toileting, diapering, and contact with bodily fluids. If running water is unavailable, hand-cleaning solution or disinfectant wipes may be used.						
	g. If there is water play, water containers are emptied <u>immediately after use</u> and sanitized daily.						
	h. Disposable non-porous gloves are worn when the provider has contact with blood, including blood in feces; articles contaminated with blood are carefully disposed of, or cleaned and disinfected, or wrapped in plastic and sent home with parents.						

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E34 D35	The provider implements an illness policy that defines mild symptoms with which children may remain in care, and more severe symptoms that require notification of parents or back-up contact to pick up child.	Written policy on identifying mild and severe illness symptoms, and determining whether such symptoms prevent a child from remaining in care during illness and treatment. Signed parent acknowledgement is maintained in each child's file.				
E35 D36	Upon enrollment, the provider compares child's immunization record to national standards and encourages parents to schedule any missing immunizations - or parent's written objection is on record.	Written policy that requires written proof of current immunizations or parental objection to immunizations. Children's immunization records are kept in individual child files as long as the child is in care.				
Safety and Health: Pets						
E36 D37	If there are pets: a. Parents are informed prior to enrollment, and informed prior to new pets brought into the child care area.	Written policy on pets. Signed parent acknowledgement is maintained in each child's file. Pet vaccinations by a licensed veterinarian are kept current. Pet vaccination records are available for review by parents and other official visitors to the home.		(5 out of 6)		
	b. Pets are in good health, even-tempered, friendly, and comfortable around children, or they are kept in areas not accessible to children.					
	c. There are no turtles, iguanas, lizards, or other reptiles, unless they are kept behind a glass wall in a tank or container where a child cannot touch the animals. There are no parrots or ferrets.					
	d. Rabies and distemper immunization records for all cats					

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	and dogs are on file and signed by a veterinarian within the past year.								
	e. Pets are free of parasites and fleas.								
	f. Litter boxes, pet feces, pet food and dishes, and pet toys are kept out of reach of children.								
Total									

Comments:

F E. Professional and Business Practices: Ethics and Legality

Criteria			NM	SM/E	F M	NA	Evidence
Association	Standard	Recommended Documentation used for review					
<u>FE</u> 1	<p>The provider's attention is focused on children. The provider is intentional and reflective in her work, thinking about what occurs with the children and their families, considering any puzzling events or concerns:</p> <p>a. Telephone calls, errands, or personal demands do not take priority over children's needs.</p>	Written policies and procedures on expectations of provider while children are in care, including back-up plans for when provider's attention outside of care is required or demanded. Parent survey.		(4 out of 5)			

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	b. The provider maintains confidentiality and respects the privacy of children and families (except for reporting child abuse or neglect).						
	c. The provider does not operate another business during childcare hours.						
	d. There is no child abuse, domestic violence, or illegal drug use in the home.						
	e. The provider takes precautions to minimize extreme stress.						
		Professional and Business Practices: Continuing Education and Support					
FE2	The provider keeps up-to-date with topics related to program quality. a. The provider seeks continuing training and education and is open to new ideas about family child care.	Professional resource portfolio developed within the last three (3) years. Copies of child care training certificates issued within the past three (3) years. Professional organizations membership certificates, meeting agendas, meeting minutes, meeting attendance logs, etc.		(2 out of 3)			
	b. When needed, provider consults with experts to gain specific information, such as how to work with children and families with special needs.						
	c. The provider is actively involved with other providers or a related						

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	professional group, if available.						
		Professional and Business Practices: Resources and Referral					
FE3	The provider informally and formally shares information with parents on the following: a. Common child-rearing issues such as <u>behavior guidance</u> temper tantrums and signs of infectious disease.	Copies of materials and resources provided to parents.		(3 out of 4)			
	b. Community resources that offer services to parents and children, including medical services, as needed.						
	c. Tax credits, child care subsidies, and employer child care benefits if available.						
	d. Names and telephone numbers of three (3) current or recently enrolled parents, with their permission, for prospective parents. If unavailable, character references are shared.						
FE4	The provider knows how to detect signs of child abuse and neglect, understands the responsibility to report suspicious cases to child protective services, and, if appropriate, files a report.	Written safety plan that includes mandatory reporting procedures. Verification completion of DCF Identifying and Reporting Child Abuse and Neglect course.					

Professional and Business Practices:
Contracts and Policies

EE5	The provider follows a standard enrollment process that facilitates an exchange of information between the provider and parent: a. The provider or sponsoring agency has a signed child care contract with each family covering these areas: hours, fees, payment schedule, provider's and child's vacation, provider's and child's sick leave and absences, responsibility for alternate care, and termination policy.	Written enrollment procedure and enrollment packet.	(2 out of 3)				
	b. The provider gives parents receipts upon payment of fees (or fees are fully subsidized) and gives parents employee identification information with the first receipt and upon request.						
	c. The provider gives written policies to parents, covering these topics: substitute care arrangement, persons authorized to pick up child, illness, administering medication, emergencies, guidance and discipline, parent conferences and visits, religious teaching and activities (if relevant), and transportation						

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	and/or field trips (if relevant).					
FE6	If a child receives an injury beyond a minor scrape or bruise, the provider contacts a parent as soon as possible. Parent is given a W written accident reports are documented on the day they occur and shared with the parent/guardian on the date of the occurrence within 24-hours which includes a description of the accident, action taken, outcome, and how the child responded.	Written policy on responding to and reporting accidents/incidents. Parent survey.				
FE7	Program is covered by insurance including accident insurance for children and assistants (if employed), liability insurance, and vehicle insurance (if children are transported).	Copy of insurance policies.				
		Professional and Business Practices: Record Keeping				
FE8	The provider retains the following records: a. Observational notes in a child's file that includes insights into children's interests, accomplishments, concerns, etc. These records are used for program planning and parent conversations.	Written policies of record gathering and retention procedures and policies. Copies of child's file(s).		(5 out of 6)		
	b. Observational notes in a child's file that includes information about the children and their families such as					

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	special needs, fears, food preferences, important holidays and traditions and updates the information as needed.						
	c. Updated medical information for each child including: permission to treat emergencies, signed by parent(s); child's allergies; chronic illness and other known health problems; immunizations (or written documentation of parent's objection).						
	d. Signed permission from parent(s) if children are transported or go on field trips.						
	e. Children's daily attendance records.						
	f. Health and safety checklists.						

**Professional and Business Practices:
Assistants**

FE9	Assistants understand and support the goals for each child, as well as the rules and routines of the program: a. The assistant, unless a family member, has a written job description defining responsibilities.	New hire orientation and other written policies and procedures, including job description of the assistant.		(4 out of 5)			
	b. The assistant keeps up -to- date with topics related to program quality, and seeks continuing training and education in family						

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	child care.						
	c. The assistant is actively involved with other providers or a related professional group, if available.						
	d. The assistant, unless a family member, is paid at least the minimum wage. If the assistant works more than 15 hours a week, the provider pays the employer's share of social security and worker's compensation. Assistants who work more than 5 hours a day with the children have a break of at least ½ hour.						
	e. Parents have met any regular assistant or substitute, except in emergencies.						

**Professional and Business Practices:
Substitute Providers**

<u>EE</u> 10	Except in emergencies, parents are notified in advance when a substitute provider is responsible for their children.	Written policies and procedures, including job description, of substitute care. Parent survey.					
<u>EE</u> 11	Except in emergencies, any person left alone with children must:	Provider has a written supervision policy that includes the minimum staff qualifications required under this standard. Personnel file(s).		(4 out of 5)			
	a. Be at least 21 years of age,						
	b. Must be certified in First Aid and Pediatric CPR,						
	c. Have an acceptable Tuberculosis						

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	(TB) screening,						
	d. Have spent time previously with the children before being left in charge, and						
	e. Understand the program routines, children's special health and nutrition needs (including allergies), and emergency procedures.						
FE12	Children are not left with a substitute more than 20% of the time (such as 1 hour per every 5 hours, or 1 day per 5-day week, may be averaged over time).	Written policies and procedures, including job description, of substitute care.					
FE13	At least one person is available for emergency back-up care and is able to arrive within 10 minutes.	Written policies and procedures, including job description, of substitute care.					
Total							

Comments:

F. Validation Process							
Criteria			NM	SM	FM	NA	Evidence
Association	Standard	Recommended Documentation used for review					

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<p>FI</p>	<p>The program will be subject to visit(s) by validator(s) representing the accrediting agency. The program will be evaluated based on standards outlined above. The program must receive a satisfactory evaluation. Onsite visits, excluding the initial visit, are unannounced visits:</p> <ul style="list-style-type: none"> • Program personnel records will be monitored for compliance with 	<p>Written documentation of monitoring visit outcome; an itemized inspection form or summary format as provided by the accrediting association.</p>				
	<p>training requirements</p> <ul style="list-style-type: none"> • Program files, surveys, and other information used to complete the self study must be available during time of visit. • Program environment will be monitored both indoor and outdoor classroom settings. 					
Total						

Comments:

G. Renewal Process

Criteria			NM	SM/E	F M	NA	Evidence
Association	Standard	Recommended Documentation used for review					

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G1	The program must apply for accreditation renewal prior to the expiration date of the current accreditation to ensure that a lapse does not occur. a. Program must provide an annual report	Current accreditation certificate. Copy of completed renewal application.					
	b. Provider must provide licensing inspections including administrative actions as a result of noncompliance for the last two years.						
Total							

Comments: