

**Gold Seal Quality Care Program
Evaluation Instrument for Child Care Facility Accreditation Standards**

**Gold Seal Quality Care Program
Reviewer Agreement**

s. 1002.945, F.S. ~~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.

~~**(1) Child care facilities, large family child care homes, or family day care homes accredited by a recognized accrediting association whose standards substantially meet or exceed the Department’s Gold Seal Quality Care Accreditation 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 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:

- I will maintain confidentiality of the review process.
- I will disclose to the Children’s Forum if I have a conflict of interest with regard to any application assigned for my review.

Printed Name of Person Completing Form

Signature

Review Organization

Date Completed

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

Standard A. Validation Process

		NM	SM/E	NA	Evidence
Indicator	Recommended Documentation used for review				Must have evidence for a. – i. of this section to meet statutory requirements.
A1	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: <ul style="list-style-type: none"> • Program personnel records will be monitored for compliance with training requirements • 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. 				
	<u>a. Clearly defined prerequisites that a child care provider must meet before beginning the accreditation process. Accreditation may not be granted to a child care facility 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 for each classroom 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 child care facility, large family child care home, and family day care home to file an annual report with the</u>				

	<u>accrediting association and risk-based, onsite auditing protocols for accredited child care facilities, large family child care homes, and family day care homes.</u>					
	<u>e. 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>					
	<u>f. Accreditation renewal procedures that include an onsite verification occurring at least every 5 years.</u>					
	<u>g. A process for verifying continued accreditation compliance in the event of a transfer of ownership of facilities.</u>					
	<u>h. 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>					
	<u>i. Procedures for determining compliance with the accreditation standards and the required percentage of assessed items measured to achieve accreditation.</u>					
	<u>j. Process for verifying program files, surveys, and other information used to complete the self-study are available during time of visit.</u>					
	<u>k. Process for monitoring program environment of both indoor and outdoor classroom settings.</u>					
	<u>l. Procedures for monitoring program personnel records for compliance with training requirements.</u>					
Total						

Comments:

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Standard <u>B</u> A. Ratio and Group Size								
					NM	SM/ E	NA	Evidence
	Age Group	Indicator– Ratio	Group Size	Recommended Documentation used for review				
<u>BA1</u>	Birth – 24mths	1:3-4	<u>6-8</u>	Documentation of current enrollment and copies of daily and weekly staff schedules.				
<u>BA2</u>	25mths -35mths	1:4-6	<u>8-12</u>	Documentation of current enrollment and copies of daily and weekly staff schedules.				
<u>BA3</u>	3 years	1:6-9	<u>12-18</u>	Documentation of current enrollment and copies of daily and weekly staff schedules.				
<u>BA4</u>	4 years/ 5years	1:8-10	<u>16-20</u>	Documentation of current enrollment and copies of daily and weekly staff schedules.				
<u>BA5</u>	Kindergarten	1:9-12	<u>18-24</u>	Documentation of current enrollment and copies of daily and weekly staff schedules.				
<u>BA6</u>	6-8 years	1:10-12	<u>20-24</u>	Documentation of current enrollment and copies of daily and weekly staff schedules.				
<u>BA7</u>	9-12 years	1:12-15	<u>24-30</u>	Documentation of current enrollment and copies of daily and weekly staff schedules.				
<u>B8</u>	The provider has access to available substitute staff to ensure that the above staff-to-child ratios are met at all times of operation. Groups of children may be limited to one (1) age or							

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	<p>may include multiple ages.</p> <p>A group or classroom consists of the children assigned to a teacher or a team of teaching staff for most of the day and who occupy an individual classroom or well-defined space that prevents intermingling of children from different groups within a larger room or area.</p>							
B9	<p>Group size: Groups of children may be limited to one (1) age or may include multiple ages.</p> <p>A group or classroom consists of the children assigned to a teacher or a team of teaching staff for most of the day and who occupy an individual classroom or well-defined space in which care is provided or classes are held and staff ensures that appropriate group sizes are maintained.</p>							
					NM	SM/E	NA	Evidence
	Age Group	Indicator						
A8	Birth—24mths	6-8		Documentation of current enrollment and copies of daily and weekly staff schedules.				

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A9	25-35mths	8-12		Documentation of current enrollment and copies of daily and weekly staff schedules.				
A10	3 years	12-18		Documentation of current enrollment and copies of daily and weekly staff schedules.				
A11	4 years/5 years	16-20		Documentation of current enrollment and copies of daily and weekly staff schedules.				
A12	Kindergarten	18-24		Documentation of current enrollment and copies of daily and weekly staff schedules.				
A13	6-8 years	20-24		Documentation of current enrollment and copies of daily and weekly staff schedules.				
A14	9-12 years	24-30		Documentation of current enrollment and copies of daily and weekly staff schedules.				
Total includes both Ratio and Group Size								

Comments:

Standard C.B. Teacher and Staff

				NM	SM/E	NA	Evidence
	Indicator	Recommended Documentation used for review					
CB1	Lead Teachers must be at least 21 years old.	Position description for the lead teacher that includes the age requirement.					

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CB 2	Lead Teachers must be certified in first aid and Pediatric CPR, including management of a blocked airway, and rescue breathing.	Position description for the lead teacher that includes the CPR and First Aid certification requirement.				
CB3	<p>Lead teachers must meet <u>one</u> of the following:</p> <ul style="list-style-type: none"> • An undergraduate degree in Early Childhood Education, Child Development, Social Work, Nursing, or other child-related field, and a minimum of one (1) year experience working in a child care program serving children ages 0-5; OR • A national competency-based early childhood credential such as the CCP, CDA, or state equivalent (example, Florida Child Care Professional Credential), and <u>two</u> three years (3) experience as a teacher serving the children of the age-groups in care, OR • A combination of coursework and experience including: a high school diploma or GED, a minimum of four (4) college-level courses in Early Childhood Education and Child Development, and a minimum of <u>three two</u> (2) years experience working in a child care program serving children ages 0-5. 	Position description for the lead teacher that includes minimum education and experience requirements.				
CB4	Associate/assistant teachers must be at least 18 years old.	Position description for the associate/assistant teachers that includes the age requirement.				
CB5	Associate/assistant teachers must have a high school diploma or general education certificate (GED).	Position description for the associate/assistant teachers that includes the age requirement.				
CB6	Aides and Volunteers must be at least 16 years old. <u>Volunteers under the age of 18 years must be under direct supervision and are not counted in staff-to-child ratio.</u>	Position description for the aides and volunteers that includes the age requirement.				

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<u>CB7</u>	All teaching staff (including substitutes) must complete Level 2 background screening prior to interacting with children.	New-hire orientation written policies and procedures that include confirmation of the element.				
<u>CB8</u>	All teaching staff must clear a sexual predator check prior to interacting with children.	New-hire orientation written policies and procedures that include confirmation of the element.				
<u>CB9</u>	A new employee is not considered permanent until the director has assessed his/her mental and physical health and ability to work effectively with young children.	New-hire orientation written policies and procedures that include confirmation of the element.				
Total						

Comments:

Standard D C. Staff Training/Continued Professional Development.

			NM	SM/E	NA	Evidence
	Indicator	Recommended Documentation used for review				
<u>DE1</u>	The program provides and requires all teaching staff (including substitutes) to complete orientation for new employees prior to interacting with children.	New-hire orientation written policies and procedures that include confirmation of the element.		(5 out of 6)		
	The orientation includes, but is not limited to a. Program policies and procedures;					

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	b. Health, safety, and emergency procedures;					
	c. Accepted guidance and classroom management;					
	d. Observing experienced teachers					
	e. How teaching staff will accurately use the program's procedures for assessment of child progress and program quality.					
<u>DC2</u>	All teaching staff (including Lead Teachers , assistants, and volunteers) must complete job-related professional development during the first year of employment relevant . Training must be specific to the age(s) or the special circumstances/specific needs of the children staff teach. Topics to include: behavior management; inclusion; medication administration; child abuse reporting and compliance; health; safety; child development; nutrition; evaluation; <u>language and literacy whole language</u> ; curriculum; parent involvement; communication skills; and diverse races, cultures, and languages.	New-hire orientation written policies and procedures that include confirmation of the element.				
<u>DC3</u>	All teaching staff (including Lead Teachers , assistants, and volunteers) must complete at least 24 hours of job-related professional development annually, following the first year of employment. Training must be specific to the age(s) or the special circumstances/specific needs of the children staff teach. Topics to include: behavior management; inclusion; medication administration; child abuse reporting and compliance; health; safety; child development; nutrition; evaluation; <u>language and literacy whole language</u> ; curriculum; parent involvement; communication skills; and diverse races, cultures, and languages.	New-hire orientation written policies and procedures that include confirmation of the element.				

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ED2	The Director must meet <u>one</u> of the following: a. An undergraduate degree in one (1) of the following: Early Childhood Education, Child Development, Social Work, Early Childhood Special Education, Nursing, Child Care Management, or other child-related field, OR	Position description for the administrator that includes minimum education and experience requirements.				
	b. A combination of coursework and experience that includes a minimum of four (4) college-level courses in Early Childhood Education and Child Development, Elementary Education, Early Childhood Special Education, Child Care Management; <u>and</u> two (2) years experience as a lead teacher or director serving the children of the age groups in care.					
ED3	The director and assistant director(s) must complete at least 24 hours of job-related professional development annually. Topics of professional development include: child care operations and management, administration, inclusion, personnel management, behavior management, first aid, medication administration, child abuse reporting and compliance, health, safety, child development, nutrition, evaluation, <u>language and literacy whole language</u> , curriculum, parent involvement, and communication skills.	New-hire orientation written policies and procedures that include confirmation of the element.				
Total						

Comments:

Standard FE. Curriculum Implementation

			NM	SM/E	NA	Evidence
	Indicator	Recommended Documentation used for review				
<u>FE1</u>	The program has a written mission and vision statement of its philosophy and goals for its staff and all children in its care. This statement is present and consistent in the program's staff handbook, parent handbook, and orientation materials, etc.	Program handbook(s), new-hire documentation, written policies and procedures, etc. that highlight consistent mission and vision statement(s).				
Strategic and Curriculum Planning						
<u>FE2</u>	The program uses a strategic planning process to implement its vision and mission, and to achieve desired outcomes for the children in its care.	The program's written strategic planning process.				
<u>FE3</u>	The program uses written curriculum plans based on knowledge of appropriate practice(s); assessment of individual needs and interests; cultural sensitivity; progress reports and assessment; and the social, emotional, cognitive, physical, and language development of individual children.	Written samples of the program's curriculum plans.				
<u>FE4</u>	Teaching staff have clearly defined goals for individual children that guide their curriculum planning.	Documentation that confirms that the provider has a file for each child in care that includes notes on the child's interests, progress and needs that guides the curriculum planning for that child..				

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FE5	Teachers use curriculum in all content and developmental areas as a flexible framework for teaching and to support the development of daily plans and learning experiences.	Written lesson plans used by staff that incorporates curriculum into a larger teaching and experiential framework for individual children.				
		Curriculum /Teaching Materials				
FE6	The program demonstrates sufficient materials and equipment that are rich in variety to sustain curriculum plans. Materials and equipment are available in sufficient quantities to occupy each child in activities that meet his or her interests.	Documentation of materials and equipment used.				
FE7	Materials and equipment used facilitate focused individual and peer play/learning.	Program's curriculum plans that incorporate materials and equipment used.				
FE8	Materials and equipment reflect and respect society's diversity and the cultures of the families being served.	Written policies and procedures that addresses how the program selects its materials and equipment in a fashion prohibits discrimination and identifies materials that may be degrading or discriminatory.				
FE9	Staff rotates and adapts materials on a reasonable basis to promote learning and extend children's play opportunities.	Written policies and procedures that include how materials and equipment are rotated, supplemented, and/or retired.				
FE10	Teachers foster cognitive learning by providing opportunities and materials to encourage infants/toddlers to discover how they can make things happen and to solve simple problems. Children are provided equipment to engage in varied opportunities of fine and large motor experiences.	Written daily lesson plans and schedules of activities that include events that provide opportunities for interaction, problem-solving, and fine and large motor skill development.				
	All children are provided materials to experience varied opportunities of the key principles of the following: a. Art, music, dramatic play, and dance in ways that reflect cultural diversity.	Written lesson plans and daily schedule of activities that reflect these subject areas.		(3 out of 4)		

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FE11	b. The principles of math, such as building understanding of numbers; number names; the relationship of numbers to object quantities and to symbols; using numerical symbols; and to explore operations on quantities, such as adding, subtraction, and dividing into equal and unequal subsets.				
	c. Science.				
	d. The physical characteristics of their local environment, and how people positively and negatively affect their environment.				
Daily Schedule					
FE12	The program's daily schedule provides a balance of activities in consideration of the child's total daily experience. This includes: a. All age groups (including infants)	Written lesson plans and daily schedules of activities that include these elements.		(7 out of 9)	
	b. Daily outside play and opportunities for gross motor development				
	c. Daily quiet and active play				
	d. Activities that incorporate large and small muscle groups				
	e. Daily group activities				

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	f. Child-initiated and teacher-initiated activities					
	g. Age-appropriate learning activities					
	h. Activity that provides choices					
	i. Activity that allows for spontaneity.					

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		Lesson Plans and Implementation				
EE13	Teachers use: a. The needs and interests of infants to influence schedules, routines, and learning experiences. Infants who show interest or pleasure in an activity are encouraged and supported in prolonging that activity.	Written lesson plans and daily schedules of activities that include these elements.		(4 out of 5)		
	b. Children's interest in and curiosity about the world to engage them with new content and developmental skills, including self-help activities that promote competency and mastery.					
	c. Their knowledge of individual children to modify strategies and materials to enhance children's learning.					
	d. The child's routine to include tasks for which the children take responsibility, according to their ability, to give children a sense of self-reliance.					
	e. Environmental design/modifications, schedules and activity modifications, adult or peer support, effective transitions, engaging activities, and other teaching strategies to prevent challenging or disruptive behaviors and support the child's appropriate behavior.					

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FE14	Teachers demonstrate and use their knowledge of content and developmental areas, and of children's social relationships, interests, ideas, and skills in their lesson plans by:	Written lesson plans and daily schedules of activities that include these elements.		(7 out of 9)		
	a. Creating experiences that engage children in purposeful and meaningful learning related to key curriculum concepts.					
	b. Posing problems and asking questions that stimulate children's thinking.					
	c. Guiding children in acquiring specific skills and explicitly teaching those skills to promote children's engagement and learning.					
	d. Helping children express their ideas and build on the meaning of their experiences.					
	e. Helping children identify and use prior knowledge, and providing experiences that extend and challenge children's current understandings.					
	f. Having and using a variety of teaching strategies that include a broad range of approaches and responses.					
	g. Tailoring learning opportunities for groups and individuals.					
	h. Incorporate indoor and outdoor activities.					
	i. Planning for children to revisit experiences and materials over periods of days, weeks, and months, and adjust challenges as children gain competence and understanding, learn					

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	and acquire new skills.					
<u>FE15</u>	Teachers' lesson plans are reviewed weekly by the director and/or administration.	Written lesson plans that include confirmation of review by director.				
Inclusion						
<u>FE16</u>	The program is designed to be inclusive of all children in keeping with the provisions of the Americans with Disabilities Act, and including children with identified disabilities and special learning and developmental needs. Materials and equipment used to implement the curriculum should accommodate children's special needs.	Written policies and procedures on inclusion and ADA compliance. Program's curriculum plans that incorporate materials and equipment used.				
<u>FE17</u>	When children with special needs enroll, each child has an individual program plan; each child is professionally evaluated; the program has access to a referral system; and reviews of each child's progress are done using a team concept.	Written policies and procedures on children enrolled with special needs, including content and format of individual program plans, and referral and review of progress using a multidisciplinary approach.				
Child Assessment						
<u>FE18</u>	Teachers use multiple sources to informally and formally assess each child's development for future learning opportunities. The ongoing assessment process should be used to:	Written policies and procedures on child assessment procedures, review, and implementation.		(4 out of 5)		
	a. Identify what children have learned.					
	b. Identify any possible learning hindrances and disabilities.					
	c. Adapt curriculum and teaching to meet children's needs and interests.					
	d. Foster child's curiosity, extend child's engagement, and supports self-initiated learning.					

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	e. Communicate child's progress to parents, including both in and out of teacher/ parent conferences.					
Total						

Comments:

Standard G F. Learning Environment

			NM	SM/E	NA	Evidence
	Indicator	Recommended Documentation used for review				
<u>G#1</u>	A minimum of 35 square feet of usable space per child is used in each primary indoor activity area.	A floor plan that indicates usable space foot usage per child, and current enrollment documentation.				
<u>G#2</u>	Each room provides separate learning "areas" that offer a variety of experiences and learning opportunities. Space may be arranged so children can work individually, in small groups, or in a large group. Classroom areas are set up so that traffic patterns do not interfere with activities. The program has taken measures in all rooms occupied by children to control noise levels so normal conversation can be heard without raising one's voice.	A floor plan that includes placement of furniture, equipment, learning areas, and traffic patterns.				
<u>G#3</u>	Classroom areas are made comfortable with the use of soft furniture, pillows, rugs, etc. Staff organizes and groups materials on low, open shelves to encourage use by children.	Photographs of classroom areas.				

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GF4	Adequate lighting and ventilation is employed in every room. Natural light is available in some of the indoor areas occupied by children during the course of the day.	Safety inspection checklists. Written policies and procedures on exposure of children to natural sunlight during the day.				
GF5	Teachers create classroom displays of children's recent work that help children reflect on and extend their learning. Displays are at children's eye level.	Written policies and procedures on use of children's work for displays.				
GF6	<u>Use of electronic media (videos, computer games, etc.)</u> Television is limited to educational <u>content programs</u> suitable for the developmental level of the child and only on an occasional or intermittent basis, <u>and not used at all for children under 2 years old.</u>	Written policies and procedures on the use of televisions and other media devices, including the selection and use of content. Lesson plans that incorporate <u>the use of electronic media (videos, computer games, etc.)</u> TV.				
GF7	Children of all ages have daily opportunities for outdoor play (when weather, air quality, or environmental safety conditions do not pose a health risk). When outdoor opportunities for large-motor activities are not possible because of conditions, the program provides similar activities inside.	Written policies and procedures and lesson plans that reflect opportunities for daily outdoor play, including alternate indoor activities when necessary.				
GF8	Outdoor play areas are designed with equipment that is age and developmentally appropriate, and located in clearly defined spaces with semi-private areas where children can play alone or in small groups. Outdoor play areas will accommodate or facilitate:	Floor plan of outdoor play area plans that include the placement of equipment. Photographs.		(2 out of 3)		
	<ul style="list-style-type: none"> a. Motor experiences such as running, climbing, balancing, riding, jumping, crawling, scooting or swinging. b. Activities such as dramatic play, block building, manipulative play, or art activities. 					

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	c. Exploration of the natural environment, including a variety of natural and manufactured surfaces, and areas with natural materials such as nonpoisonous plants, shrubs, and trees.					
Total						

Comments:

Standard H G. Social Development

			NM	SM/E	NA	Evidence
	Indicator	Recommended Documentation used for review				
<u>HG1</u>	Children have varied opportunities to recognize and name their own and others' feelings, and are given varied opportunities to learn the skills needed to regulate their emotions, behavior, and attention. Children have varied opportunities to learn to understand, empathize with, and take into account other people's perspectives.	Written policies and procedures and lesson plans on interpersonal and intrapersonal emotional and social skills.				
<u>HG2</u>	Children have varied opportunities to develop skills for entering into social groups by interacting positively, respectfully, and cooperatively with others, developing friendships, learning to help, and learning from and with one another; resolving conflicts	Written policies and procedures and lesson plans on small and large group interaction, mediation, and pro-social activities and behavior.				

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	in constructive ways and other pro-social behavior.					
HG3	Children are provided opportunities and materials to foster positive identity and an emerging sense of self and others by learning about the community in which they live, and engaging in discussions about fairness, friendship, responsibility, authority, and differences.	Written policies and procedures and lesson plans on positive self-image facilitation, and learning about the community and ethics.				
HG4	Children have varied opportunities to engage throughout the day with teaching staff who are attentive and responsive to them, facilitate their social competence, and facilitate their ability to learn through interacting with others.	Written policies and procedures on expectations of staff interaction with children.				
HG5	Children have opportunities to engage in classroom experiences with members of their families.	Written policies and procedures on parent participation and lesson plans that incorporate parental involvement.				
Total						

Comments:

Standard I H. Literacy Support

	NM	SM/E	NA	Evidence
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	Indicator	Recommended Documentation used for review				
IH1	Children's language development is promoted through songs, stories, books and games. Children have varied opportunities to be read to regularly in individualized ways including one-to-one or in small groups (2-6 children).	Written lesson plans and daily schedule of activities that include songs, stories, books, games and activities that promote literacy.				
IH2	Children have varied opportunities to develop competence in verbal and nonverbal communication by responding to questions; communicating needs, thoughts, and experiences; and describing things and events.	Written lesson plans and daily schedule of activities that promote the development of competence in verbal and nonverbal communication.				
IH3	Children have multiple and varied opportunities to write, to develop phonological awareness, and to understand spoken language by the utilization of pictures, familiar objects, body language, and physical cues.	Written lesson plans and daily activities schedule that include elements in this section.				
Total						

Comments:

Standard J I. Health and Safety

	Indicator	Recommended Documentation used for review	NM	SM	FM	NA	Evidence
		Indoor Environment					

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J1	The building is well maintained: a. Walls, floors, furnishings, and equipment are kept in good repair and are safe, with no sharp edges, splinters, protruding or rusty nails, or missing parts.	Safety inspection checklists. Written policies and procedures on the regular safety inspection of the building, premises, and equipment.		(4 out of 5)		
	b. All indoor areas are free from trash, sharp or hazardous items, and are in a clean condition.					
	c. Toys and equipment are in good working order, clean, and free from peeling paint and pinch points.					
	d. Staff takes steps to correct or avoid unsafe conditions.					
	e. Smoking is not permitted in facility.					
J2	The following furnishings are available: a. Equipment and furnishings for diaper changing and changing soiled underwear or other clothing that are located away from food preparation areas;	Floor plans, photographs.		(5 out of 6)		
	b. Hand-washing sinks within arm's length of diaper changing tables;					
	c. Chairs with a back and a seating height that allows the child to sit with his or her feet on the floor or ground (for each child over the age of one (1) year);					
	d. Tables at a height that allows a child to sit comfortably with the table between underarm and waist;					

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	e. Adaptations that allow children with disabilities and other special needs to fully participate in the program's activities; and					
	f. A solid barrier or at least three-foot spacing that separates sleeping children from one another.					
J13	Documentary evidence, available on-site, indicates that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazard from friable material. Evidence exists that the program has taken remedial or containment action to prevent exposure to children and adults, if warranted by the assessment.	Current inspection reports from certified inspectors.				
J14	Fully working fire extinguishers and fire alarms are installed in each classroom and are tagged and serviced annually. Smoke detectors, fire alarms and carbon monoxide detectors are tested monthly, and a written log of annual service and testing dates and battery changes is maintained and available.	Written floor plan that indicates the location of working fire extinguishers, fire alarms, and carbon monoxide and smoke detectors. Written documentation of fire extinguisher discharge and inspection, carbon monoxide annual service inspection, and fire alarm annual service inspection for two (2) years. Written log or monthly testing, as well as frequency of battery changes.				
J15	Cleaning materials, detergents, aerosol cans, health and beauty aids, and other toxic materials are stored in their original labeled containers and used according to the manufacturer's instructions and purpose. All art and craft materials used in the program are non-toxic. No paint containing lead in excess of 0.06% is used in areas accessible to children.	Written health and safety policies and procedures that ensure supplies used by children are not toxic, and all harmful, toxic and poisonous materials are inaccessible to children and labeled and stored as required under this criteria.				

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J46	The program has written procedures to protect children and adults from environmental hazards such as air pollution, lead, and asbestos, according to public health requirements.	Written health and safety policies and procedures that are posted and includes the procedures to protect children and adults from environmental hazards such as air pollution, lead, and asbestos.				
J47	Electrical outlets are covered.	The provider has a written policy on the regular safety inspection of the building, premises, and equipment On-site verification/inspection. Safety inspection checklists are kept for at least four (4) months. Direct observation.				
J48	Indoor equipment for large-motor activities meets national safety standards and is supervised at the same level as outdoor equipment.	Current inspection reports from certified inspectors. Written policies and procedures on the regular safety inspection of the equipment.				
J49	At least one (1) staff member who has a certificate showing satisfactory completion of pediatric CPR and first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with each group of children. When the program includes swimming and wading and when a child in the group has a special health condition that might require CPR, one staff person who has successfully completed training in CPR is present in the program at all times.	Written policies and procedures (including new-hire orientation documents and job descriptions) on the health and safety policy that includes the staff CPR and First Aid requirements.				
		Outdoor Environment				
J410	At least 75 square feet of outside play space is provided for each child playing outside at any one time. The total amount of required play space is based on a maximum of one-third of the total center enrollment being	Written outdoor space floor plan with equipment and space measurements indicated.				

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	outside at one time.					
JH11	The director or other designated individual conducts daily inspections of the playground area. A playground inspection log is maintained at all times to reflect daily playground inspections.	A log of outdoor safety checks.				
JH12	Outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children.	Written policies and procedures (including new-hire orientation documents and job descriptions) on the health and safety policy that includes not smoking around children in care.				
JH13	Outdoor play area is protected by fences or natural barriers to prevent access to streets and to avoid other dangers, such as pits, water hazards, or wells.	Written safety plan that requires the completion of regular safety checks of the outdoor play area. A log of outdoor safety checks and inspections. Written outdoor space floor plan. Photographs.				
JH14	Program staff protects children and adults from exposure to high levels of air pollution from smog or heavy traffic by limiting outdoor and physical activity as a precaution during smog or other air pollution alerts.	Written health and safety policy that prevents children from being exposed to high levels of air pollution during outdoor time.				
JH15	Any body of water, including swimming pools, built-in wading pools, ponds, and irrigation ditches, is enclosed by a fence at least four (4) feet in height, with any gates childproofed to prevent entry by unattended children. To prevent drowning accidents, staff directly supervise all children by sight and sound in all areas with access to water in tubs, pails, and water tables.	Written safety plan that requires the completion of regular safety checks of the outdoor play area. A log of outdoor safety checks and inspections. Written outdoor space floor plan. Photographs. Written direct supervision policy of children in all areas with access to water.				
JH16	Outdoor play equipment is of safe design and in good repair: a. All pieces of playground equipment are designed to match the body dimensions of children.	Written safety plan that requires the completion of regular safety checks of the outdoor play area. A log of outdoor safety checks and inspections. Written outdoor space floor plan. Photographs.		(3 out of 4)		

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	b. Anchored equipment is not placed closer than four (4) feet from any hard, non-resilient surface, including fencing or another piece of play equipment.					
	c. All elevated pieces of playground equipment are surrounded by a perimeter of resilient surface of an acceptable depth.					
	d. All pieces of playground equipment are free of sharp edges, protruding parts, weaknesses, and flaws in material construction.					
JH17	When climbers, climbing gyms, slides, and other play units are part of the outdoor environment, the program provides safety surfacing that is rated and installed in the fall zone as recommended by the manufacturer for the fall height of the play equipment. Furnishings such as lofts are constructed to prevent falls (e.g., with appropriate barriers), or safety surfacing is installed in the fall zone.	Written safety plan that requires the completion of regular safety checks of the outdoor play area. A log of outdoor safety checks and inspections. Photographs.				
JH18	Sandboxes that are part of a program facility are constructed to allow for drainage, are covered when not in use, and are cleaned of foreign matter on a regular basis. Staff replaces sand as often as necessary.	Written policy on maintenance of sandboxes.				
JH19	The program maintains facilities so they are free from harmful animals, insect pests, and poisonous plants: a. Poisonous or potentially harmful plants are not in areas accessible to children.	Written safety plan that requires the completion of regular safety checks of the outdoor play area. A log of outdoor safety checks and inspections. Written outdoor space floor plan. Photographs.		(2 out of 3)		

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	b. Pesticides and herbicides, if used, are applied according to the manufacturer's instructions when children are not at the facility and in a manner that prevents skin contact, inhalation, and other exposure to children.					
	c. The program uses the techniques known as Integrated Pest Management (IPM) so the least hazardous means are used to control pests and unwanted vegetation.					
J#20	The staff is capable of viewing all of the children on the entire playground.	Written policies and procedures on playground supervision.				
J#21	To protect against cold, heat, sun injury, and insect-borne disease, parents are required to provide their children with at least one change of clothing suitable for daily outdoor play.	Enrollment packet for parents that includes a policy requiring parents to provide children with at least one change of clothing suitable for daily outdoor play. The policy requires parental signature acknowledging receipt of the policy.				
Personal Hygiene and Best Practices						
J#22	Proper hand-washing procedures are followed by adults and children, and universal precautions are practiced at all times: a. Children and adults wash their hands after diapering or using the toilet, handling body fluids, playing in fluid play areas, and before meals and snacks.	Written hand-washing policies and procedure, including posted hand-washing instructions.		(2 out of 3)		
	b. Adults wash their hands before and after feeding a child, administering medication and after assisting a child with toileting and handling garbage or					

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	cleaning.					
	c. Staff and children wash their hands at specified times during the day.					
JH23	Staff members and children developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored. Children wash either independently or with staff assistance as needed to successfully complete the task.	Written lesson plans and daily activities schedule that includes personal hygiene.				
JH24	Toilets, drinking water facilities, and hand-washing facilities are within 40 feet of the indoor areas that children use. The hand-washing sinks are accessible to staff and children (step stools are available if needed).	Written floor plan. Photographs.				
JH25	Daily cleaning tasks are conducted to ensure a healthy and safety environment and include the following: general classroom areas, bathrooms, dining areas, and all equipment.	Written policies and procedures on sanitation that requires daily cleaning tasks. Copy of daily cleaning schedule/log.				
JH26	Staff clean and sanitize toilet seats, toilet handles, toilet bowls, doorknobs, or cubicle handles and floors either daily or immediately if visibly soiled. Staff clean and sanitize potty chairs, if in use, after each child's use. In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food. Staff does not use hand-washing sinks for bathing children or for removing smeared fecal material.	Written policies and procedures on sanitation that requires daily cleaning tasks. Copy of daily cleaning schedule/log.				
JH27	Toys are washed weekly, except mouthed toys which <u>must be cleaned and sanitized</u>	Written policies and procedures on sanitation that requires daily cleaning tasks. Copy of daily cleaning schedule/log.				

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	<u>immediately or prior to another child's use are washed daily.</u>					
		Nutrition and Food Safety				
J128	The program prepares written daily, weekly, and/or monthly menus that:	Written menus.		(4 out of 5)		
	a. Are posted where families can see them.					
	b. Are made available to families.					
	c. Are kept on file for review by certified inspectors and/or accrediting association.					
	d. Illustrates that meals and snacks are at regularly established times.					
e. Illustrate that meals and snacks are at least two (2) hours apart but not more than three (3) hours apart.						

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<p>JF29</p>	<p>The program participates in the United States Department of Agriculture's Child and Adult Care Food Program (USDA's CACFP), OR at least two (2) times a year, a registered dietitian or pediatric public health nutritionist evaluates the provider's menus for:</p> <ul style="list-style-type: none"> • Nutritional content; • Portion sizes, and nationally recommended limits on juice, sugar, sodium, and saturated fats; • Food service operations; • Food safety (staff discard foods with expired dates, etc.); • Special feeding needs to be met by the program; and • Procedures used for food brought from home. <p>The program documents compliance and any corrections that it has made according to the recommendations of the program's health consultant, nutrition consultant, or a sanitarian that reflect consideration of federal and other applicable food safety standards.</p>	<p>Current inspection reports from certified inspectors. Written policies and procedures on food preparation, food service operations, and nutrition.</p>			
<p>JF30</p>	<p>Clean sanitary drinking water is made available to children throughout the day (infants who are fed only breast milk <u>or formula, may be given additional breast milk or formula do not need to be offered water</u>). When the water supply source is a well or other private source (i.e., not served by a public supply), on-site documentary evidence verifies that the local regulatory health authority has determined the water to be safe for human consumption.</p>	<p>Current inspection reports from certified inspectors. Written policies and procedures on water and breast milk.</p>			

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J31	Mealtime is relaxed and pleasant for children. Staff sits and eats with the children while modeling appropriate behavior and using meal time as a learning experience.	Written policies and procedures for meal/snacktime.				
J32	Staff take steps and works with families to ensure that food and beverages brought from home: a. Meets the United States Department of Agriculture's Child and Adult Care Food Program (USDA's CACFP) food guidelines.	Enrollment packet for parents that includes a policy for food brought from home. The policy requires parental signature acknowledging receipt of the policy.		(4 out of 5)		
	b. Is labeled with the child's <u>first and last</u> name and the date.					
	c. Is refrigerated, if required, and stays cold until served.					
	d. Is supplemented by food provided by the program, if necessary.					
	e. Must be either whole fruits or commercially prepared packaged foods in factory-sealed containers if food is intended to be shared.					
J33	For all infants, and for children with disabilities who have special feeding needs, a daily record is kept and documents the type and quantity of food a child consumes and provides families with that information.	Daily record of food provided for infants, and children who have special feeding needs.				

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II34	For each child with special health care needs, food allergies, or special nutrition needs: a. The child's health provider offers the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care.	Enrollment packet for parents that includes medical information, special health care needs, and food allergy information for children with special food needs. The policy requires parental signature acknowledging receipt of the policy.				
	b. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.					
II35	Staff does not offer children younger than four (4) years the following foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas; hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. Staff cut foods into pieces no larger than 1/4-inch square for infants and 1/2-inch square for toddlers/twos, according to each child's chewing and swallowing capability.	Enrollment packet for parents that includes food and portion restrictions. The policy requires parental signature acknowledging receipt of the policy.				
II36	In regards to food safety: a. Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.	Enrollment packet for parents that includes food safety. The policy requires parental signature acknowledging receipt of the policy.				

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	b. Staff discards after one (1) hour any formula or human milk that is served but not completely consumed or is not refrigerated.					
	c. If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes.					
	d. No milk, including breast milk, and no other infant foods are warmed in a microwave oven					
	e. Except for breast milk, staff serve only formula and infant food that comes to the facility in factory-sealed containers (e.g., ready-to-feed powder or concentrate formulas and baby food jars) prepared according to the manufacturer's instructions.					
J137	The program supports breastfeeding by: a. Accepting, storing, and serving expressed milk for feedings;	Enrollment packet for parents that includes support for breastfeeding. The policy requires parental signature acknowledging receipt of the policy.		(3 out of 4)		
	b. Accepting milk in ready-to-feed sanitary containers labeled with the infant's first and last name and date and storing it in a refrigerator for no longer than 24 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than three months;					
	c. Ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in breast milk; and					

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	d. Providing a comfortable place for Breastfeeding and coordinating feedings with the infant's mother.					
JF38	In regards to infants and toddlers: a. The program does not feed cow's milk to infants younger than 12 months, and it serves only whole milk to children of ages 12 months to 24 months.	Enrollment packet for parents that includes policies for the feeding of infants and toddlers The policy requires parental signature acknowledging receipt of the policy.		(5 out of 6)		
	b. If the program provides food to infants, staff works 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.					
	c. Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice.					
	d. Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.					
	e. Teaching staff do not offer solid foods and fruit juices to infants younger than six months of age, unless that practice is recommended by the child's health care provider and approved by families.					
	f. Sweetened beverages are avoided. If juice (only 100% fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily.					
			Infant and Toddlers			

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II39	Cots, mats, cribs, sheets, and blankets are marked with individual children's names and washed at least once a week.	Enrollment packet for parents that includes policies for labeling and washing these articles. The policy requires parental signature acknowledging receipt of the policy.				
II40	Program staff identifies choking hazards and remove them from the proximity and reach of <u>children infants and toddlers/twos.</u>	Health and safety plan that requires program staff to be cognizant of choking hazards and removing such hazards.				
II41	Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff are barefoot in such areas, their feet are visibly clean.	Health and safety policy that requires that surfaces used by infants specifically for play are clean and free from contamination.				
II42	Adults have a comfortable place to sit, hold, and feed infants. Staff place rocking chairs and glider chairs in locations that will avoid injury to children who may be on the floor.	Written floor plan. Photographs.				
II43	Infants and toddlers (to children age two) (2) do not have bottles while in a crib or bed and do not eat from propped bottles at any time. They also do not carry bottles, sippy cups, or regular cups with them while crawling or walking.	Enrollment packet for parents that includes policies for sippy cups and feeding. The policy requires parental signature acknowledging receipt of the policy.				
II44	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.	Written policies and procedures that address staff to infant interaction				
II45	At least once daily, in a program where children older than one (1) year receive two (2) or more meals, teaching staff provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. (The use of toothpaste is not required.) After each feeding, infant's teeth and gums are wiped with a disposable tissue (or clean soft cloth	Written policies and procedures that address hygiene policy related to tooth brushing.				

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	used only for one child and laundered daily) to remove liquid that coats the teeth and gums.					
J46	Cribs are inspected to ensure security. Drop-side cribs are not used.	On-site verification/inspection. Safety inspection checklists. Written policies and procedures on the regular safety inspection of equipment.				
J47	To reduce the risk of Sudden Infant Death Syndrome (SIDS): a. Infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission. (This indicator is required of all programs with infants.)	Enrollment packet for parents that includes policies and procedures for reducing the risk of SIDS. This includes that for children that are not capable of rolling over on their own, the provider requires written documentation from a medical doctor to place children in an alternate sleeping position. The provider has parental signature acknowledging receipt of the policy.		(2 out of 3)		
	b. Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for Infants younger than twelve eight months.					
	c. If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest. The infant's head remains uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.					
	Diaper/Changing area:	Written policies and procedures on diapering and		(4 out of 5)		

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JJ48	a. Never located near food preparation areas.	changing. Inspection checklists.				
	b. Changing tables are sanitized after each use.					
	c. If n Non-absorbent paper liners are used, which they must be large enough to over the changing surface.					
	d. Staff checks diapers regularly and changes soiled or wet diapers/ clothing immediately.					
	e. A closable, foot-pedal operated, plastic-lined trash receptacle us provided in every diaper changing area.					
	f. <u>Diaper changing procedures are posted at each changing table.</u>					
JJ49	Bathrooms have barriers to prevent entry by unattended infants and toddlers to two (2)-year olds.	Written floor plan. Photographs.				
Transportation						
JJ50	If transportation is provided for children, there should be:	Written policies and procedures on transportation safety. Maintenance and transportation logs.		(7 out of 9)		
	a. Written requirements for drivers.					
	b. A regular maintenance schedule for vehicles and a maintenance log for each vehicle.					
	c. A written pick-up/drop-off routine, including a procedure for accounting for each child.					
d. Transportation logs, vVehicle insurance, liability insurance, and adequate supervision for children being transported.						

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	e. Identifying and emergency information for each child available on each vehicle.					
	f. The use of appropriate restraint systems for each child.					
	g. A first aid kit properly equipped for each vehicle.					
	h. Adequate liability and accident insurance coverage for staff and children and vehicle insurance for any owned or leased vehicles.					
	i. Vehicle alarms are installed in vehicles used to transport children.					
II51	Written procedures address all aspects of the arrival, departure, and transportation of children. The procedures: a. Facilitate family-staff interaction.	Written policies and procedures for arrival, departure, and transportation of children while in care of the child care program.		(4 out of 5)		
	b. Ensure that all children transported during the program day are accounted for before, during, and after transport.					
	c. Ensure the safety of all children as pedestrians and as passengers.					
	d. Address specific procedures for children with disabilities.					
	e. Address special circumstances in picking up children at the end of the day.					
		Supervision				
II52	Attendance is taken when children arrive at the program. The program has in place a system for parents/guardians to sign their children in and out on a daily basis.	Written policies and procedures for daily sign-in and out. Logs or process includes parent/guardian signature and the arrival and departure time of the child.				

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JF53	Staff maintains supervision of children at all times. a. The physical layout of facilities is arranged so that all areas can be viewed by at least one (1) other adult in addition to the caregiver.	Written policies and procedures on supervision that ensures all areas required in this section.				
	b. Teachers, assistant teachers, or teacher aides are aware of, and positioned so they can hear and see any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.					
	c. When infants and toddlers to two year olds are sleeping, mirrors, video or sound monitors may be used to augment supervision in sleeping areas, but such monitors may not be relied on in lieu of direct visual and auditory supervision.					
	c. Children are carefully supervised on field trips.					
JF54	Parents are notified in advance of the field trip destination, time of departure, anticipated time of arrival, and time of return. Signed, written permission for individual field trips or blanket written permission is kept on file for each child taking part in a field trip.	Enrollment packet for parents that includes policies and procedures for notifying parents/guardians in advance when field trips are scheduled.				
		Emergency, Medication, and Illness Procedures				
JF55	The program has written policies on the routine of health care of children, and the health practices of the program, to promote wellness and safeguard the health and safety of children and adults. The program has a system for daily health screenings along with a record of the staff person's observations of each child during the screening.	Written policies and procedures on routine health practices of program.				

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JF56	The program has a written plan for reporting and managing any incident of unusual occurrence that is threatening to the health, safety, or welfare of the children or staff. The program has procedures for staff training on the emergency plan, and the plan is posted in each classroom.	Enrollment packet for parents that includes policies and procedures for documenting incidents/injuries, and notifying parents when a child is involved in an incident/injury while in attendance at the facility.				
JF57	The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.	Cooperative arrangement documentation.				
JF58	Staff maintains areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals. Areas used by staff or children who have allergies to dust mites or to components of furnishings or supplies are maintained by the program according to the recommendations of health professionals.	Floor plan and policies and procedures developed in consultation with a health professional.				
JF59	There is a separate area to care for children who are too ill to receive care in the regular group. A program that allows ill children or staff to remain in the program implements plans that have been reviewed by a health professional about (a) what level and types of illness require exclusion; (b) how care is provided for those who are ill but who are not excluded; and (c) when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.	Written policies and procedures, reviewed by a health professional, for documenting illness, and notifying parents when a child becomes ill while in attendance at the facility.				
JF60	The program provides regular vision, speech and language, hearing, and developmental screenings for children either on-site or through referral to a community health agency. The program documents annual screenings for each child.	Enrollment packet for parents that includes policies and procedures for regular screening and referrals for vision, speech, hearing, and developmental services.				

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<p>II61</p>	<p>Complete records for children are updated annually including: Names, addresses, and phone numbers of parents or guardians, emergency contact information, medical treatment authorizations, medical histories, developmental histories, immunization records, progress reports, parent conference reports, transportation permissions, injury and illness logs, and medication administration logs.</p>	<p>Enrollment packet for parents that includes policies and procedures on individual files kept for each child.</p>			
<p>II62</p>	<p>The program maintains a log of all illnesses and parents are notified immediately when a child's behavior indicates illness.</p>	<p>Enrollment packet for parents that includes policies and procedures on individual files kept for each child, and notifying parents when a child becomes ill while attending the child care program.</p>			
<p>II63</p>	<p>Evacuation drills are practiced at least monthly from all exit locations at varied times of the day. The program has an emergency exit plan showing escape routes from each area.</p>	<p>Written evacuation plans. Drill logs.</p>			
<p>II64</p>	<p>At least one (1) person on-site is designated as responsible for health and safety issues.</p>	<p>Job description that includes health and safety responsibility.</p>			
<p>II65</p>	<p>90% of the staff are certified in <u>pediatric CPR for infants and children</u>. At least one (1) certified staff person is <u>always present with each group of children in attendance at all times</u>. Written verification of CPR certification is kept on file at all times. 90% of the staff involved in the provision of directchild care are certified in pediatric first aid.</p>	<p>Written verification of CPR and first aid certification.</p>			
<p>II66</p>	<p>There is a health/medical consultant available to the program for questions and advice. The health consultant observes program practices and reviews and makes recommendations about the program's practices and written health policies to ensure health promotion and prevention of infection and injury. The consultation addresses physical, social-emotional, nutritional, and oral health, including the care and exclusion of ill children.</p>	<p>Enrollment packet for parents that includes summary of agreement with a medical consultant for questions and advice.</p>			

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J47	There is a fully stocked, readily accessible first aid kit in the facility.	First aid kit content and maintenance log.				
J48	Medication is administered to children only when a written order has been submitted by a parent, and the medication is consistently administered by a designated staff member <u>that is educated in proper medication administration</u> . A log is kept and filed of all medication administered.	Enrollment packet for parents that includes medication administration policies that includes a log of medication administration is kept in the individual child's file.				
J49	Classroom pets or visiting animals appear to be in good health. Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Program staff makes sure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk for salmonella infection.	Enrollment packet for parents that includes policies on pets and other visiting animals The policy includes procedure to ensure children with allergic reaction are not exposed to that animal.				
Total						

Comments:

Standard K J. Teacher-Child Interactions

	Indicator	Recommended Documentation used for review	NM	SM/E	NA	Evidence
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K#1	Every attempt is made to maintain continuity of relationships between teaching staff and children and among groups of children: α. The program is organized and staffed to minimize the number of group, teaching staff, and classroom transitions experienced by an individual child during the day and program year.	Written daily and weekly curriculum and lesson plans.		(2 out of 3)		
	b. Policies prescribe that each group of children be assigned teaching staff who have primary responsibility for working with that group.					
	c. Policies encourage keeping infants and toddlers to age two (2) together with their teaching staff for nine (9) months or longer.					
K#2	Teaching staff's daily interactions α. Demonstrate their knowledge of the children they teach, their families, and the social, linguistic, and cultural context in which the children live.	Written policies and procedures on expectations of teaching staff by program, including job descriptions and new-hire orientation documentation.		(5 out of 6)		
	b. Support and challenge children's learning during interactions or activities that are teacher initiated and child initiated.					
	c. Are available and responsive to children; encourages children to share experiences, ideas and feelings.					
	d. Engage in collaborative inquiry with individual children and small groups of children.					

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	e. Includes listening to children attentively and with respect; teachers speak to each child frequently (by name), make eye contact and use clear, correct language patterns, and affectionate, supportive words.					
	f. Encourage and recognize children's work and accomplishments.					
KJ3	Teachers manage behavior by: a. Helping individual children learn socially appropriate behavior by providing guidance that is consistent with the child's level of development.	Written policies and procedures on expectations of teaching staff by program, including job descriptions and new-hire orientation documentation.				
	b. Managing behavior and implementing classroom rules and expectations in a manner that is consistent and predictable.					
	c. Responding to challenging, unpredictable, or unusual behavior with their knowledge of children's home and classroom life.					
	d. Observing patterns in children's challenging behaviors to provide thoughtful, consistent, and individualized responses.					
	e. Convening families and professionals to develop individualized plans to address behavior.					
	f. Using positive behavior support strategies.					
	g. Behavior management includes positive guidance, redirection, and the setting of clear-cut limits that foster the child's ability to become self-disciplined. Teaching staff anticipate and take steps to prevent potential behavior problems.					

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KJ4	Teachers make a concerted effort to understand what children are trying to communicate, and respond sensitively when children are frustrated or angry. Teaching staff actively seek to understand infants' needs and desires by recognizing and responding to their nonverbal cues and by using simple language.	Written policies and procedures on expectations of teaching staff by program, including job descriptions and new-hire orientation documentation.			
KJ5	Teachers observe children who have challenging behavior and respond quickly and calmly to prevent children from hurting each other while showing understanding of the children's needs and feelings. Teaching staff assist children in resolving conflicts by helping them identify feelings, describe problems, and try alternative solutions, and identify events, activities, interactions, and other contextual factors that predict challenging behavior and may contribute to the behavior.	Written policies and procedures on expectations of teaching staff by program, including job descriptions and new-hire orientation documentation.			
KJ6	Staff promotes pro-social behavior and creates a climate of mutual respect for children and their families by treating them with respect and dignity. No adult or child is treated differently because of a disability, or because of his/her race, religion, ethnic origin, or physical appearance.	Written policies and procedures on expectations of teaching staff by program, including job descriptions and new-hire orientation documentation.			
KJ7	Teaching staff are consistent and predictable in their physical and emotional care of all children. Corporal punishment; withdrawal of food, rest, or bathroom opportunities; and any form of emotional abuse are prohibited.	Written policies and procedures on expectations of teaching staff by program, including job descriptions and new-hire orientation documentation.			
KJ8	Teaching staff evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to differing abilities, temperaments, activity levels, and cognitive and social development. Teaching staff adjust their interactions to infants' and toddlers'/twos' various states and levels of arousal.	Written policies and procedures on expectations of teaching staff by program, including job descriptions and new-hire orientation documentation.			

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KJ9	Teaching staff give one-to-one attention to infants when engaging in care giving routines. Teaching staff engage infants in frequent face-to-face social interactions each day. These include both verbal behaviors (e.g., talking, cooing, repeating infant sounds, and singing) and nonverbal behaviors (e.g., smiling, touching, and holding).	Written policies and procedures on expectations of teaching staff by program, including job descriptions and new-hire orientation documentation.				
KJ10	Teaching staff quickly respond to infants' and toddlers/twos' cries or other signs of distress by providing physical comfort and needed care. The teaching staff are sensitive to infants' and toddlers/twos' various signals and learn to read their individual cries. Teaching staff facilitate an infant's social interaction when he or she is interested in looking at, touching, or vocalizing to others.	Written policies and procedures on expectations of teaching staff by program, including job descriptions and new-hire orientation documentation.				
KJ11	Teaching staff support children's development of friendships and provide opportunities for children to play with and learn from each other. Teaching staff facilitate positive peer interaction for children who are socially reserved or withdrawn and for those who are bullied or excluded.	Written policies and procedures on expectations of teaching staff by program, including job descriptions and new-hire orientation documentation.				
KJ12	Teachers provide children opportunities to develop the classroom community through participation in decision making about classroom rules, plans, and activities.	Written policies and procedures on expectations of teaching staff by program, including job descriptions and new-hire orientation documentation.				

Total

Comments:

Standard L K. Program Operations

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

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			NM	SM/E	NA	Evidence
	Indicator	Recommended Documentation used for review				
LK1	All components of program operation are guided by written policies that:	Written operating policies and procedures.		(4 out of 5)		
	a. Articulate through plans, systems, and procedures.					
	b. Enable the program to run smoothly and effectively.					
	c. Guide the program toward achieving its goals.					
	d. Detail staff responsibilities, planning time, training and resources, etc.					
e. Guide the appropriate use of specialized consultants to support the program's goals.						
LK2	Hiring procedures ensure that all employees in the program (including bus drivers, bus monitors, custodians, cooks, clerical and other support staff)	Written operating policies and procedures, including handbooks, job descriptions, new-hire orientation documentation.		(4 out of 5)		

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	who come into contact with children in the program or who have responsibility for children:					
	a. Have passed a criminal-record check and are free from any history of substantiated child abuse or neglect.					
	b. Have cleared a sexual predator check.					
	c. Are at least 18 years old (except vehicle drivers, who must be at least 21).					
	d. Have completed high school or the equivalent.					
	e. Have provided personal references and a current health assessment that attest to the prospective employee's ability to perform the tasks required to carry out the responsibilities of their position.					
<u>LK3</u>	The child care program:	Written operating policies and procedures.		<u>(5 out of 6)</u>		
	a. Fosters staff communication through staff meetings, a newsletter, written memoranda, suggestion boxes, etc.					
	b. Provides a written job description for each position and a policy in writing on nondiscrimination.					
	c. Provides staff with a staff-lounge or separate break area and a staff bathroom. Staff has ways of taking breaks and finding relief at times of high stress.					
	d. Offers a benefits package for full-time staff that satisfactorily completes their introductory period of employment.					
	e. Has a teacher retention plan.					

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	f. Have in place technology-based information management systems that collect and analyze data used to monitor program operation and to inform program improvement.					
<u>LK4</u>	Confidential personnel files, including applications with record of experience, transcripts of education, health-assessment records, documentation of ongoing professional development, and results of performance evaluation, are kept in a secure location. Information about children and families is held in strictest confidence by the program staff.	Written operating policies and procedures.				

<u>LK5</u>	At least annually, directors, parents, program staff and other ancillary professionals collaborate on a written evaluation of the program's effectiveness in meeting the needs of children, parents, and program modification. Staff and families have the opportunity to assist in making decisions to improve the program. The program uses this information to plan professional development and program quality-improvement activities as well as to improve operations and policies.	Written operating policies and procedures.				
<u>LK6</u>	The program has a formal merit evaluation program and every staff person is formally reviewed by a supervisor at least once each year. An individual professional development plan is generated from the staff-evaluation process and is updated at least annually and ongoing as needed.	Written operating policies and procedures.				

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LK7	All teaching staff evaluates and improves their own performance based on ongoing reflection and feedback from supervisors, peers and families. They add to their knowledge and increase their ability to put knowledge into practice. They develop an annual individualized professional development plan with their supervisor and use it to inform their continuous professional development.	Written operating policies and procedures.			
K8	Financial policies and the procedures to implement them: a. Provide evidence of sound fiscal accountability using standard accounting practices.	Written operating policies and procedures.		(6 out of 7)	
	b. Are consistent with the program's vision, philosophy, mission, goals, and expected child outcomes. The program has resources to support the program's vision, philosophy, mission, goals, operation, and expected child outcomes.				
	c. Include an annual operating budget.				
	d. Include at least a quarterly reconciliation of expenses to budget.				
	e. Include a system exists to review or adjust the budget if circumstances change.				
	f. Include the person directly responsible for program implementation (administrator, site manager, program manager, or supervising teacher) in				

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

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	long-range fiscal planning and in operating budget preparation, reconciliation, and review.					
	g. Include a yearly audit. Fiscal records (such as revenue and expenditure statements, balance sheets, banking reconciliation, etc.) are kept as evidence of sound financial management. <u>The program has a current year operations budget and quarterly income and expense statements that show revenues, expenses, and budget compared to actual.</u>					
LK9	Program staff maintain a current list of child and family support services available in the community based on the pattern of needs they observe among families and based on what families request (e.g., health, mental health, oral health, nutrition, child welfare, parenting programs, early intervention-special education screening and assessment services, and basic needs such as housing and child care subsidies). They share the list with families and assist them in locating, contacting, and using community resources that support children's and families' well-being and development.	Resource and referral portfolio with information on supports and services available in the community.				
LK10	Program staff: a. Develops partnerships and professional relationships with agencies, consultants, and organizations in the community that further the program's capacity to meet the needs and interests of the children and families that they serve.	The provider keeps regular schedule of training, conferences, etc. with community organizations to meet the needs and interest of children and families.		(9 out of 11)		

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	<p>b. Is familiar with family support services and specialized consultants who are able to provide culturally and linguistically appropriate services. They use this knowledge to suggest and guide families to these services as appropriate.</p>				
	<p>c. Encourages continuity of services for children by communicating with other agencies and programs to achieve mutually desired outcomes for children and to guide collaborative work.</p>				
	<p>d. Identifies and establishes relationships with specialized consultants who can assist all children's and families' full participation in the program. This assistance includes support for children with disabilities, behavioral challenges, or other special needs.</p>				
	<p>e. Advocate for the program and its families by creating awareness of the program's needs among community councils, service agencies, and local governmental entities.</p>				
	<p>f. Uses their knowledge of the community and the families it serves as an integral part of the curriculum and children's learning experiences.</p>				
	<p>g. Connects with and use their community's urban, suburban, rural, or tribal cultural resources.</p>				
	<p>h. Informs families about community events sponsored by local organizations, such as museum exhibits, concerts, storytelling, and theater intended for children.</p>				
	<p>i. Invites members of the performing and visual arts community, such as musical performers, coordinators of traveling museum exhibits, local artists, and</p>				

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	community residents, to share their interests and talents with the children					
	j. Engages with other community organizations and groups to cosponsor or participate in cultural events to enrich the experience of children and families in the program.					
	k. Is encouraged to participate in local, state, or national early childhood education organizations by joining and attending meetings and conferences. Program staff is also encouraged to participate regularly in local, state, or regional public-awareness activities related to early care and education.					
	l. Are encouraged and given the opportunity to participate in community or statewide interagency councils or service integration efforts.					
LK11	The program leadership: α. Encourages staff and families to work together to participate in and support community improvement or advocacy projects.	The provider has a regular schedule of advocacy and community projects to encourage staff and families to participate.		(2 out of 3)		
	b. Builds mutual relationships and communicates regularly with close neighbors, informing them about the program, seeking out their perspectives, involving them in the program as appropriate, and cooperating with them on neighborhood interests and needs.					
	c. Is knowledgeable about how policy changes at local, state, tribal, or national levels affect the services and resources available for children and their families.					

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LK12	<p>The program has written procedures to be followed if a staff member is accused of abuse or neglect of a child in the program that protect the rights of the accused staff person as well as protect the children in the program. Employees and volunteers receive an instruction sheet about child abuse reporting that contains a summary of the state child abuse reporting statute, instructions on reporting and the chain of command, and a statement that they will not be discharged solely because they have made a child abuse report. Suspected incidents of child abuse/ neglect are reported to the appropriate local agencies.</p>	<p>The provider has a written policy and plan when a staff member is accused of child abuse. The provider has a written discipline policy that describes positive discipline methods (i.e. redirection, time out, loss of privilege, natural consequence) to protect children from abuse and neglect when children are in care of the child care program.</p>				
Total						
<p>Comments:</p>						

Standard M L. Family Interactions

			NM	SM/E	NA	Evidence
	Indicator	Recommended Documentation used for review				
<u>M</u> <u>L</u> 1	The program has written policies and procedures that are updated at least annually and: a. Demonstrates how the program prepares for, orients, and welcomes children and families.	Written orientation procedure for newly enrolled children and their families available to families in the language that they use and understand.		(4 out of 5)		
	b. Are shared verbally and in writing with families of enrolled children.					
	c. Are available in languages that families use and understand.					
	d. Include parent conflict resolution procedures.					
	e. Include program operations, such as tuition and fee schedules, payment and refunds, and attendance and vacation.					
<u>M</u> <u>L</u> 2	The program offers a parent display/bulletin board which covers, at a minimum, program description, policy statements, philosophy, schedules, and menus. The program compiles and provides program information to families in a language the family can understand. This information includes program policies and operating procedures.	Photographs. Sample postings.				
<u>M</u> <u>L</u> 3	Families may visit any area of the facility at any time during the program's regular hours of operation as specified by the procedures of the facility. Nursing mothers have a place to breast-feed their children that meets their needs for comfort and privacy.	Written orientation procedure for newly enrolled children and their families available to families in the language that they use and understand.				

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<p><u>M-4</u></p>	<p>The program has a procedure for transitioning children to another program or elementary school. This process includes reviewing children's specific needs, a family needs assessment, and a mechanism to share summary information. An informed consent form will be signed by the parent that identifies specifically what will be shared.</p>	<p>Written orientation procedure and/or enrollment packet for newly enrolled children and their families available to families in the language that they use and understand.</p>			
<p><u>M-5</u></p>	<p>When program staff suspect that a child has a developmental delay or other special need, this possibility is communicated to families in a sensitive, supportive, and confidential manner and is provided with documentation and explanation for the concern, suggested next steps, and information about resources for assessment. For children with persistent, serious, challenging behavior, teachers, families, and other professionals work as a team to develop and implement an individualized plan that supports the child's inclusion and success.</p>	<p>Written orientation procedure and/or enrollment packet for newly enrolled children and their families available to families in the language that they use and understand.</p>			
<p><u>M-6</u></p>	<p>To better understand the cultural backgrounds of children, families, and the community, program staff (as a part of program activities or as individuals):</p> <ul style="list-style-type: none"> a. Participate in community cultural events, concerts, storytelling activities, or other events and performances designed for children and their families. b. Uses a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds. 	<p>Parent survey employed by the provider.</p>		<p>(2 out of 3)</p>	

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	c. Actively uses information about families to adapt the program environment, curriculum, and teaching methods to the families they serve.					
ME7	Program staff: a. Arranges the environment to be welcoming and accessible.	Written orientation procedure and/or enrollment packet for newly enrolled children and their families available to families in the language that they use and understand.		(16 out of 19)		
	b. Makes an effort to speak daily with each child's parents in order to briefly discuss the child's day and to report any unusual occurrence or special success.					
	c. Communicates with family members on an ongoing basis to learn about children's individual needs and ensure a smooth transition between home and program.					
	d. Shares information with families about classroom rules, expectations, and routines not only at enrollment but also as needed throughout the year.					
	e. Hold parent-teacher conferences at least twice a year and at other times, as needed, to discuss individual children's needs, progress, and accomplishments.					
	f. Informs parents about the program and the curriculum, and about policy or regulatory changes and other critical issues that could potentially affect the program.					
	g. Provide parents with information regarding social services within the community including health care services, assistance with basic and emergency family needs and tuition payment alternatives.					
	h. Establishes intentional practices designed to foster strong reciprocal relationships with families from the first contact and maintain them over time.					

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	i. Ensures that all families, regardless of family structure; socioeconomic, racial, religious, and cultural backgrounds; gender; abilities; or preferred language are included in all aspects of the program, including volunteer opportunities.				
	j. Uses a variety of formal and informal methods to communicate with families about the program philosophy and curriculum objectives, including educational goals and effective strategies that can be used by families to promote their children's learning.				
	k. Facilitates opportunities for families to meet with one another on a formal and informal basis, work together on projects to support the program, and learn from and provide support for each other.				
	l. Work together with families to plan events. Families' schedules and availability are considered as part of this planning.				
	m. Uses a variety of mechanisms such as family conferences or home visits to promote dialogue with families. The program staff asks adults to translate or interpret communications as needed.				
	n. Informs families about the program's systems for formally and informally assessing children's progress. This information includes the purposes of the assessment, the procedures used for assessment, procedures for gathering family input and information, the timing of assessments, the way assessment results or information will be shared with families, and ways the program will use the information.				

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	<p>o. Communicates with families on a daily basis regarding infants' and toddlers'/twos' activities and developmental milestones, shared care giving issues, and other information that affects the well-being and development of their children. Where in-person communication is not possible, program staff communicates through established alternative means.</p>				
	<p>p. Encourages families to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff then incorporates into classroom practice.</p>				
	<p>q. Encourages and support families to make the primary decisions about services that their children need, and they encourage families to advocate to obtain needed services.</p>				
	<p>r. Uses a variety of techniques to negotiate difficulties that arise in their interactions with family members. Program staff makes arrangements to use these techniques in a language the family can understand.</p>				
	<p>s. Provides basic general information on enrollment procedures and practices, visiting opportunities, and program options to help families with their transitions to other programs or schools.</p>				
		Total			

Comments:

Standard M. Validation Process

Standard M. Validation Process						
			NM	SM/E	NA	Evidence
	Indicator	Recommended Documentation used for review				
M1	<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 training requirements • 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. 	<p>Written documentation of monitoring visit outcome; an itemized inspection form or summary format as provided by the accrediting association.</p>				
Total						

Comments:

N. Renewal Process

N. Renewal Process						
			NM	SM/E	NA	Evidence
	Indicator	Recommended Documentation used for review				

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<p style="text-align: center;">NQ1</p>	<p>The program must apply for accreditation renewal prior to the expiration date of the current accreditation to ensure that a lapse does not occur.</p> <ul style="list-style-type: none"> • Program must provide an annual report • Provider must provide licensing inspections including administrative actions as a result of noncompliance for the last two years. 	<p>Current accreditation certificate. Copy of completed renewal application.</p>				
Total						
<p>Comments:</p>						