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ABSTRACT

In response to the desire to create for child development services a unified system which shares common standards for quality and respects the diversity and uniqueness of individuals and of programs, a committee of the Early Childhood Work Group collected and compared all the different standards now in force for the early childhood programs in the state of Vermont. The committee identified elements common to all these programs including: (1) program design and curriculum; (2) personnel; (3) leadership and administration; (4) parent involvement; and (5) health and safety. This resulting document is a tool for self-assessment by program directors and staff of early childhood programs. Each section of the document provides a brief introductory narrative leading into a simple table format in which the core standards are presented as positive statements alongside options for evaluation; The standards are intended to represent a minimum level. The first section of document addresses who needs early childhood services," while the second section describes how to use the self-assessment tool. The third section and bulk of the document contains the "Core Standards and Self-Assessment Tool," organized by the five identified common elements. The document concludes with a "Continuous Improvement Plan" worksheet and additional resource information on diapering, disinfection, excludable conditions, and food service. (Author/SD)

Vermont Core Standards and Self-Assessment Tool for Center-Based Early Childhood Programs

developed by

The Early Childhood Work Group

Fall 1996

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Introduction

We call them child care, preschool, Head Start, Early Education Initiative, and a whole folder of other names. Far more often than for any generation of the past, early care and education programs fill the days of our young children.

Children come to schools, parent child centers, church basements, converted storefronts, private homes, and many other locations. They come because they have a particular early learning need; because parents want them to be with other children, and be better prepared for school; or, most often, because their parents have to work. Some come for all or several of these reasons. In fact, many children are transported from one program to another, in one location after another, during a long, exhausting day.

Over the past 30 years, the number of these programs and the numbers of children they serve have grown dramatically. The portion of American children younger than five who were in child care grew from 6 percent in 1960 to 28 percent in 1990. Today, Vermont state officials conservatively estimate that 45 percent of our children under age six — about 21,000 of them — are in licensed or regulated child care. They attend literally thousands of private, non-profit, and government-sponsored programs, including regulated home-based family child care.

Investing in the Critical Learning Years

This situation has promise along with problems. Some of our young children are spending time with people who are professionally trained and experienced in helping them learn how to learn, how to solve problems, how to get along with others. Effective early childhood programs are vital — not only to our children, but to our future.

But in a chronically low-paying field with very high staff turnover, too many early childhood programs are not as effective as they could be. Many children spend hours each day with care providers who lack basic training in the field, in settings that are not well-equipped for learning. In fact, an extensive study by four universities that examined 100 child care centers in four states (none of them Vermont) reported in 1995 that only one in seven centers (14 percent) was providing good-quality care, while the care at one in eight (12 percent) was poor. Forty percent of facilities for infants and toddlers examined were poor in quality.

Although Vermont's child care system is consistently rated as one of the country's best by national child advocacy groups, maintaining effective, high-quality programs remains a major challenge. The highest-paid certified teaching staff at Vermont child care centers now make an average annual salary of $15,488 per year; teaching assistants earn an average of under $9,000 per year. The nationwide turnover rate for center-based teaching staff is 26 percent per year, compared with less than 6 percent in public schools. Yet as Vermont families with young children struggle to cope with more and more stresses in our lives, we depend increasingly on the early childhood community.

We now know that the preschool learning years are the most critical in a young person's life. Before they enter kindergarten, children develop the reasoning patterns, social skills, confidence, and motivation they will build on throughout their education. High-quality, effective early childhood programs are key to our young people's chances for developing to their full potential and succeeding, both in school and throughout their lives — and so they are vital to our future as a state. Investing wisely in these programs saves money. It has been conservatively estimated that every dollar spent on quality early childhood programs in Vermont saves up to four dollars in future costs for education, social, mental health, and juvenile justice services. In fact, it has been said that child development *is* economic development.

So how can we ensure that early childhood programs are high-quality and effective, and that we invest in them wisely? In the past decade or so, common sense has guided many Vermonters who run these programs to combine them — to offer, for example, the local special education program for preschoolers, the Head Start learning program for low-income children, and a play group open to all preschool kids in the same school classroom, parent child center, or child care program.

Bringing Services Together

People in the field call this the *integration* of services. Combining programs, and offering different services in the same place, can make the best use of staff and other program resources, remove the stigma of attending "special" programs, and make the most of limited funding — especially as so many programs face new cuts in funding support. It also permits more children to receive the help and learning they need, all in one place.

The integrating of services and programs has been evolving in Vermont for more than a decade — but in an unplanned, scattered way, without consistent standards or expectations to guide the process. To help service integration move forward statewide, an "Early Childhood Work Group" of early childhood leaders, parents, advocates, and service providers came together in 1992. As its first priority, the group agreed that to support communities, families, and children, the state of Vermont should "create a unified system for child-development services which shares common standards for quality and respects the diversity and uniqueness of individuals and of programs."

Coordinating Support for Families

This is not about the state taking over services or making them all the same. The Early Childhood Work Group favors a variety of settings and styles for providing early childhood services.

"One of the major principles for us is that young children shouldn't be made to work harder than adults," said Vermont's deputy secretary of human services. "Today children are often being awakened very early in the morning, to be dropped off at a preschool program; then they're going to a school program, then being taken to an after-school program. It would be so much easier on the children if they could stay in one place and have the services come to them."

"We're all struggling with how we can put this together in a way that will support families," said the director of a parent child center.

Added another: "We are all working more collectively, more collaboratively than ever before, so the resources we have can reach the most people. We need to integrate our services to the degree that no matter what door families walk through, it's the right door — they can immediately feel that they are getting the services that are right for them."

"We call it seamless programming," said a coordinator of a school district's Essential Early Education programs. "The difficulty is how to make this work with our separate sets of rules, standards, and so forth."

Acting on a Common Belief in Quality

Bringing together services that have separate sets of rules is difficult. In October 1994, when the Early Childhood Work Group issued its report on increasing coordination among early education, early childhood special education, child care, Head Start, and parent child centers, it set as the top priority the development and adoption of *core definitions and standards* for all center-based early childhood programs in Vermont.

These shared standards will be a tool for integrating services that are center-based (they do not apply to family child care homes). They can provide a basis for reducing paperwork, simplifying regulation, and making the quality of programming more consistent and easier to improve.

"We have 15 or 20 different funding sources," said one parent child center director. "We're collecting data sometimes 10 different times."

Core standards can also help ensure access to quality services for *all* families, as they help all programs move toward consistent excellence.

Said another program director: "If we can come to the point of saying that no matter who funds it, no matter what the program is called, you'll find the same quality of services — then we're putting into action our belief that all kids deserve this kind of quality." Core standards can also provide a basis for more effective, unified assessment of results.

"Our overall goal," said the director of the Child Care Services Division at the Department of Social and Rehabilitation Services, "is not to create more burdens for programs, but to create a framework that enables programs to access the available funding and resources in a more comprehensive manner — and an easier manner. Not only will their children be better served, but the vitality of their programs will increase."

Developing the Core Standards

To draft these core standards, a committee of the Early Childhood Work Group collected and compared all the different standards now in force for center-based programs: performance standards for Head Start, SRS licensing regulations for child care centers, and the guidelines and requirements for the early childhood learning programs that are overseen by the Vermont Department of Education. The panel also considered the publication *Developmentally Appropriate Practice in Early Childhood Programs* by the National Association for the Education of Young Children (NAEYC), the guidelines of the National Child Care Association (NCCA), and the *National Health and Safety Performance Standards — Guide-*

lines for Out-of-Home Child Care Programs published by the American Public Health Association and the American Academy of Pediatrics. These works have provided the basis for national accreditation of early childhood centers.

The committee identified the elements that are common to all these programs in Vermont. The common elements are:

- program design and curriculum
- personnel
- leadership and administration
- parent involvement
- health and safety

In 1994, these became the main sections of the first draft of *Vermont Standards for Early Childhood Programs.*

The draft was presented at conferences of the Vermont Association for the Education of Young Children and at six public forums across the state, and it was offered to parents and service providers for their comments. The general response was strongly favorable toward the need for common standards; the many detailed responses were considered in preparation of the second draft. That version was then reworked for readability and this introduction was added, along with the following fact sheets on early childhood services in Vermont.

This published document, now titled *Vermont Core Standards and Self-Assessment Tool for Center-Based Early Childhood Programs*, has been formatted as an easy-to-use tool for self assessment by program directors and staff. In each section, a brief introductory narrative leads to a simple table format in which the core standards, edited to their clear essentials, are presented as positive statements alongside these options for evaluation: *In Place?*, *Priority for Change?*, and *Comments/Needs*.

It is important to note that these are minimum, floor-level standards. Programs that have met these core standards may next wish to measure themselves against the NAEYC standards. Again, these Vermont Core Standards were not designed to apply to family child care homes, or to other home-based services.

A Tool for Collaboration

A new era of public-private *collaboration* is emerging. The work group believes that this new format for the Core Standards provides an accessible and efficient tool for service providers to work toward excellence, and to work with state officials in a shared effort to ensure safety and essential quality. Although collaboration is the keynote, all center-based programs will be expected to meet these core standards. These are also designed to serve as an important first step toward national accreditation.

The Early Childhood Work Group welcomes all comments, criticisms and suggestions about the Vermont Core Standards. To receive additional copies or to make comments, please write to:

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Who Needs Early Childhood Services?

Across the United States:

- More than 11 million children under age six — including 3.6 million babies under age one — have mothers who work.
- Seventy-five percent of working mothers say they cannot find adequate child care while they are at work. The cost of child care is often the greatest barrier for single mothers who are trying to move beyond public assistance and become self-sustaining.
- The typical American family with one child at an early childhood center pays about $3,300 per year for that service; yet the average cost to *provide* a full year of center-based care is $6,300. Most centers must find a way to cover the difference.
- Across the United States, 35 percent of children entering kindergarten are not considered ready to learn by their teachers.

In Vermont:

- In 1990, there were:
  —49,465 children younger than six;
  —30,707 children under six with both parents, or their only parent, in the work force; and
  —8,601 children in child care centers.
- Today more than 30,000 children are estimated to be in child care.
- Women make up 47 percent of the state's labor force. By 2010, this is expected to grow to 54 percent.
- Sixty-six percent of mothers who had children under six years old in 1990 were working.
- One in five children lives in a single-parent family. Between 1980 and 1990, the number of Vermont children living in single-parent families grew by more than 25 percent — from 21,396 to 26,309.
- In 1994, 12 child care resource-and-referral programs throughout Vermont helped Reach Up parents and working parents who receive a child care subsidy find care for 576 children.
- The regulated child care and early education system employs more than 4,000 adult Vermonters.
- In 16 community forums conducted across Vermont by the state's Child Care Services Division in 1993, access to care for infants and toddlers was identified as the number-one family need in every district.
- A survey of Vermont kindergarten teachers indicated that one out of every five Vermont kindergarteners comes to school not ready to learn.

What Programs Provide, Fund, or Regulate Early Childhood Services in Vermont?

- Currently 450 *licensed early childhood programs* serve children in Vermont; these centers are licensed by the Department of Social and Rehabilitation Services (SRS).
- *Registered family day care homes* provide care to small groups of children in the providers' own homes. Home-based services will be covered by future standards.
- *Parent child centers* are non-profit facilities that provide a variety of programs and services, such as child care, play groups, parenting workshops, and home services to families. Vermont's 16 parent child centers are playing a lead role in integrating early childhood services.
- *Head Start* is a federally funded, community-based learning, health, nutrition, and social-service program for children ages three to five who come from families with low incomes. Head Start programs serve nearly 1,500 children statewide.
- *Essential Early Education* (EEE) is a program sponsored and funded by the Vermont Department of Education for preschool children who have a medical condition or a developmental delay that qualifies them for special learning services before they start school.
- The *Early Education Initiative* (EEI) is a grant program run by the Department of Education to fund community-based intervention services for preschoolers who, for a variety of reasons, are at risk of failing once they reach school. Forty-two EEI programs throughout the state serve children in 150 towns.
- The *Family, Infant and Toddler Project of Vermont* uses federal funds to provide services to children up to age three, and to their parents, when the children have or are likely to experience developmental delays.
- The *Reach Up Program* includes child care as part of a package of services aimed at enabling single parents to work their way beyond public assistance. Reach Up is administered by the Department of Social Welfare.

How Do Effective, High-Quality Early Childhood Programs Benefit Children, Families, and Society?

- The early years set the foundation for every child's formal education. Children at these ages develop social skills, confidence, motivation, and reasoning patterns that will last through adulthood.
- Quality child care is indispensible to parents who are entering or trying to stay in the work force, or to complete their education; to families seeking to get off or avoid welfare; and to families who are in crisis and at risk of abusing or neglecting their children.
- The success of welfare restructuring depends on a strong, accessible child-care system, providing care that parents see as safe and nurturing.
- Every dollar spent on quality child care saves the state up to $4 in future costs for education, social, mental health, and juvenile justice services.
- Vermont's original — and best-studied — parent-child center is the Addison County Parent-Child Center, based in Middlebury, where more than 1,500 families from every town in the county have participated in child-care, education, and support programs. Between 1987-91, Addison County had:
  - — Seventy-five fewer births to teen parents than would have been predicted by the statewide average.
  - — Two hundred forty-four fewer births to teen parents than would have been predicted by the national average.
  - — A decline of more than 12 percent in reports of child abuse and neglect; a drop of nearly 43 percent in reports of physical abuse.
  - — A reduction of 14 percent in the county's rate of child poverty.

What Problems and Issues Face Early Childhood Services in Vermont?

- **Accessibility:**
  - — Many parents cannot afford child care or early education programs, and/or cannot get their children to places where it is provided.
  - — Many children with disabilities and special health-care needs still do not have access to nearby child care programs that are equipped for them.
  - — Only 50 percent of Vermont communities receive educational funding for preschoolers who are identified as being at risk of later school failure.
  - — Many Vermont communities do not have enough space in early childhood programs to meet the local demand, especially for infants and toddlers and for children whose circumstances put them at special risk of failing in school.

- **Cost:**
  - — The average cost of quality center-based child care in Vermont, for children under three, is $116 per week, per child. The average cost of care in family child care homes is $96 per week.
  - — In Vermont, the cost of child care for families with one child is 26 percent of median income.
  - — In Vermont, single mothers earning minimum wage with preschool children typically pay 35-40 percent of their income for child care. Single working mothers spend twice as much of their income on child care as do two-parent families.
  - — SRS provides child-care subsidies to about 5,000 children who have been abused or neglected, who are at risk of abuse or neglect, whose parents are on welfare but are working or in Reach Up, and whose parents work but earn low incomes. But these subsidies are 20-30 percent less than the market rate for child care. Many child care providers do not accept families who use SRS subsidies unless they pay the difference between the subsidy and the cost. Some families cannot.
  - — State and federal funds for early-childhood education programs have been declining steadily since 1992.

- **Staff Salaries, Education, and Turnover:**
  - — The average salary at Vermont child care centers for directors and head teachers who are certified and have a bachelor's degree is $15,488.
  - — Teaching assistants make less than $9,000 per year.
  - — In large part because of frustration with the low pay, the staff turnover rate at child care centers is 26 percent per year, compared to 5.6 percent among public-school teachers.
  - — Because of funding cuts, graduate-level programs for early childhood special education face elimination.

Sources for Pages 4-6

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The Children's Day Care Unit, Division of Licensing and Regulation, Vermont Department of Social and Rehabilitation Services.

The Early Education Initiative. Vermont Department of Education, 1995.

The Right Start. The Addison County Parent Child Center, Middlebury, Vermont, 1994.

Definitions

Early Childhood Program: Any program that provides appropriate developmental care, protection, and supervision designed for children from birth to age eight outside of their homes for periods of less than 24 hours a day.

The following are Early Childhood Programs:

Full-Day Program: An early childhood program that meets for more than four hours but less than 24 hours per session.

Kindergarten: A program that serves children who are five years old, or who will attend first grade the following year.

Part-Day Program: An early childhood program that meets for less than four hours per session.

Playgroup: An activity providing a group experience for children and their parents that includes positive social interaction and learning opportunities.

Child: A person who has not yet reached the age of 16.

Confidentiality: The protection of personal information from persons who are not authorized to receive it.

Corporal Punishment: The intentional infliction of pain by any means for the purpose of punishment, correction, discipline, instruction, or other similar reason.

Developmentally Appropriate: Activities and interactions that recognize and address the physical, emotional, social, and cognitive stages of each child.

Discipline: A process of guiding children toward developing positive social behavior through the supportive, consistent use of the following: modeling appropriate behavior, praise, active listening, limit setting, redirection, and modifying the environment.

Educational: Programming that serves to increase knowledge or skill, and which is appropriate to the developmental stage of the child.

Higher Education Course: A course or its equivalent that can apply toward acquiring a postsecondary degree in Early Childhood Education, Elementary Education, Human Development, or other related field.

Individual Professional Development Plan (IPDP): A personalized plan for increasing one's knowledge and improving skills by assessing current knowledge and skills, identifying specific areas for improvement, developing strategies and resources to address those areas, and providing opportunities to reflect and demonstrate personal growth.

Parent: The person(s) who has legal custody of a child.

Parent Conference: A meeting scheduled and held between the parents and program staff, for the purpose of discussing the needs and/or progress of a child relative to the services provided by the program.

Professional Development: An interactive developmental activity, designed to increase knowledge and improve skills, which meets the requirements of one or more staff members' Individual Professional Development Plans.

Staff: Persons who have direct responsibilities for the operation of the program, and/or who count in the staff-child ratio.

Special Needs: One or more of the following areas in which a child shows difficulty or delay:

- — ability to learn
- — social/emotional
- — self care
- — fine and gross motor
- — communication (speech & language)
- — medical or environmental factor(s) that may affect participation in daily activities.

Supervision of Children: Monitoring the safety of children by knowing the activity and whereabouts of each child at all times.

Teaching Apprentice: A person 17 years of age or older who: (1) is enrolled in a vocational/technical center approved by the State Board of Education, and (2) has successfully completed at least one semester of early childhood course work or a minimum of 180 hours in child development theory and school lab practice.

Volunteer: An unpaid person who assists in the program. Volunteers may be counted in the staff-child ratio if they meet staff qualifications.

How to Use the Self-Assessment Tool

These Core Standards for Early Childhood Programs are presented in a simple format that makes it a straightforward task for center staff and parents to see how well their program is meeting the standards, and to develop a plan for continuous improvement.

The purpose of working through this Self-Assessment Tool is not to make a perfect score. It is to help each program build a clear profile of its strengths and weaknesses, and to sort out the most pressing and promising ways that administrators and staff can improve their services to children.

This page of suggested directions is addressed to program administrators and staff. On page 33 is a suggested format for building a continuous improvement plan based on the results of this self assessment.

1. Assemble the people who will help assess your program. It is useful to get several people involved, such as the program director, teachers, and parents, because their different perspectives will collectively produce a more accurate reading.

2. If time permits, ask each person to fill out the self-assessment tool independently, then gather to pool the results. If there is not enough time, work through the self-assessment as a group.

3. Review each of these standards and rank the program under **In Place?** — **Y** for "yes," **S** for "sometimes," **N** for "no," or **N/A** for "not applicable." If the participants disagree on a ranking, choose the lower one suggested. It indicates that someone, at least, believes there is room for improvement here.

4. Under **Priority for Change?**, indicate how important it is for your program to address this particular standard. **High** might mean your program is not meeting the standard, and you should take action immediately; **medium** that you should work on meeting the standard soon, perhaps within the next three months; **low** that you are fairly satisfied the standard is met, or that meeting it is a lesser concern. **No** means that your program either fully meets the standard, or the standard does not apply.

5. **Standards presented in BOLD should be fully met at all times.**

6. In the column **Comments/Needs**, jot down anything that may help you in addressing those items you need to work on — or in commenting on these standards.

7. After the group has reviewed the standards and decided on your rankings, review all the items you chose as **high priority**. Rank these again, choosing which you want to address first, second, third, etc.

8. Use the **Continuous Improvement Plan** format on page 33 to develop your strategies for priority items. Start with your highest priority, and don't select more than you can realistically accomplish. Describe the steps you will take, who will be responsible, the information and/or resources you will need, and when you plan to finish each task and/or check on your progress.

You may want to adapt this format to better suit your own improvement plan. If there are other areas in which you would like to improve, but that are not reflected in these standards, feel free to add to them.

Core Standards and Self-Assessment Tool

Program Design and Curriculum

Knowledge about how children learn is the foundation of program design and curriculum. A program's curriculum is developmentally appropriate when it stimulates learning at both the developmental level of the group and the stage of development of each individual child. Children should select and participate in activities that are both challenging and geared for success. Learning programs should be designed to provide a balance between individual and group needs, between teacher-directed and child-selected activities, and between active and quiet times. Program activities should include experiences designed to celebrate the diversity of all children and families.

Core Standards	In Place?	Priority for Change?	Comments/ Needs
A. The Learning Environment			
1. The program and curriculum enhance children's understanding of themselves as individuals and in relation to others, by providing for individual, small group, and large group activities.	Y S N N/A	high med. low no	
2. The program and curriculum provide children with many opportunities for success — for example, by: • allowing children to do as much for themselves as they can; and • recognizing and praising honest effort, not just results.	Y S N N/A	high med. low no	
3. The program and curriculum provide an environment of acceptance, helping children build cultural pride (for example, by integrating various cultural experiences into daily activities through foods, language, and songs), a sense of self-worth (for example, by acknowledging and accepting each child's unique qualities), and enhancing individual strengths and social confidence.	Y S N N/A	high med. low no	
4. The program and curriculum encourage children to solve problems, initiate activities, experiment, and gain mastery through learning by doing. Children are given opportunities in science, dramatic play, art, music, language arts, and numerical concepts.	Y S N N/A	high med. low no	
5. The program reflects diversity among the children enrolled, among families, within the community, and across other cultures.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
6. The program and curriculum provide developmentally appropriate activities and materials that help to build:			
a. social skills (opportunities for sharing, caring, and helping);	Y S N N/A	high med. low no	
b. positive self-concepts (encouraging children to draw pictures and tell stories about themselves and their families);	Y S N N/A	high med. low no	
c. language and literacy (including books, labels, songs, conversation, and storytelling). Activities (for example, scribbling, drawing, inventive spelling) encourage children's emerging interest in writing;	Y S N N/A	high med. low no	
d. physical development in both indoor and outdoor settings, strengthening large and small muscles and encouraging eye-hand coordination, body awareness, rhythm, and movement;	Y S N N/A	high med. low no	
e. sound health, safety, and nutritional practices, by making these practices part of daily routines (for example, introducing foods that broaden children's experience; encouraging handwashing and toothbrushing; providing opportunities for learning from community health and safety workers), and by giving children opportunities to help prepare and serve food; and	Y S N N/A	high med. low no	
f. creative expression and appreciation of the arts (for example, doing artwork to explore, rather than to produce a product; providing time and space for dancing, movement, creative art, dramatics, and music; and providing materials that represent a variety of cultures).	Y S N N/A	high med. low no	
7. There is a balance between staff-directed and child-initiated activities.	Y S N N/A	high med. low no	
8. The indoor and outdoor spaces meet state licensing standards.	Y N	high no	
9. Outdoor play equipment is available and is appropriate for the number and ages of the children.	Y S N N/A	high med. low no	
B. Program Planning			
1. The program is designed to meet the strengths, interests, and needs of each child.	Y S N N/A	high med. low no	
2. By using a self-assessment tool, the program shows commitment to continuous learning and improvement.	Y S N N/A	high med. low no	

(S = Sometimes
N/A = Not Applicable)

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
C. Observation			
1. There is evidence of continuing observation, recording, and evaluation of each child's growth and development.	Y S N N/A	high med. low no	
2. Assessment helps to shape teaching practice, supports children's strengths and abilities, and is respectful of the many ways that children learn.	Y S N N/A	high med. low no	
D. Staff-Child Ratios			
1. Only staff working directly with children are included in the staff-child ratios below.	Y N	high no	
2. The person who plans and implements the curriculum meets the requirements for teacher qualifications (see Personnel section).	Y S N N/A	high med. low no	
3. Appropriate staff-child ratios for *part-day programs* that serve children three years and older make it possible for every child to receive individualized attention from a consistent adult every day. These ratios are: *Children's Ages* — *Staff:Child* 3 — 1:10 4 — 1:12 5 — 1:15	Y N	high no	
4. Appropriate group size and staff-child ratios for *programs in session more than four hours each day* allow every child to receive individualized attention from a consistent adult every day. These group sizes and ratios are: *Children's Ages* — *Max. in Group* — *Staff:Child* 6 wks.-23 mo. — 8 — 1:4 24-35 mo. — 10 — 1:5 3 yr.-kinder. — 20 — 1:10 1st. gr.-15 yrs. — no max. — 1:13	Y N	high no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
E. Supervision			
1. Each child is supervised at all times by staff.	Y N	high no	
F. Interactions Among Children and Adults			
1. Each child is treated with consideration and respect, with equal opportunities to take part in all developmentally appropriate activities. Positive modeling counters traditional sex-role limitations, and avoids gender stereotyping in language.	Y S N N/A	high med. low no	
2. Staff appropriately hold, touch, and smile at children.	Y S N N/A	high med. low no	
3. Staff make an effort to speak to children at children's eye level.	Y S N N/A	high med. low no	
4. Staff are available and responsive to children, encouraging them to share experiences, ideas, and feelings.	Y S N N/A	high med. low no	
5. Staff listen to children with attention and respect.	Y S N N/A	high med. low no	
6. Adult voices do not dominate the overall sound of the group.	Y S N N/A	high med. low no	
7. Profanity is not used in the presence of children.	Y S N N/A	high med. low no	
G. Guidance and Discipline			
1. Staff's expectations of children's social behavior are appropriate to each child's level of development. Guidance is designed to meet the individual needs of each child.	Y S N N/A	high med. low no	
2. Staff use positive methods of guidance and discipline that encourage self-control, self-direction, self-esteem, and cooperation (for example, redirection, planning ahead to prevent problems, reinforcing and praising appropriate behavior, and encouraging children to talk about feelings and ideas instead of solving problems with force).	Y N	high no	

(S = Sometimes
N/A = Not Applicable)

Program

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
3. No employee, volunteer, or parent uses any form of corporal punishment — such as, but not limited to: a. Hitting, shaking, biting, spanking, pinching; b. Restricting a child's movement through binding, tying, or use of any other mechanical restraint; c. Withholding food, water, rest, or toilet use; d. Confining a child in an enclosed or darkened area, such as a closet or a locked room; or e. Inflicting mental or emotional punishment such as humiliating, shaming, threatening, or frightening a child.	Y N	high no	

Core Standards and Self-Assessment Tool

Personnel

The quality of any program for young children is largely determined by the knowledge, experience, and training of its staff. All program staff who work with children and families need to have, and to continue receiving as part of their jobs, some knowledge of child development and early education, supervised experience in working with young children, and continuing opportunities to improve their practice and increase their understanding of young children and families. **Time** to permit and invite reflection, inquiry, and self-study should be made part of every program design.

Consistency is also vital, on the levels of both administration and day-to-day contact with children and families. Consistency and stability are essential for every child's early learning. Children and families who are building trust in others need to have a consistent relationship with a staff member who is aware of and sensitive to the individual child's personality, interests, and needs. People who work with young children should consistently provide support for early learning, and should make a steady effort to interact in positive ways with children, parents, and other staff. Administrators must provide the consistent and appropriate leadership that is vital for their program's continuity and quality of services.

Note: The standards and practices listed here are minimum qualifications and criteria.

Core Standards	In Place?	Priority for Change?	Comments/ Needs
A. General Qualifications			
1. All persons assigned to work with children are at least 18 years of age. Persons between the ages of 14 and 18 years who assist in programs are under adult staff supervision at all times.	Y S N N/A	high med. low no	
2. All persons working with children have no history of child abuse or criminal activity that would disqualify them. Parents with a history of child abuse or criminal activity may participate in program activities as long as they are visually supervised by staff.	Y N	high no	
3. All staff working with children are able to comprehend basic written information.	Y S N N/A	high med. low no	
4. All staff who work with children are actively engaged in professional development activities, as specified in an individual development plan.	Y S N N/A	high med. low no	
5. All staff meet state and program qualifications for their position.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
6. All staff possess the appropriate qualifications for their position: *Note: The following designations are being developed and will be linked to the Vermont Early Childhood Career Lattice, which will be published as a companion document. The Career Lattice will establish miminum qualifications for various positions in the early childhood field.* **Position:** *Master Teacher* *Qualifications:* Master's degree in early childhood or related field, and at least two years' successful teaching experience. *Professional Development:* Meets requirements of Individual Professional Development Plan (IPDP) for a teacher, as approved by the Department of Social and Rehabilitation Services, the Local Standards Board, or the Professional Standards Board of the Department of Education. **Position:** *Teacher* *Qualifications:* Bachelor's degree in early childhood or related field; or appropriate licensure from the Vermont Department of Education. *Professional Development:* Meets requirements of Individual Professional Development Plan for a teacher, as approved by the Department of Social and Rehabilitation Services, the Local Standards Board, or the Professional Standards Board of the Department of Education. **Position:** *Teaching Associate* *Qualifications:* Associate's degree in human development or related field; or Child Development Associate (CDA) or child care professional certification; or three years' successful experience with groups of children, and successful completion of four higher-education courses in topics related to early childhood. *Professional Development:* Meets requirements of IPDP for a teaching associate.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
Position: *Teaching Assistant* *Qualifications:* High school diploma or equivalent; at least 18 years of age. *Professional Development:* Meets requirements of IPDP for a teaching assistant. **Position:** *Apprentice.* *Qualifications:* At least 17 years of age. *Professional Development:* Enrolled in or graduated from a human services program that emphasizes child development at a technical center approved by the State Board of Education.			
7. All staff members who work with children have a basic knowledge, appropriate for their position, of child development principles.	Y S N N/A	high med. low no	
8. Each newly hired staff member has at least three positive written references from people who are not relatives, along with a written work history on file that attests to the staff member's ability to perform the duties in his or her job description.	Y S N N/A	high med. low no	
B. Safe Staffing			
1. A master teacher, teacher, or teaching associate is always present whenever children are present.	Y N	high no	
2. People under 18 years old who assist in programs are under staff supervision at all times, are not counted in the program's staff/child ratio, and are not left alone with children.	Y N	high no	
3. Substitute staff members and full-time volunteers can be on duty for more than three days if the program has on file at least three references that attest to each person's competence to perform the duties that he or she may be assigned. (Parents of children attending the program are not subject to this provision.)	Y S N N/A	high med. low no	
4. All paid staff members are knowledgeable in basic first aid. At all times when children are present, at least one staff member who holds a valid certification in basic first aid and infant/child CPR is also present.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Leadership and Administration

An effective early childhood program implements best practices through well-defined policies and procedures that guide all aspects of the program's operations. Four essential elements of leadership and organization are:

Policies and Procedures: Written policies and procedures can ensure consistency and equity in all areas of program management when they are understood by staff and families and are evaluated routinely.

Organizational Structure and Job Descriptions: An organizational chart should be accompanied by position descriptions that include supervision and evaluation responsibilities.

Staff Development: All staff should be provided with professional development activities.

Financial Management: The program's daily and long-term financial viability should be addressed through a budget or a financial management plan that includes a fee structure and fund-raising strategies.

Core Standards	In Place?	Priority for Change?	Comments/ Needs
A. Policies and Procedures			
1. Written policies are provided to staff and parents, and address:			
a. Reporting suspected child abuse and neglect;	Y S N N/A	high med. low no	
b. Parents' freedom of access to the program and to their children's records;	Y S N N/A	high med. low no	
c. Confidentiality;	Y S N N/A	high med. low no	
d. Discipline;	Y S N N/A	high med. low no	
e. Complaint and grievance processes;	Y S N N/A	high med. low no	
f. Immunization records;and	Y S N N/A	high med. low no	
g. Religious activity (if applicable).	Y S N N/A	high med. low no	
2. Written procedures are also established for:			
a. Record-keeping;	Y S N N/A	high med. low no	
b. Daily communication with parents about their children's activities;	Y S N N/A	high med. low no	
c. Storage and administration of medications;	Y S N N/A	high med. low no	
d. Guidelines for volunteers;	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
e. Emergency procedures, including evacuation plans, sick children, and medical emergencies; and	Y S N N/A	high med. low no	
f. Off-site activities.	Y S N N/A	high med. low no	
3. Program administrators ensure that staff members who have a contagious illness, or who are incapacitated by illness, extreme fatigue, or any other condition that limits their ability to work safely with children, do not do so until their condition has improved to a level of safety. Staff members who are suffering from a contagious illness return to their work only after their illness has been treated to a point that it is no longer contagious, or after a competent medical authority has indicated that it is safe for them to work with children again.	Y S N N/A	high med. low no	
4. No person is present at the program while under the influence of alcohol or any other drug, except those for which the person holds a valid prescription, and which do not impair the ability to work safely with children.	Y N	high no	
5. All written policies and procedures are annually reviewed, and revised when necessary.	Y S N N/A	high med. low no	
B. Staff Organization			
1. Each position in the program has a written job description.	Y S N N/A	high med. low no	
2. The written job descriptions clearly define supervision and evaluation responsibilities.	Y S N N/A	high med. low no	
3. All staff members receive supervision and feedback on a regular basis.	Y S N N/A	high med. low no	
4. Staff meetings are held regularly, and attempts are made to involve all staff members. When staff members cannot attend, their suggestions are sought before the meeting, and they are informed afterwards of the meeting's content.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
5. At least once a year, each staff member receives a performance review from his/her supervisor, the results of which are incorporated into the person's individual professional development plan.	Y S N N/A	high med. low no	
6. The program submits requests for criminal-record and child-abuse registry checks within 15 days of any new staff hire.	Y S N N/A	high med. low no	
7. Written policies that restrict persons from being at the facility when their behavior disrupts the program, intimidates, or promotes fear, are in place and followed.	Y S N N/A	high med. low no	
8. Confidential conversations regarding children, families, or collaborating agencies are made in private and not on a cordless telephone.	Y S N N/A	high med. low no	
C. Reporting Suspicion of Child Abuse			
1. Staff are aware that Vermont state law requires them to report within 24 hours all suspected incidences of child abuse and/or neglect to the Department of Social and Rehabilitation Services.	Y N	high no	
2. The telephone number to report suspected incidences of child abuse and/or neglect is posted.	Y S N N/A	high med. low no	
D. Fiscal Management			
1. In the interest of long-term stability for children, the program prepares a budget or a financial management plan every year.	Y S N N/A	high med. low no	
2. The plan includes the program's fee structure and how it is applied.	Y S N N/A	high med. low no	
3. The plan clearly accounts for all program revenues and expenditures.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Parent Involvement

Parents play the primary, critical role in supporting their children's growth and development. Effective early childhood programs include parents as partners in the planning, implementation, and evaluation of day-to-day activities. Programs build and support this partnership — and they provide continuity and consistency with children's home lives — when they offer a variety of meaningful opportunities for parents to participate, and when they communicate regularly with parents and others who are significantly involved with the children.

Practices are family-centered when they show respect for the family's role in children's lives, and acknowledge the impact of parents and other family members as children's first and most influential teachers.

Effective programs acknowledge and accommodate, as much as possible, the diversity in today's family structures and backgrounds. Program staff invite parents to approach them with any concerns or suggestions. Confidentiality is always respected.

Core Standards	In Place?	Priority for Change?	Comments/ Needs
A. Parent Involvement			
1. The program offers opportunities for parents to be involved in:			
a. Experiences and activities that enhance their skills, self-confidence, and sense of independence in providing an environment in which their children can develop to their full potential.	Y S N N/A	high med. low no	
b. Experiences in child growth and development that will strengthen their role as the primary influence in their children's lives.	Y S N N/A	high med. low no	
c. Ways of providing educational and developmental activities in the program.	Y S N N/A	high med. low no	
d. Identifying and using family and community resources.	Y S N N/A	high med. low no	
2. Parents are provided with opportunities to influence the program, in areas that are of interest to them.	Y S N N/A	high med. low no	
3. The program encourages continuing, two-way communication between staff and parents that provides information about children's time in care and about the program, policies, and resources.	Y S N N/A	high med. low no	
4. Administrators ensure that all parents of children in their program are made aware of and have access to these Core Standards.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Health and Safety

For children to develop and learn, their health and safety must be protected. Any situation that is unhygienic, is physically hazardous, or exposes children to contagious illness can endanger their well-being — sometimes with permanent effect.

Self-Monitoring: All early childhood programs should check every day for health and safety hazards, taking immediate action whenever necessary.

Prevention: Programs should take a preventive approach to health and safety, emphasizing positive practices that minimize the need for intervention, treatment, or corrective action by outside agencies. Developing policies and procedures to promote positive practices, as well as outlining actions to be taken if an emergency or an unsafe situation appears, will do a great deal to prevent problems from becoming serious when they do occur. All staff should be fully informed that they share responsibility for ensuring that the children's environment is healthy and safe.

Community Services: Limited program resources make it unrealistic to expect that every program will be equipped to deal with all the needs that face today's children and families. But staff should be knowledgeable about community services and resources that can supplement those of the program. By providing resource and referral services to families in such areas as health, nutrition, social services, and transportation, programs can help knit together a unified early childhood system.

Core Standards	In Place?	Priority for Change?	Comments/ Needs
A. General Safety Standards			
1. Every child's presence at the facility is always known and recorded.	Y N	high no	
2. There are at least 35 square feet of safe, usable space per child inside the facility, not including hallways, bathrooms, offices, and the food preparation area.	Y S N N/A	high med. low no	
3. Indoor usable spaces for children are well-lighted. Minimum lighting is available in sleeping areas.	Y S N N/A	high med. low no	
4. Toys for infants and toddlers, or children at those developmental levels, are large enough to prevent swallowing or choking.	Y S N N/A	high med. low no	
5. All poisonous substances are inaccessible to children.	Y N	high no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
6. Animals that may be at the facility present no danger or health hazard to the children. Dogs and cats have evidence of appropriate immunizations. Children have no contact with reptiles or wild animals.	Y N	high no	
7. A safe physical barrier protects infants and toddlers from stairways.	Y N	high no	
8. Stairways are well-lighted and equipped with handrails.	Y S N N/A	high med. low no	
9. The program meets state regulations for public buildings (see Sections O and P).	Y S N N/A	high med. low no	
10. Children under five years old who are being transported in a motor vehicle are properly secured in a federally approved child passenger restraining system. All others are properly secured in a safety belt. (This does not apply when a child has a physical condition that prevents the use of such a restraining system or a safety belt).	Y N	high no	
11. As required by Vermont law, the operator of any motor vehicle who is transporting children holds a valid operator's license that is appropriate for that vehicle. If 16 or more people, including the driver, are to be transported at one time, the driver holds a valid commercial driver's license with a passenger endorsement.	Y N	high no	
12. To prevent entrapment, openings between railings on climbers and platforms are less than 3.5 inches, or more than 9 inches.	Y S N N/A	high **med.** low no	
13. To prevent strangulation, curtains and venetian-blind cords are not within the reach of children.	Y S N N/A	high **med.** low no	
14. Electrical outlets, except those with built-in protection, are covered with protective caps in rooms used by children aged five and under.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
15. There is a safe outdoor play area that provides a minimum of 75 square feet per child. This play area is fenced or otherwise protected from traffic and other hazards, and it includes provision for shade.	Y S N N/A	high med. low no	
16. Sufficient cushioning material is in place under climbers, slides, swings, etc.	Y S N N/A	high med. low no	
B. General Health Standards			
1. Children are immunized appropriately for their age, unless they have religious, philosophical, or medical exemptions.	Y N	high no	
2. A change of clothing is available for each child.	Y S N N/A	high med. low no	
3. There is no smoking on the premises or in view of the children.	Y N	high no	
4. An accessible first aid kit contains, at a minimum: adhesive, bandages, ice pack, scissors, safety pins, sterile gauze dressings, rolls of gauze bandage, thermometer or fever strip, tweezers, disposable gloves, syrup of ipecac, and a quick-reference first aid manual.	Y S N N/A	high med. low no	
C. Conditions that Prohibit Attendance			
1. A list of excludable conditions, as designated by the Health Department, is posted (see Additional Resources: Excludable Conditions, p. 37).	Y N	high no	
2. The program follows an exclusion policy based on Health Department designations. No child or staff person with an excludable condition attends until a medical professional indicates it is safe for him/her to return.	Y N	high no	
3. Persons are not present at the program if, in the opinion of the program staff or a medical professional, they are too ill to participate.	Y N	high no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
D. Naps and Resting			
1. When the program includes naps or resting, each child has a clean, comfortable space with cots, mats, or mattresses that have clean, waterproof covers. Children have their own washable blankets or sleeping bags for napping or resting.	Y S N N/A	high med. low no	
2. Children less than 12 months old sleep in playpens or cribs with firm, well-fitting mattresses. Sheepskins, bean bags, and waterbeds are not used.	Y S N N/A	high med. low no	
3. To reduce the risk of Sudden Infant Death Syndrome, infants who have no medical conditions that require special positioning are placed on their backs or sides to sleep.	Y N	high no	
4. Spaces between the upright slats in cribs are two and three-eighths inches or less.	Y S N N/A	high med. low no	
E. Swimming and Wading			
1. Swimming pools are fenced, and are kept safe and clean.	Y N	high no	
2. Children may access swimming facilities and wading pools only with staff approval, observation, and supervision.	Y N	high no	
3. Wading pools are cleaned daily, and are stored dry when not in use.	Y S N N/A	high med. low no	
F. Emergencies and Emergency Procedures			
1. A posted emergency evacuation plan clearly shows evacuation routes for each room.	Y S N N/A	high med. low no	
a. A mechanism is in place to assure that when an evacuation is complete, all children are accounted for at a predetermined safe place.	Y S N N/A	high med. low no	
b. The evacuation plan, including the accounting of all children at a predetermined safe place, is practiced at least once a month. Practice drills may be preannounced.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
2. When a child is injured or becomes ill, every effort is made to notify a parent immediately. Every program has in place a plan that is known by all staff for dealing with sick or injured children.	Y S N N/A	high med. low no	
3. When a child is missing, a parent and the police are immediately notified.	Y S N N/A	high med. low no	
4. When children and staff travel away from the program site, staff carry basic first aid supplies and emergency information for the children.	Y S N N/A	high med. low no	
G. Diaper Changing			
1. Diapers and underwear are changed when soiled or wet.	Y S N N/A	high med. low no	
2. There is a diaper changing area, separate from areas used for preparing and serving food.	Y S N N/A	high med. low no	
3. There is a sink convenient to the diapering area, with running hot and cold water; this is not the sink used for food preparation and cleanup.	Y S N N/A	high med. low no	
4. There is a sturdy, easily cleanable structure, of adequate height and with a non-absorbent surface, for diaper changing.	Y S N N/A	high med. low no	
5. Staff follow a step-by-step diaper-changing procedure (see Additional Resources: Diapering). This procedure is posted.	Y S N N/A	high med. low no	
6. Staff who have open sores or lesions on their hands wear disposable gloves during diapering.	Y S N N/A	high med. low no	
H. Hand Washing			
1. Sinks used for hand washing have hot and cold running water that comes from a single spigot.	Y S N N/A	high med. low no	
2. Soap and paper towels are available, properly dispensed, and accessible to the children at each hand-washing area.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
3. Staff wash their hands with soap, under warm running water:			
• before preparing or serving food;	Y S N N/A	high med. low no	
• before feeding a child;	Y S N N/A	high med. low no	
• after diapering a child;	Y S N N/A	high med. low no	
• after using the toilet, or helping a child use the toilet;	Y S N N/A	high med. low no	
• after cleaning up after a sick child or a blood spill;	Y S N N/A	high med. low no	
• after handling animals; and	Y S N N/A	high med. low no	
• after sneezing or blowing noses.	Y S N N/A	high med. low no	
4. Children (except infants) wash their hands with soap under warm running water:			
• before they eat;	Y S N N/A	high med. low no	
• after they use the toilet;	Y S N N/A	high med. low no	
• after handling animals; and	Y S N N/A	high med. low no	
• after playing outdoors.	Y S N N/A	high med. low no	
5. Staff wash the hands of children who cannot wash their own.	Y S N N/A	high med. low no	
I. Laundry			
1. Wet or soiled clothing is changed promptly.	Y S N N/A	high med. low no	
2. Individual bedding is washed at least once a week, and is used by only one child between washings. Wet or soiled clothing or bedding is changed promptly.	Y S N N/A	high med. low no	
3. Cribs, cots, or mats are washed when soiled.	Y S N N/A	high med. low no	
J. Medications			
1. Written parental permission is obtained before prescription medication is given to a child. The permission specifies the medication's name, dosage, schedule, potential side effects, and length of time to be used. The program keeps a record of all oral medications given.	Y S N N/A	high med. low no	
2. All medications given are clearly labeled, with dosage, medication name, and schedule, in their original containers. All medications are inaccessible to children.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
3. Written parental permission is obtained before nonprescription oral medication is given to a child. Parents are also notified before nonprescription oral medications are given.	Y S N N/A	high med. low no	
4. Parents grant general permission in writing for nonprescription ointments, creams, sunscreen, and insect repellent that is applied to the skin.	Y S N N/A	high med. low no	
K. Nutrition			
1. A meal and/or a snack is served at least every three hours.	Y N	high no	
2. Every child who is at the program:			
• for more than 12 hours receives two meals and two snacks;	Y S N N/A	high med. low no	
• for 8-12 hours receives at least one meal and two snacks;	Y S N N/A	high med. low no	
• for 4-8 hours receives at least one meal and one snack; and	Y S N N/A	high med. low no	
• for 4 hours or less receives at least one snack.	Y S N N/A	high med. low no	
3. When children are present during night-time hours, they receive meals and snacks at standard meal times.	Y S N N/A	high med. low no	
4. Perishable food is appropriately refrigerated.	Y S N N/A	high med. low no	
5. When the program provides meals, the week's menu is posted, and the preceding six weeks' menus are on file.	Y S N N/A	high med. low no	
6. Meals and snacks provided by the program are nutritious and wholesome, in adequate portions.	Y S N N/A	high med. low no	
7. Parents who provide meals or snacks are encouraged to provide nutritious food in adequate portions.	Y S N N/A	high med. low no	
8. Staff and volunteers are made aware of all food allergies.	Y S N N/A	high med. low no	
9. Children are encouraged to eat, but not forced, and are encouraged to feed themselves.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
10. Infants are assisted during bottle feeding.	Y S N N/A	high med. low no	
11. All milk, fluid milk products, ice cream, and milk-based frozen desserts served are pasteurized.	Y S N N/A	high med. low no	
12. Powdered milk is used for cooking only.	Y S N N/A	high med. low no	
13. The program makes an effort to accomodate special dietary requests.	Y S N N/A	high med. low no	
14. Before providing a medically required special diet, formula, or food supplement to a child, the program obtains written instruction from a parent and a registered dietician or a physician.	Y S N N/A	high med. low no	
L. The Premises			
1. The premises are cleaned every day. Reasonable efforts are made to keep the center free of insects and rodents.	Y S N N/A	high med. low no	
2. Low shelves and doorknobs are regularly washed and disinfected.	Y S N N/A	high med. low no	
3. Electrical cords do not present a hazard to children.	Y S N N/A	high med. low no	
4. Child-proof covers or safety outlets protect electrical outlets that children younger than five years old can access. Any 220-volt outlet within children's reach is covered with a screen or guard.	Y N	high no	
5. Refuse is stored in insect- and rodent-proof containers.	Y S N N/A	high med. low no	
6. Refuse is removed from the building every day, and removed from the premises at least every week.	Y S N N/A	high med. low no	
7. Outdoor play areas are free of dumpsters, uncovered trash cans, highly flammable materials, and other hazards.	Y N	high no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
M. Temperature and Ventilation			
1. All areas used by the program are kept at least 68 degrees F., one foot above the floor.	Y S N N/A	high med. low no	
2. Areas used by infants are kept at least 68° at floor level.	Y S N N/A	high med. low no	
3. Safe ventilation is in place during extremely hot weather.	Y S N N/A	high med. low no	
N. Toilets			
1. The program regularly teaches children how to use the toilet facilities cleanly and safely.	Y S N N/A	high med. low no	
2. Bathrooms are kept clean and in good repair, with adequate lighting and ventilation.	Y N	high no	
3. Toilets are cleaned and disinfected daily.	Y S N N/A	high med. low no	
4. Children have free access to toilet facilities. Toilet paper is properly dispensed and available.	Y S N N/A	high med. low no	
5. Children are encouraged to flush toilets after every use.	Y S N N/A	high med. low no	
6. When used, toilet-teaching chairs are emptied into the toilet and disinfected after each use. The kitchen sink is not used for cleaning toilet chairs or disposing of toilet wastes.	Y S N N/A	high med. low no	
O. Toothbrushing and Grooming			
1. Every child brings or is assigned his/her own toilet articles (toothbrush, comb, hairbrush, etc.), when those are used. Children use only those toilet articles that they bring or are assigned.	Y S N N/A	high med. low no	
2. Toothbrushes are stored in such a way that they do not contaminate other toothbrushes, soap, towels, or drinking cups.	Y S N N/A	high med. low no	

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
P. Facility Safety			
1. The facility meets all applicable requirements of the Department of Labor & Industry.	Y N	high no	
2. Hot water available to children is not more than 120°.	Y N	high no	
3. Roofs, exterior walls, doors, skylights, and windows are weathertight and in sound condition and good repair.	Y S N N/A	high med. low no	
4. Floors, interior walls, ceilings, and windows are maintained in good repair.	Y S N N/A	high med. low no	
5. All painted surfaces accessible to children are smooth and easily cleanable, and free of toxic material.	Y S N N/A	high med. low no	
6. Air conditioners, electric fans, and heaters are mounted out of children's reach, or have safeguards that prevent children from being injured.	Y S N N/A	high med. low no	
7. There are hand railings, easily reachable by children, on stairs, porches, and platforms.	Y S N N/A	high med. low no	
8. Stairs, ramps, walks, and porches are maintained in a safe condition, and are kept clear when water, ice, snow, or other hazards accumulate.	Y S N N/A	high med. low no	
9. Bathroom and kitchen floors and molding surfaces are constructed and maintained so that they permit easy cleaning of the floor.	Y S N N/A	high med. low no	
10. A screened window or electric exhaust fan ventilates each bathroom to the outside air.	Y S N N/A	high med. low no	
11. All rooms occupied by children have at least one operable window, screened in the summer, unless artificial ventilation is used as a supplement or substitute. Minimum ventilation is 4 cfm. per occupant.	Y S N N/A	high med. low no	
12. Doorways to the outside that are open, excluding fire doors, have screens.	Y S N N/A	high med. low no	

(S = Sometimes
N/A = Not Applicable)

Core Standards and Self-Assessment Tool

Core Standards	In Place?	Priority for Change?	Comments/ Needs
Q. Plumbing and Water			
1. All plumbing complies with the applicable plumbing code.	Y S N N/A	high med. low no	
2. The program facility's water, water supply, and wastewater disposal system meet Department of Environmental Conservation regulations.	Y S N N/A	high med. low no	
3. Water supply employing bottled water or water haulage (tank-truck haulage, containers, etc.) in the distribution system is used only in emergency situations.	Y S N N/A	high med. low no	

Continuous Improvement Plan

Priority Number	Standard Number	Goal	Steps to Take	By Whom?	Target Date

Participants in developing this plan: _____ _____ _____

Date: _____ _____ _____ _____

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Additional Resources

The material in this "Additional Resources" section is offered as best-practice information by the Vermont Department of Health.

Diapering

The greatest risk for transmission of disease in early childhood settings comes from any breakdown in hygienic diaper changing and handwashing procedures. Diaper changing procedures that require increased handling of the diaper and the waterproof covering, especially reuse of the covering before it is cleaned and disinfected, provide increased opportunities for fecal contamination of the staff member's hands, the child, and consequently objects and surfaces in the environment. The initial training and monitoring of all staff who care for non-toilet-trained children in diaper-changing procedures is critical in promoting the health of both children and staff.

A. Types of Diapers

1. The program may choose to use disposable and/or cloth diapers on a program-wide basis, or with individual children whose parents have requested their use. Reusable cloth diapers may be used if:

a. The cloth diaper and cover are removed at the same time as a unit, not removed in two separate pieces; and

b. If the cloth diaper and the outer cover are not reused until both have been cleaned and disinfected.

B. Storage of Soiled Diapers and Clothing

1. *Disposable diapers and soiled clothing:*

a. The soiled diaper is folded over and put into a container that has a tight-fitting lid, has a plastic liner, and is made of easily cleanable material.

b. Soiled clothing is put into a sealed plastic bag, to be sent home at the end of the day. Soiled clothing is not rinsed at the center.

2. *Cloth diapers:*

a. Parent-owned cloth diapers are placed in a lined individual family receptacle with a tight-fitting lid. Waste contents may be dumped into an easily accessible toilet before the soiled diaper is stored. No on-site rinsing takes place. Parents take the container home at the end of the day. A washed and disinfected container is used each day.

b. Diaper service-owned diapers are to be handled according to one of the following two options, depending on agreement by the early childhood program, the parent, and the diaper service:

- Soiled diapers are placed into a diaper service container that has a tight-fitting lid. Containers are sealed at the end of the day. Clean and disinfected containers are used each day. Waste contents may be dumped into an easily accessible toilet before storing. No on-site rinsing occurs.

  Common diaper receptacles may be used for children who use the same diaper service. The service picks up unrinsed diapers at the facility. Soiled diapers are picked up at least twice each week. Arrangements may be made to permit a diaper service to pick up for an individual family at the program; but soiled diapers removed at the child's home may not be picked up at the program. Soiled diapers and containers are handled as described for common diaper service.

  or

- Soiled diapers are placed into a family-labeled container that has a tight-fitting lid. Waste contents may be dumped into an easily accessible toilet before storing. Parents using a diaper service may take the soiled diapers home to rinse at the end of each day. Separate clean and disinfected containers are used each day. The parents and the diaper service can

arrange pickup for the soiled diapers at home; pickup does not occur at the program.

All containers of soiled clothing and diapers must be inaccessible to children.

C. Diaper-Changing Practices

1. Keep diapering supplies within close reach.

2. Place a fresh disposable towel or roll paper under the child's bottom on the diaper-changing surface.

3. If disposable gloves are to be used, put them on now.

Cloth Diapers:

4. Remove the diaper, folding it inward to seal in the waste. Remove the diaper and cover as one unit, taking care to keep the waste contained in the diaper. (After the child is rediapered, if there is an easily accessible toilet, waste may be disposed of in the toilet; but do not rinse the diaper.) Take care to prevent contact of wet or soiled diapers with your own clothing.

5. Place soiled diapers into a labeled plastic bag and seal, for parents to take home at the end of the day.

Disposable Diapers:

4. Remove the diaper, folding it inward to seal in the waste. Retape the diaper shut. Take care to prevent contact of wet or soiled diapers with your own clothing.

5. Discard the diaper into a plastic-lined waste container.

All Diapers:

6. Using a disposable wipe or a damp paper towel, wipe the child's bottom from front to back.

7. If applying a diaper cream, use a separate tube for each child, and apply the cream with a disposable tissue.

8. Discard disposable items into a plastic-lined waste container.

9. Remove gloves, if you have worn them, and dispose of them in the plastic-lined waste container.

10. Wipe your hands with a baby wipe or dampened paper towel.

11. Diaper and dress the child.

12. Wash the child's hands, then wash yours thoroughly.

13. Clean and disinfect the diaper-changing surface, soiled supplies, and soiled crib or cot. Allow surfaces to air-dry.

14. Rewash your hands.

Disinfection

Cleaned means washed with soap and water, then rinsed.

Disinfection may be accomplished by using a solution of 5.25% sodium hypochlorite (household bleach) diluted l:l0 to l:l00 with water (1/2 oz. bleach to a quart of water), prepared daily or other acceptable disinfectant solution (EPA-rated as hospital disinfectant with label claim for mycobactericidal activity). Handwashing with soap and water occurs after the cleaning of any spill involving blood, vomitus, fecal matter, or urine.

1. Bathroom fixtures, bathroom floors, and table surfaces are cleaned and disinfected daily.

2. All toys mouthed by children are set aside to be cleaned, disinfected, and rinsed before they are handled by another child.

3. All toys and indoor equipment are cleaned when soiled, and are cleaned at least daily when used by infants, weekly when used by older children.

4. Diaper changing areas and toilet teaching chairs are cleaned and disinfected after each use.

5. Plastic bedding, mats, cots, cribs, etc. are cleaned and disinfected at least weekly, and when soiled.

6. Blood spills are treated cautiously and decontaminated promptly. Disposable gloves are worn while handling any blood spill, bloody diarrhea, bloody nose, etc.; they are discarded and hands are washed after each use. Contaminated surfaces are first be cleaned with hot, soapy water, and then disinfected.

Excludable Conditions

1. No child shall be admitted if in the opinion of the program staff or a medical professional the child has an excludable condition, as listed on this page, or is otherwise to ill to participate in the regular program.

2. **A child or staff member diagnosed as having any of the following diseases or infections shall be excluded until a medical professional indicates that it is safe for him or her to return:**
   bacterial meningitis
   campylobacter
   chicken pox/shingles
   cryptosporidiosis
   diphtheria
   E. coli 0157:H7
   giardia
   hepatitis A
   impetigo
   measles
   mumps
   pertussis (whooping cough)
   polio
   rubella (German measles)
   salmonella
   shigella
   streptococcal infection, including scarlet fever, strep throat
   tuberculosis (active)

3. **A child or staff member diagnosed as having the following conditions shall be excluded until indicated below:**
   Lice: Individual may return the morning after treatment has been completed.
   Scabies, pinworm infection, ringworm infection: Individual may return 24 hours after treatment is initiated.

4. **A child or staff member who has the following symptoms shall be excluded until the symptoms disappear, or until otherwise indicated by a medical professional:**
   Diarrhea: A loose stool that cannot be contained in a diaper, three loose stools beyond what the child normally has in 24 hours, or loose stools persisting for more than 48 hours.
   Vomiting: Two or more episodes in previous 24 hours.
   Fever: Greater than 101 degrees F. rectally, or 100 degrees F. orally or taken under the armpit.
   Severe coughing: Child has uncontrolled coughing, coughing that turns his/her lips or face blue, or produces whooping or croup noise after cough.
   Conjunctivitis (pink eye), with white or yellow discharge.
   Signs of liver infection, including jaundice: Yellowing of white part of eye, or dark or tea-colored urine.
   Rash with fever or behavior change.
   Other symptoms of possible severe illness, such as unusual lethargy, irritability, wheezing, persistent crying, difficulty with breathing, persistent abdominal pain.

Food Service

A. General Standards

1. Kitchen facilities are maintained in a sanitary condition, free of dust, dirt, grease, insects, and any other type of contaminants.

2. All food is transported, stored, prepared, and served in a sanitary manner.

3. Children may be permitted in meal preparation areas when supervised.

4. Live animals are not kept or allowed in rooms where food or drink is being stored or prepared.

5. Running hot and cold water is available in all rooms where food or drink is prepared or utensils are washed.

6. All kitchen sinks are equipped with individual cloth or paper towels and soap for handwashing.

7. Surfaces coming into contact with food or drink are easily cleanable and in good repair.

8. All readily perishable food or drink, including that brought by children, is refrigerated at or below 40 degrees F., except when being prepared or served.

9. Frozen foods are stored at 0°F. or below.

10. Readily perishable food not in its original container is stored in the refrigerator in covered shallow pans not more than 3" in depth to promote rapid cooling.

11. Readily perishable food is not kept at room temperature for more than 1 hour while being prepared or served.

12. Fresh fruits and vegetables are thoroughly washed before use.

13. Frozen hazardous foods (meat, poultry, fish, etc.) are thawed in a refrigerator at 40° or below, under cold running water (55°), or in a microwave or conventional oven, before cooking.

14. All readily perishable or readily contaminated hot food is kept at 150° or above.

15. All pork, pork products, chicken, and chicken products are cooked until all signs of redness have disappeared; all ground meats are cooked to an internal temperature of 155° for at least 15 seconds.

16. Food served to one child is not re-served to another child.

17. Eggs are served only with yolks cooked.

18. All hazardous foods that are reheated must reach an internal temperature of 165 degrees F.

19. All utensils, equipment and food are stored in a clean, dry place, free from insects, dust, and other contamination, and are handled in such a manner as to prevent contamination:

    a. All containers and utensils that are stored openly are 18" off the floor. Dishes are stored in closed space.

    b. Utensils are covered or inverted when not in use.

    c. Containers and utensils shall not be handled on the surfaces which come in contact with food or drink.

    d. Hazardous foods are cooled to 40° or less within four hours.

    e. Paper cups, plates, straws, spoons, forks, and other single-service containers and utensils are purchased in sanitary cartons and stored in a clean and dry place until used. After removal from the cartons, these articles are placed in dispensers or stored so that the food contact surfaces are not exposed to sources of contamination; single-service utensils are used only once.

f. All foods are stored in plainly labeled, dated, rodent-proof containers.

g. All foods that are contaminated are disposed of promptly. Swelled, rusty, dented, or leaky canned food or drink is disposed of promptly.

20. When multi-services utensils are used, a mechanical dishwasher is equipped with a rinse cycle of 180°; or the dishes are sanitized in 50 ppm. of chlorine. The dishwasher is installed and operated according to the manufacturer's recommendations.

a. In a home setting where 12 or fewer children are served, a family kitchen in good repair is acceptable. A domestic dishwasher is acceptable for washing dishes, provided that the dishes are sanitized in a sink with 50 ppm. chlorine.

21. When a dishwasher is not available and single service items are not used, a three-compartment sink with adequate space for drainboards is used for the dishwashing, rinsing, and sanitizing of dishes and utensils. Dishes are washed in hot, clean water (120°), rinsed in hot, clean water, and immersed for two minutes in sanitizing rinse of 50 ppm. chlorine. Hand washed dishes are air dried.

a. When a program serves 12 or fewer children and a dishwasher is not available, there is a two-compartment sink with adequate space for drainboards. Dishes are washed according to the above procedures.

22. Food may be prepared in an approved facility and transported to the program in appropriate sanitary containers, provided that hot food is stored at 140° or above, and cold food is stored at or below 40°.

23. Formula, milk, or food, if heated, is served to children only after the contents have been shaken (if liquid) and tested.

24. The facility staff practices good hygiene when handling food. Cuts, sores, or any other other open wounds must be covered with proper dressings and gloves or finger cots. Staff with diarrhea do not work in the food preparation area. Staff with open sores that cannot be covered do not prepare food.

B. Food Preparation For Infants

1. Infants are fed according to their individual feeding schedule.

2. Toddlers are not permitted to walk around with bottles or food.

3. Infants are assisted during bottle feeding until they are able to hold their own bottle.

4. Sanitary methods are used in handling formula, bottles, and nipples.

5. Commercially prepared formulas are prepared and stored according to package labeling.

6. If a parent chooses to prepare a special diet or formula, the individual bottles are labeled with child's name and date, and refrigerated until used. Formula so prepared or bottled breast milk is not stored or used more than 24 hours after preparation. Breast milk is labeled and dated. Frozen breast milk is used within two weeks.

7. Formula left in a bottle at the end of a feeding is discarded.

8. Bottles and nipples which will be reused are thoroughly washed between uses. Pre-filled bottles for single use by one child are cleaned and sent home.

9. Solid food is introduced to the individual child according to the parent's instructions, provided those instructions do not conflict with safe health practices.

10. Commercial baby food containers that are opened, and foods prepared in the facility which are stored, are covered, dated, and labeled as to the contents and refrigerated. The contents are used or discarded within a 36-hour period. A child is not fed directly from baby food containers if the contents are to be fed to the child at more than one sitting or to more than one child. Food left over in the serving dish is discarded.

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