

## DOCUMENT RESUME

ED 453 953

PS 029 536

TITLE Early Childhood Standards for Programs for Three- and Four-Year Olds.

INSTITUTION Massachusetts State Dept. of Education, Malden. Early Learning Services.

PUB DATE 1998-01-00

NOTE 30p.

PUB TYPE Legal/Legislative/Regulatory Materials (090)

EDRS PRICE MF01/PC02 Plus Postage.

DESCRIPTORS \*Preschool Education; Preschool Evaluation; Program Evaluation; State Programs; \*State Standards

IDENTIFIERS Massachusetts

## ABSTRACT

The Massachusetts Board of Education is required to establish standards for prekindergarten programs serving 3- and 4-year-olds in whole- or half-day programs. This document presents the standards to be used by programs receiving Chapter 188 Early Childhood funds. The program standards are intended to guide ongoing development, evaluation, and improvement of Chapter 188-funded early childhood programs. Following introductory remarks and definitions of relevant terms, the state standards are presented in 11 areas: (1) curriculum; (2) physical environment; (3) interactions between staff and children and between children and peers; (4) family involvement; (5) staff qualifications and staff development; (6) staffing (group size and staff-child ratios); (7) health and safety; (8) nutrition and food service; (9) transportation; (10) administration; and (11) evaluation. Three appendices list recommended equipment and materials for early childhood education programs, delineate requirements for program health care policies and individual children's health records, and list members of the Early Childhood Advisory Council to the Massachusetts Board of Education. (KB)

MASSACHUSETTS DEPARTMENT OF EDUCATION

EARLY CHILDHOOD STANDARDS  
FOR  
PROGRAMS FOR  
THREE- AND FOUR-YEAR OLDS

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SEPTEMBER 1988

Reprinted January 1998

These standards are currently undergoing revision.  
Until such time as revisions are approved  
by the Board of Education  
the attached standards remain in effect.

PS 029536

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## DEFINITION OF TERMS

**Board**--shall mean the Board of Education of the Commonwealth of Massachusetts.

**Child with special needs**--shall have the same definition as given in Chapter 766 of the Acts of 1972 and the regulations promulgated thereto.

**Department**--shall mean the Department of Education of the Commonwealth of Massachusetts.

**Family**--shall mean a child's parents and other relations who are significantly involved in the child's life including, but not limited to, siblings, grandparents, aunts, uncles and cousins.

**Intern**--shall mean a student from a high school or institution of higher education, a experienced teacher who needs supervised early childhood experience, or an administrator who is working in the program to gain experience in the care and education of young children.

**Local Early Childhood Advisory Council**--shall mean advisory councils on early childhood education established by school committees. Council members must include a principal, teacher, parent, a member or designee of the local Child Care Resource and Referral Agency and others with experience in care and education of young children and be broadly representative of the racial and ethnic diversity of the community.

**Parent**--shall mean a child's father, mother, person acting as a parent of the child, or legal guardian. The term as used in these standards shall include divorced or separated parents, subject to any written agreement between parents or court order governing the rights of such a person that is brought to the attention of the school principal.

**Preschool**--shall mean a full or part-day program serving primarily three and/or four year old children.

**Program**--shall mean a public school operated preschool program that has been approved by the Board of Education according to the provisions of Section 54 of Chapter 188 of the Acts of 1985.

## INTRODUCTION

Massachusetts General Laws Chapter 15, Section 54, as inserted by Chapter 188, enables the Board of Education to award grants, subject to appropriation, to school committees to develop early childhood education programs for three and four year old children. The law requires the Board of Education to "establish standards for pre-kindergarten programs which meet or exceed the existing Office for Children standards for programs which serve three and four year old children in whole and half day programs." These standards are to be used by programs receiving Chapter 188 Early Childhood funds.

The Board's Early Childhood Advisory Council has worked closely with staff from the Department of Education and the Massachusetts Office for Children to develop the early childhood standards. The goals and standards have been carefully developed to insure that they meet or exceed Office for Children's standards as the law requires. In addition, the standards are closely aligned with those recommended by the National Association for the Education of Young Children in its publication, "Accreditation Criteria & Procedures of the National Academy of Early Childhood Programs." Copies of the NAEYC publication are available from NAEYC, 1834 Connecticut Avenue, N.W., Washington, D.C. 20009.

It is important to note that these standards supplement laws and regulations such as Special Education, Transitional Bilingual Education, Transportation, etc. which school systems are expected to follow. Non-public school programs receiving Chapter 188 Early Childhood contracts must meet Office for Children standards.

### Use of Standards by Department Staff

It is the Board's intent that the program standards be used to guide ongoing development, evaluation and improvement of Chapter 188 funded early childhood programs. As noted in Standard K.3, programs will annually evaluate their degree of compliance with the Board of Education's Early Childhood Program Standards. If a program or a Department staff member identifies areas not in compliance with the program standards, Department staff will assist the program to develop an action plan to address the identified areas. Department staff will then help the program to work toward achieving the goals of the action plan.

The standards will be reviewed by Department staff and the Board's Early Childhood Advisory Council based on information provided by local early childhood advisory councils and other interested groups to determine the appropriateness of each of the standards. Revisions, if needed, will be recommended to the Board of Education.

## EARLY CHILDHOOD PROGRAM STANDARDS

### A. CURRICULUM

*GOAL: The curriculum encourages children to be actively involved in the learning process. It allows for a variety of learning styles and provides developmentally appropriate activities and materials. Young children learn through active manipulation of the environment, through concrete experiences, and through communicating with peers and adults.*

A.1 Individual Needs. Curriculum goals and activities are designed to meet the individual needs and interests of the children in the classroom. Activities are developed to meet the special educational and linguistic needs of the children enrolled.

A.2 Program Planning. At least monthly, direct service staff and administrators meet to consult on early childhood program planning and to plan for individual children. At least weekly, classroom staff discuss the program and plan for individual children's needs and growth. The week's schedule for activities is posted in a place easily seen. When individual children attend other programs for part of the day, coordinated planning is encouraged when possible.

A.3 Daily Schedule. The daily schedule provides a balance of activities on the following dimensions:

- a. indoor/outdoor (as possible)
- b. quiet/active
- c. individual/small group/large group
- d. child-initiated/staff-initiated

A.4 Activities and Materials. A variety of developmentally appropriate activities, materials and equipment are selected to emphasize concrete experiential learning and to achieve the following goals:

- a. foster positive self-concept
- b. respect cultural, family and economic diversity and the individual differences of staff and children
- c. allow for involvement at differing developmental levels
- d. encourage children to think, reason, question, and experiment
- e. encourage language development (in children's native language and English)
- f. develop social skills
- g. enhance physical development and skills
- h. encourage and demonstrate sound health, safety, and nutritional practices
- i. encourage creative expression and appreciation for the arts

A.5 Activity Areas. Developmentally appropriate activities are provided so that children have many opportunities to make comparisons, analyze, observe similarities and differences, arrange and rearrange, plan, solve problems, represent, experiment, question, role play, and discuss experiences, observations and feelings. Work areas are provided to accommodate and encourage activities such as block building, dramatic play, art, music, science, math, manipulatives, book reading, sand/water play, woodworking, and indoor and outdoor gross motor activities.

A.6 Child-Initiated Activities. Materials and time are provided so that children can select their own activities during the day. During the major part of the day children may choose among several activities which children initiate or the teacher has planned. Staff respect the child's right to choose not to participate at certain times.

A.7 Transitions. Smooth and unregimented transitions are conducted between activities. Children are not always required to move from one activity to another as a group.

A.8 Flexible Routines. Planned or routine activities are changed according to the needs or interests of children and to cope with changes in weather or other situations which affect routines.

A.9 Self-Help Skills. Routine tasks are incorporated into the program as a means of furthering children's learning, self-help, and social skills such as toileting, eating, and dressing. These are handled in a positive, relaxed, reassuring, and individualized manner.

A.10 Rest or Quiet Activity. Programs where children are in school for less than four hours provide a mid-session rest or quiet activity appropriate to the needs of the children. Programs where children are in school for more than four hours provide a rest, quiet activity or sleep period of not less than forty-five minutes in addition to the mid-session rest or quiet activity. See B.7 for extended rest period requirements.

A.11 Integrated Services. Therapy and special services are developmentally appropriate and are integrated into the classroom setting with non-special needs peers whenever possible.

## B. PHYSICAL ENVIRONMENT

*GOAL: The indoor and outdoor physical environment is accessible to young children with special needs and fosters children's growth and development through opportunities for exploration and learning.*

B.1 Outdoor Play Area. The program maintains or has access to an outdoor play area, accessible to children with special needs, with a minimum of 75 square feet per child for the number of children who are outside at any one time. If in a hazardous area, the play area is fenced by a barrier at least four-foot high. The play area is checked daily for glass or other hazards. .

B.2 Cushioning Materials. Sufficient quantities of cushioning materials such as mats, wood chips, pea gravel, or raked soft sand are used under climbers, slides, swings, or see-saws. Climbing equipment, swings, and very large or top heavy pieces of indoor furniture are securely anchored.

B.3 Indoor Environment. The indoor environment is safe, clean, and physically accessible to children with special needs. There is a minimum of 35 square feet per child of usable indoor classroom activity space, excluding hallways, lockers, bathrooms, kitchens, closets, and offices.

B.4 Classroom Arrangement. Indoor activity areas are defined clearly by spatial arrangement. Space is subdivided into areas so that children can work individually, together in small groups, and in a large group and to accommodate the variety of activities described in Section A. Space is arranged to provide clear pathways for movement from one area to another, to separate noisy activities from quieter ones, and to provide for visual supervision.

B.5 Materials and Equipment. Programs use developmentally appropriate materials and equipment which represent a variety of racial, cultural, linguistic and age attributes. Materials and equipment of sufficient quantity, variety, range of textures including softness, and durability are readily accessible to children and are arranged on low, open shelves to promote independent use by children. Materials which require teacher supervision are stored out of children's reach. (See Appendix A for a suggested equipment and materials list.)

B.6 Personal Belongings. Individual spaces are provided for children and adults to hand their clothing and store their personal belongings.

B.7 Rest or Sleep Periods. Programs that provide extended rest or sleep periods minimize noise and disturbances during the rest time. A separate mat, cot or bed, and blanket is made available for each child. All cots, mats, blankets and sheets are individually marked, in good repair, kept clean and stored so that there is a minimum of two feet between children. Pathways are clear for emergency evacuation. Additional standards for related to rest or quiet time are found in the section on Curriculum, A.10.



**B.8 Eating Areas and Utensils.** Areas used for eating are large enough to accommodate tables and chairs in an uncrowded manner. Tables and non-disposable dishes and utensils used for eating are thoroughly washed and sanitized before re-use. Tables, chairs, and eating utensils used by children are in good condition and are appropriate to the size and developmental needs of young children.

**B.9 Safety Requirements.** The environment protects the health and safety of children.

- a. All rooms are well-lighted and ventilated.
- b. Room temperature must be no less than 65° Fahrenheit.
- c. Stairways are well-lighted and equipped with handrails.
- d. Screens are placed in all windows which are opened.
- e. Unused electrical outlets are covered with protective covers.
- f. Floor coverings are attached to the floor or backed with non-slip materials and are kept clean.
- g. The program is kept clean and free from insects and rodents.
- h. Suitable guards are provided across the inside of windows above the first floor and across the outside of basement windows in the play area. In programs where children have direct access to the kitchen or stairways, gates or guards are placed at the kitchen entrance and at the top and bottom of stairways.
- i. Hot pipes and radiators are covered or inaccessible to children.
- j. Major housekeeping and repair activities in the classroom are done when children are not present.

**B.10 Lead Paint.** The program has obtained a lead paint inspection from the local health department, the State Department of Public Health, or a private lead paint detection service. All lead paint or plaster containing lead is totally removed or otherwise made inaccessible from all chewable surfaces up to five feet from the bottom of interior or exterior surfaces. Such chewable surfaces include, but are not limited to, window sills, windows, including moldings; door frames; doors; stair rail spindles; stair treads; and porch railings. All chipping, flaking or otherwise loose paint is removed or adequately covered.

**B.11 Bathrooms.** Bathrooms are readily accessible to all children including children with special needs. A minimum of one toilet and washbasin is provided for every twenty children in one or more well ventilated bathrooms. Hot and cold running water is available. When adult toilets and washbasins are used, non-tippable stairs or stools are provided to permit access by those children who are able to use them.

**B.12 Safety Inspection.** The program has a certificate of inspection from the Department of Public Safety or the local building inspector.

## C. INTERACTIONS AMONG STAFF AND CHILDREN/CHILDREN AND PEERS

*GOAL: Interactions among children and staff provide opportunities for children to develop an understanding of self and others and are characterized by warmth, personal respect, individuality, positive support, and responsiveness. Staff facilitate interactions among children to provide opportunities for development of language, social skills and intellectual growth.*

C.1 Peer Interactions. The classroom environment is designed to encourage peer interaction for the major part of the child's day.

C.2 Staff-Child Interactions. Staff assist children to be comfortable and involved, and encourage them to share experiences, ideas, and feelings. They converse frequently with children, asking open-ended questions and speaking individually to children (as opposed to the whole group) most of the time. Staff often speak with children at the child's eye level.

C.3 Equity. Staff regard children and adults of both sexes, all races, ages, religions and cultures with equal respect and consideration. Staff provide all children, including those with special needs, with equal opportunities to take part in classroom activities. Non-English speaking children have opportunities to participate in activities with monolingual English speaking peers as much as possible.

C.4 Fostering Independence. Staff encourage developmentally appropriate independence in children. Staff foster independence in routine activities such as wiping spills, personal hygiene (toileting, hand washing), obtaining and caring for materials, and other self-help skills.

C.5 Fostering Cooperation. Staff foster cooperation and responsible behaviors among children. Staff encourage group cohesiveness while respecting individual members.

C.6 Guidance and Discipline. Staff use positive techniques of guidance, including modeling, redirection, positive reinforcement, and encouragement rather than competition, comparison, or criticism. Consistent, developmentally appropriate, clear rules are developed with children. Verbal abuse or humiliation and denial of food or outdoor time are not used. Children are not punished for soiling, wetting or not using the toilet.

## D. FAMILY INVOLVEMENT

*GOAL: Parents are supported as prime educators of their children. Families are well informed about and welcomed as observers and contributors to the program.*

D.1 Information to Parents. Information about the program is given to parents. The information includes:

- a. written descriptions of the program's goals, philosophy, and services including special education services and services for children from linguistic minority families;
- b. procedures for parent conferences, visits, and sharing information about children's progress;
- c. opportunities for parent involvement including input to program policy and operations;
- d. procedures relating to children's records;
- e. procedures for providing emergency health care;
- f. the program's child management policy;
- g. written descriptions of procedures for referring children for evaluation and use of specialists in the classroom;
- h. policy for visitors and volunteers in the classroom.

Prior to enrollment, this information should be given to parents in their preferred language, if possible or required.

D.2 Orientation to Program. A process is developed for orienting children and parents to the program. This process includes the opportunity for parents to visit the classroom prior to enrollment of the children. Programs with non-English speaking families provide bilingual staff or translators to help facilitate the process as necessary.

D.3 Family/Child Information. A process is developed to enable the program to learn about the child and family's interests and needs including child care arrangements. A developmental history for each child is completed by or with parents and placed in the child's file.

D.4 Parent Education. Programs provide opportunities for parents to further develop their skills as their child's principal educator. Such opportunities might include participation on local early childhood advisory councils, parenting workshops, adult literacy courses, development of toy lending libraries, play/support groups and other school enrichment activities.

D.5 Parent Participation. Parents are welcome visitors and contributors in the school (for example to share skills, interests and their cultures in the classroom or to observe or eat lunch with their child).

D.6 Parent/Staff Communication. A verbal and/or written system in the parents' preferred language, if possible or required, is established for sharing information between the staff and the parents. Changes in a child's physical or emotional state are discussed in a timely fashion. Parents also are informed about the program through regular newsletters, bulletin boards, frequent notes, telephone calls, and other similar measures.

D.7 Written Progress Reports. Written descriptions in the parents' preferred language, if possible or required, of their child's progress, accomplishments, and difficulties in the program are recorded at least twice during the school year. Parents are provided with a copy of the progress reports or are given the information verbally at a conference. Reports are maintained in the child's file. Reports may be given to other caregivers, e.g. child care providers, with the written consent of the parents.

D.8 Parent Conferences. Conferences are held at least twice a year and at other times, as requested by parents, to discuss their child's progress, accomplishments, and difficulties at home and the school. Interpreters are provided as needed.

D.9 Parental Consent. Written informed consent or authorization which is signed and dated is obtained annually from each child's parent for:

- a. any activity unrelated to the child's direct care such as research, fund raising, or publicity
- b. emergency first aid and transportation
- c. names of people/programs authorized to take child from program
- d. information on where to reach parent or alternative in case of emergency and on the name of the child's physician or clinic
- e. transportation to/from the program
- f. special diet requirements or food allergies (see H.5)

D.10 Transition. When a child is leaving the program during the year for any reason, staff and parents help prepare the child and other children for this event in a manner consistent with the children's ability to understand. Parents are provided information and referrals for other services as requested.

## E. STAFF QUALIFICATIONS AND STAFF DEVELOPMENT

*GOAL: The program is staffed by qualified adults who understand children's individual needs and differences. The staff participate regularly in ongoing staff development.*

### **STAFF QUALIFICATIONS**

Until the new early childhood certificate is adopted by the Board of Education public school Chapter 188 funded preschool classrooms have staffed with the qualifications listed below.

#### **E.1 Teacher: Public School Preschool Programs**

a Bachelor's or Master's degree in early childhood education or a related field such as child study, child psychology, child development, early childhood special education, or elementary education

**OR**

a K-3, K-8 or Teacher of Young Children with Special Needs Certificate

**AND**

- a minimum of three months of at least half-time experience with 3-5 year old children in a group program. At least two of the three months must be at the preschool level. (300 hours of practicum and/or pre-practicum experience at this level may fulfill this requirement. At least 140 of the 300 hours must be at the preschool level), **and**
- four courses in early childhood education, **and**
- as appropriate, Bilingual or English as a Second Language credentials

#### **E.2 Associate Teacher: Public School Preschool Programs**

an Associate's degree in early childhood education or a related field such as child study, child psychology, child development, early childhood special education

**OR**

a Child Development Associate (CDA) Credential

**AND**

- a minimum of three months of at least half-time experience with 3-5 year old children in a group program.

### **E.3 Assistant Teacher Public School Preschool Programs**

Assistant teachers work under the direct supervision of a teacher and are at least 18 years old with:

- a high school diploma or equivalent, *and*
- two courses in early childhood education or scheduled participation in ongoing early childhood staff development program

### **E.4 Early Childhood Coordinator**

A classroom teacher who meets the qualifications listed below may be designated as Early Childhood Coordinator. In these situations, the Teacher/Early Childhood Coordinator must be provided with sufficient non-teaching time to carry out the Coordinator's responsibilities.

Each school system has or designates an individual to be the Early Childhood Coordinator with:

- a K-3, K-8, or Teacher of Young Children with Special Needs teaching certificate, *and*
- two years teaching experience at the preschool and/or kindergarten level, preferably with at least 140 hours of teaching or practicum experience at the preschool level, *and*
- four courses in early childhood education, *and*
- experience and training in working with families and community groups

Responsibilities for the Early Childhood Coordinator may include but not be limited to:

- developing and maintaining the early childhood curriculum and program
- observing in the classroom and consulting with teaching staff
- encouraging family involvement in programs
- working with the local early childhood advisory council
- collaborating with other human service agencies and other early childhood programs
- collaborating with special education and early elementary programs
- planning staff development programs

### **E.5 Consulting Resource Teacher**

Programs serving children with special needs have access to a consulting resource teacher with:

- appropriate special education certificate such as Teacher of Young Children with Special Needs, and
- eighteen months of at least half-time experience (or nine months with a Master's degree) teaching or providing services to young children with special needs and their families

The consulting resource teacher:

- supervises the implementation of any individualized educational plan
- provides specific educational services/consultations
- participates in TEAM evaluation and monitoring activities for children identified as needing evaluation and/or services.

#### **E.6 Health Care Consultant (or School Nurse)**

The program has access to a health care consultant who is:

- a physician or a registered nurse, such as a public health nurse or a school nurse
- trained in and has experience with the unique developmental and health needs of preschool children

The health care consultant:

- approves and assists in developing health care policies
- approves the plan for first-aid training of staff
- participates in development of nutritional policies
- is available for consultations

The health care services are coordinated with the School Health Services Program.

### **STAFF DEVELOPMENT**

E.7 Staff Development. The program provides a minimum of two hours per month or twenty-four hours per calendar year of ongoing staff development for staff to improve their skills in working with young children and families. Staff development programs are planned by the staff scheduled to participate in the training. Staff development programs are encouraged to include a variety of experiences such as classroom observation and individual consultations, group workshops, visits to other programs, and attendance at conferences. The staff development program may be done in conjunction with other training opportunities being offered throughout the system and the community.

E.8 Staff Orientation. New staff are oriented to the goals and philosophy of the program, emergency health and safety procedures, special needs of individual children assigned to the staff member's care, guidance and classroom management techniques, and planned daily activities.

E.9 Volunteers/Interns. Volunteers and student interns are provided with orientation, training, and supervision.

E.10 Staff Support. The program provides technical assistance and support as needed to assist staff in providing services for children with special needs and children from linguistic minority families.

## F. STAFFING: Group Size & Staff-Child Ratios

*GOAL: The program is sufficiently staffed to provide individual attention and to promote the physical, social, emotional, and cognitive development of children.*

F.1 Group Size and Staff-Child Ratios. Staff to child ratios are maintained at all times including lunch and outdoor times. For preschool programs, the staff ratios and group size meet the following requirements:

- (a) Group size is no larger than fifteen in order to facilitate the integration of young children with special needs.
- (b) Each classroom has at a minimum a teacher and an assistant teacher or a teacher and an associate teacher who meet the staff qualification requirements listed in Section E.

F.2 IEP Provisions. Group size, staff ratios, and provision of other services meet the specifications of the Individualized Educational Plans (IEP) of children with special needs and are in accordance with the regulations of Chapter 766.



## G. HEALTH AND SAFETY

*GOAL: The program is operated in a manner which enhances the health and safety of children, protects them from abuse and neglect, and educates staff, children, and families concerning health and safety practices.*

G.1 Health Care Policy. A written health care policy is provided to each staff member and to families, as requested. The health policy is approved by the health care consultant. See Appendix B. for health care policy requirements.

G.2 Staff Physical Examinations. Staff receive a pre-employment physical examination which certifies that the staff member is free from communicable disease and indicates any limitations in working with young children due to health problems. Staff provide appropriate evidence of negative tuberculosis tests and immunity to vaccine preventable diseases per Massachusetts Department of Public Health guidelines.

G.3 Child Health Records. A written health record is maintained for each child. Staff are informed of allergy and other such essential health information for individual children. Written health records are current. See Appendix B. for health records and requirements.

G.4 Health Screening. The program provides vision, hearing, and developmental screening for each child enrolled. Height and weight are charted on a growth chart yearly. Documentation of lead screening results are provided either by parents or by the program.

G.5 Policy for Sick Child Attendance. The program has written policy specifying guidelines for attendance of sick children and the protection of well children. The program notifies parents of all communicable diseases per recommendation of the Massachusetts Department of Public Health. The local Board of Health is notified of reportable diseases and/or outbreaks of communicable diseases as appropriate. See Appendix B.

G.6 Child Injury Reporting. Individual medical problems and injuries are recorded and reported to staff and parents. Parents are informed immediately of any injury or illness which requires medical attention other than minor first aid. Programs maintain centralized logs of injuries and other health and safety concerns.

G.7 Child Abuse/Neglect. Suspected incidents of child abuse and/or neglect by parents, staff or others are verbally reported by the end of the day to the Department of Social Services. Staff receive training regarding policies, procedures and staff legal and professional responsibilities about reporting suspected child abuse/neglect.

G.8 First Aid Training. At least one staff member who has certification in emergency first aid treatment and cardiopulmonary resuscitation (CPR) is available at all times. All staff are trained in approved first aid procedures, including mouth to mouth resuscitation, treatment of convulsions and choking.

G.9 Medical Emergency Plan. A plan exists for dealing with medical emergencies. Adequate first aid supplies are readily available to each classroom but out of children's reach. First aid supplies are checked regularly for completeness and outdated expiration dates.

G.10 Children's Clothing. Children are dressed appropriately for indoor and outdoor activities. A supply of clean dry children's clothing is kept on hand. A waterproof container is available for storage of soiled clothes.

G.11 Cleaning. The facility is cleaned daily to wash and disinfect bathroom fixtures and remove trash. Frequently used surfaces are washed at least daily. All toys are washable; stuffed animals or other such fabric toys are used only if machine washable.

G.12 Personal Hygiene of Staff/Children. Children are helped to wash their hands after toileting and before eating or handling food. Staff wash their hands before food handling and after assisting children with toileting. Dispensable soap and disposable towels are provided. Hot water temperature does not exceed 120° F (43° C) at outlets accessible to children.

G.13 Building/Equipment Safety. The building and all equipment are maintained in a safe, clean condition and in good repair (for example, there are no sharp edges, splinters, protruding or rusty nails, or missing parts). Staff members or parents monitor at least monthly the health and safety of the program.

G.14 Bedding. Requirements for bedding apply only to programs in which children are present for more than four hours. Individual bedding is sent home to be washed once a week, or more often if necessary, and used by only one child between washings. Individual cots, mats or bedding are washed if soiled. Soiled items are sealed in a plastic bag and sent home for laundering. Bedding is stored separately, so as not to spread communicable diseases.

G.15 Medication. Non-prescription and prescription medication is given only with written parental consent and a written order of a physician (such as a prescription label) which indicates the medication is for the specific child. A medication log for each child is maintained. All medicine is labeled with the child's name, name of drugs, and instructions for administration. The medication log of prescribed medication includes time and date of administration, name of staff member administering the medication and name of child. When no longer needed, the medicine is returned to parents or destroyed.

G.16 Storage of Hazardous Substances. All poisons, including poisonous plants, are put out of children's reach. All chemicals and potentially dangerous products such as medicines or cleaning supplies are stored in original, labeled containers in locked cabinets inaccessible to children. All commercial art materials should have a manufacturer's label with A.P. (Approved Product) or C.P. (Certified Product) designation to insure they are nontoxic. All sharp objects, matches, and adult personal belongings, such as staff pocketbooks, are out of children's reach. No hot beverages are allowed in the classroom.

G.17 Evacuation Procedures. All staff are familiar with primary and secondary evacuation routes and practice evacuation procedures at least twice per year with children. Written emergency procedures are posted in conspicuous places.

G.18 Emergency Procedures. Staff are familiar with emergency procedures such as operation of fire extinguishers and procedures for severe storm warnings. Smoke or heat detectors and fire extinguishers are periodically checked.

G.19 Posting of Health Care Policy. The written health care policy (G.1 and Appendix B) is posted near the telephone used for making emergency calls. Emergency telephone numbers including police, fire, rescue, and poison control services are posted by phones. The staff have access to non-coin operated telephone.

## H. NUTRITION AND FOOD SERVICE

*GOAL: The nutritional needs of children are met in a manner that promotes physical, social, emotional, and cognitive development. Children are provided with adequate nutrition and educated concerning good eating habits.*

H.1 Food Services Program. The school food services program conforms to the National School Lunch Program regulations.

H.2 Meals and Snacks. Meals and/or snacks are planned to meet the child's nutritional requirements as recommended by the Child Care Food Program of the United States Department of Agriculture in proportion to the amount of time the child is in the program each day. One person is assigned responsibility for the food program. For children in care for less than four hours, nutritional snacks are provided mid-morning or mid-afternoon. Children in care longer than four hours have regularly scheduled meals, in addition to snacks.

H.3 Food From Home. When parents provide meals, they are given a written list of nutritious foods. Food brought from home is stored appropriately until consumed. If the parents fail to send food, the program provides a nutritious meal or snack, as appropriate, for the child.

H.4 Special Diets/Allergies. Staff are informed in writing of any special dietary and feeding needs and/or food allergies of individual children and arrange to meet those needs. Children with special diets or food allergies are fed in accordance with physician orders. Food allergy information is posted in the eating area.

H.6 Meal Settings. Meals and snack times are social and provide learning experiences for children. Food is served family style when possible. Foods indicative of children's cultural backgrounds are served periodically. Food is not used as a reward or a punishment. Children are encouraged, but not coerced to eat a well-balanced diet.

H.7 Food Storage. Food is stored in clean covered containers. Readily perishable or easily contaminated food or drink is refrigerated at or below 45° F (7° C). All readily perishable or easily contaminated food hot food is kept at 140° F (60° C) or above. Frozen foods are stored at 0° F (-17° C) or below. All unfinished food products are disposed of properly. All garbage containers used in the kitchen are emptied and cleaned daily and are maintained in a sanitary condition.

H.8 Preparation of Food. Where meals are prepared on the premises, the program conforms to the Department of Public Health Sanitation Regulations (105 CMR 590.000 Article X Minimum Sanitation Standards for Food Establishments). Food may be prepared at an approved facility and transported to the program in appropriate sanitary containers and at appropriate temperatures. A Food Service Permit from the local Board of Health is required.

H.9 Sanitary Drinking Water. A convenient source of sanitary drinking water is provided for children and staff.

## I TRANSPORTATION

*GOAL: When provided, transportation is safe and efficient.*

I.1 Transportation Plan. The program has a written plan for the transportation of the children. A copy of the plan is given to staff and to parents in the native language, as needed. The plan includes:

- a. the program's emergency transportation procedures
- b. transportation eligibility requirements

I.2 Transportation Vehicles. Vehicles used for transportation conform to Massachusetts pupil transportation requirements contained in Chapter 90 of the General Laws; and the "Rules and Regulations Establishing Minimum Standards for Construction and Equipment of School Buses," Registry of Motor Vehicles, (540 CMR 2.17); and any pertinent federal rules and regulations.

- a. Any vehicle (such as vans, station wagons or sedans) transporting eight or fewer children meets specific guidelines for attaching "SCHOOL BUS" signs, as stated in Section 7D of Chapter 90.
- b. The driver of any vehicle transporting children is licensed in accordance with Massachusetts laws.
- c. Any vehicle used for transportation of children is inspected bi-annually in accordance with Massachusetts laws.
- d. Staff members' vehicles used to transport children are adequately insured (as minimums, injury per person: \$100,000; injury per accident: \$300,000; property damage: \$5,000).

I.3 Transporting Children with Special Needs. Transportation services for young children with special needs meet the requirements of each child's Individualized Educational Plan and are in accordance with the provisions of Chapter 766 of the Acts of 1972 of the Commonwealth of Massachusetts.

I.4 Seating and Seatbelts. The number of people riding in any vehicle used for a program related activity does not exceed the number of seats in the vehicle. All passengers are seated while the vehicle is moving.

- a. Suitable carriers, restraints or seat belts are provided for in accordance with Massachusetts laws and used properly by each child. All restraints meet the 1981 Standards of Physicians for Automotive Safety or Consumer Union guidelines and are crash tested and child approved.
- b. When more than nine children are being transported, an attendant other than the driver is present.

I.5 Transportation Safety. The program works with parents to insure the health and safety of children being transported.

- a. The driver and the attendant are informed, in writing, of any needs or problems which may cause a child difficulty while being transported (such as seizures, motion sickness, and special needs).
- b. Children are released by the driver only to designated persons or programs authorized by the parents (see D.9). Programs may include extended day care and family day care programs.
- c. Children are not in transit for more than forty-five minutes one way between home and the location of the program.
- d. Children are not left unattended in the vehicle. The vehicle is not left running if a driver is not seated in the driver's seat.
- e. The vehicle is equipped with a communication system (such as CB, two-way radio, walkie-talkie, or beeper).
- f. The vehicle is refueled only when passengers are not aboard.
- g. There is no smoking in the vehicle.
- h. All sharp, heavy or potentially dangerous objects are securely restrained in vehicles transporting children.

## J. ADMINISTRATION

*GOAL: Program administrators provide leadership and support for staff in their efforts to provide a high quality early childhood program. The program has a nondiscrimination policy. It integrates children from racial and linguistic minority families, children with identified or suspected special needs, and children at risk of developing special needs.*

J.1 Program Policy and Procedures. The program has written policies and procedures which are given to parents and staff. Enrollment policy and any fee for services are explained to all parents in their preferred language. Policies and procedures include information on:

- a. child, family, and staff orientation programs
- b. medical emergency and sick child procedures (see G.1)
- c. classroom management/discipline techniques
- d. calendar, program closings, hours of operation
- e. schedule of daily routine
- f. curriculum goals and philosophy
- g. program evaluation
- h. child screening and assessment
- i. child records requirements
- j. supervision of children

J.2 Personnel Policies. The program has written personnel policies. Hiring practices are nondiscriminatory. Efforts are made to attract a diversity of qualified applicants including males, individuals with handicaps, and individuals who reflect the linguistic and cultural diversity of the children being served. Staff are hired at the district's rate for comparable positions and receive comparable benefits.

J.3 Child Records. Individual files are maintained for each child in accordance with the state's Student Records Regulations. The child's participation in a Chapter 188 Early Childhood program is noted in the permanent record. (Child health records requirements are described in G.3 and Appendix B.)

J.4 Publicity/Recruitment. Programs include in their publicity (fliers, press releases, orientation, etc.) reference to their policy to serve children from diverse backgrounds.

J.5 Community Resources. The program administrator is familiar with and makes appropriate use of community resources including social services; child care resource and referral agencies; mental and physical health agencies; and educational programs such as museums, libraries, and neighborhood centers. Staff make appropriate professional referrals when necessary and maintain written records.

J.6 Hiring/Supervision of Staff. Hiring practices include careful checking of personal references of all potential new employees. New staff members undergo a probationary period of employment in accordance with local policies during which they are observed for success in working with young children and their families. Staff members who work directly with children are periodically evaluated.

J.7 Staff Records. Individual files are maintained for each staff member. Accurate and current records are kept of staff qualifications including verification of prior work experience, transcripts, certificates, or other documentation of continuing inservice education.



## K. EVALUATION

*GOAL: Systematic assessment of the effectiveness of the program in meeting its goals for children, families and staff is conducted to ensure that high quality care and education are provided and maintained.*

K.1 Child Observation. Teacher observations of each child's development are written and compiled on an ongoing basis. Staff review observations with other classroom staff and professionals and develop appropriate learning activities for individual children. Information is shared regularly with parents and is available to parents upon request. With parental consent and upon request, information is shared with a child's other caregivers. Observation may consist of such methods as anecdotal records, regular classroom and playground observations, and dated compilations of children's work. Staff are aware of the need to protect confidentiality of personally identifiable communications about children.

K.2 Evaluation of Children's Progress. Developmental screening and classroom observation are used to provide initial data on a child's development and abilities and to identify children at risk of developing or having special needs. Developmental assessment is used to further evaluate children identified through the screening process. Developmental screening and assessment are not used to prohibit entrance to programs nor are results used as the sole criterion for recommending enrollment, placement or retention in a program. Whenever developmental norms are used, they are age-matched, and region-, culture, linguistic-, and socioeconomically appropriate.

K.3 Program Evaluation. At least annually, parents, staff, local advisory council members, resource and referral staff, and other professionals are involved in evaluating the program's effectiveness in meeting the needs of children, families and staff and to identify program areas needing improvement.

The evaluation consists of:

- a. the program's degree of compliance with Board of Education's Early Childhood Program Standards.
- b. the program's effectiveness in meeting its stated goals and objectives for children, families and staff using locally designed or chosen evaluation instruments and methods.

Personally identifiable information about children is not used for program evaluation purposes.

## APPENDIX A: EQUIPMENT AND MATERIALS

Sufficient quantity and variety of developmentally appropriate play materials, equipment, and furnishings is necessary for the number of children enrolled. Play materials and equipment representative of each category listed below is recommended:

### Art Materials:

- Paint (tempera, poster, fingerpaint)
- Paper (newsprint, construction, recycled paper)
- Easels
- Crayons, markers, colored pencils, colored chalk, craypas
- Blunt scissors
- Paste and glue
- Clay, play dough and modeling tools
- Collage materials
- Stickers and stamps

### Blocks and Accessories:

- Large blocks (wood and/or cardboard)
- Unit blocks
- Boats
- Cars, planes, trains, trucks
- Rubber or wood figures of people
- Animals of various sizes

### Books and Posters:

- Picture and story books on topics such as:
  - literature (poetry, rhyme and verse)
  - fantasy, folk tales, and fairy tales
  - pretend, fun and nonsense (magic, jokes and monsters)
  - social studies (families, myself, community, cultures)
  - recreation (sports, hobbies, toys and playtime)
  - science (weather, seasons, astronomy, earth, human life)
  - animals (zoo, farm and house pets)
- Flannel boards

### Dramatic Play Materials:

- Doll beds
- Dolls
- Telephones
- Toy stove, sink, refrigerator, cabinets, table, chairs
- Dishes, pots, pans
- Ironing board and iron
- Cleaning equipment (mops and brooms)
- Dress-up clothes, costumes & props (both men's and women's)

- Full-length unbreakable mirror placed at child's level
- Puppets
- Plastic food and empty food boxes
- Clothes rack or hooks

#### Large Motor Equipment:

- Boxes and board
- Saw horses and barrels
- Climbers and ladders
- Workbench, hammers, saws, nails and wood
- Sand box, shovels, spoons, sifters, funnels, pails
- Water table, bottles, tubes, siphons, funnels, sponges
- Wheel toys (large enough to sit in and ride on)
- Swings and slides
- Balls, frisbees and jump ropes
- Rocking boat

#### Manipulative Materials:

- Pegs and pegboards
- Beads, lacing strings, snaps and buttons
- Board games (e.g. lotto games, Candyland®)
- Puzzles (wooden and cardboard)
- Building toys (e.g. Tinkertoys®, Legos®, Lincoln Logs®)
- Typewriter
- Variety of counting and sorting pieces
- Attribute blocks, Cuisenaire rods®, dominos

#### Musical Instruments:

- Autoharp, guitar and recorder
- Records and record player
- Tapes and tape recorder
- Drums, cymbals, bells, rhythm sticks, triangles
- Musical shakers, tambourines, xylophone
- Dance accessories (scarves, etc.)

#### Science Materials:

- Aquarium with fish or reptiles
- Pets or small animals (do not have if children are allergic)
- Non-poisonous seeds and flower pots, growing plans
- Gardening tools and dirt
- Dry batteries, magnets, compass, and thermometer
- Rope and pulleys
- Magnifying glass, kaleidoscope and prisms
- Balance scales and weights
- Measuring tapes and rulers

## APPENDIX B: HEALTH AND SAFETY

1. **HEALTH CARE POLICY REQUIREMENTS:** The written health care policy includes:
  - a) name, address and telephone number of the physician or registered nurse available for emergencies and consultation
  - b) telephone number of fire department, police station, poison control center, and ambulance service serving the program
  - c) name and telephone number of any hospital where children will be taken in emergencies
  - d) procedures to be followed in case of fire, illness or other emergencies, including transportation methods and notification of parent
  - e) procedures to be followed in case of illness or emergency when parent(s) cannot be reached
  - f) procedures for using first aid equipment
  - g) a plan for dispensing medication, including the recording of any administration of prescribed medication
  - h) a plan for the prevention and management of the spread of communicable diseases, including notification procedures\*
  - i) a plan for the care of mildly ill children including the provision of a quiet area\*\*
  - j) the procedure for identifying children's allergies and protecting children from exposure to foods, chemicals or other materials to which they are allergic
  - k) a plan for toileting; a plan for diapering, if applicable
  - l) procedure for reporting suspected child abuse or neglect to the Massachusetts Department of Social Services
  - m) a statement which provides for the granting of exceptions in instances where such health practices are against the religious beliefs of the family

\* Children should be excluded for communicable diseases such as meningococcal disease or HIB disease, diarrhea with fever and/or vomiting, chicken pox, or hepatitis A. Exclusion until treatment is begun is warranted for strep infections, head lice, scabies, impetigo and conjunctivitis. The local Board of Health may assist the program in management of outbreaks of communicable disease.

\*\* Given the appropriate resources, mildly ill children need not be excluded for uncomplicated respiratory illness. Often children are no longer contagious when they become symptomatic. To exclude or isolate them can cause an unfair and unwarranted hardship on the parents and the child.

2. **HEALTH RECORDS REQUIREMENTS:** Individual children's health records include but are not limited to:

- a) results of a complete health evaluation by a physician within one year prior to each year's enrollment
- b) record of immunizations or current religious exemption
- c) emergency contact information
- d) updated list of the names of people authorized to pick up the child
- e) pertinent health history (such as allergies or chronic conditions)
- f) log of medications administered, injury reports, staff health observations
- g) screening results and health-related referrals.

Children receive the necessary immunizations as required by the Massachusetts Department of Public Health.

## APPENDIX C:

### Members of the Early Childhood Advisory Council to the Massachusetts Board of Education

June 1988

Rosario Alvarez	Bilingual Preschool Teacher, Framingham Public Schools
Jan Anderson	Program and Community Development Manager, Office for Children
Eleanor Ashton	Chair, Department of Social and Behavioral Sciences, Worcester State College
Sharon Brown	Community Liaison, Worcester Public Schools
Sandra Butzel	Social Policy Coordinator, League of Women Voters, Newton
Margaret Barden Cline	Member, Governing Board of the National Association for the Education of Young Children, and Lecturer, University of Massachusetts, Amherst
Terri Hanley DiGiacomo	Parent of a Child with Special Needs, and Director of Westover Day Care, Westover Air Force Base, Chicopee
Angela Ferrario	Educational Coordinator, Associated Day Care of Boston, representing Massachusetts Association of Day Care Agencies (MADCA)
Shoshanah Garshick	School Committee member, Raynham, representing the Massachusetts Association of School Committees
J. Brian Halloran	Superintendent, Hampden-Wilbraham Regional School District
James Houlares	Head Start Director, Lowell, representing the Northeast Regional Education Council
Abby Shapiro Kendrick	Director of Preschool Health, Department of Public Health, Boston
Karen Klopfer	Educational Coordinator, N.I.C.E. Day Care, Jamaica Plain, representing Daycare Workers Union
Edgar Klugman	Professor of Early Childhood Education, Wheelock College, Boston
Miriam E. Kronish	Principal, Hillside Elementary School, Needham, representing the Massachusetts Elementary School Principals' Association

Julia Landau	Director of Integration Project, representing the Massachusetts Advocacy Center
Mary Mindess	Professor of Early Childhood Education, Lesley College, Cambridge
Gwen Morgan	Member, Governor's Day Care Partnership Initiative Advisory Committee, and Lecturer, Wheelock College
Margaret Pola	Community member, Sandwich, representing the Southeast Regional Education Council
Jeri Robinson	Early Childhood Coordinator, Children's Museum, Boston
Janis Santos	Head Start Director, Holyoke/Chicopee, representing the Head Start Directors' Association
Joyce Sebian	Day Care Coordinator, Executive Office of Human Services, Boston
Francis St. Peter	Special Education Director, Berkshire Hills Regional School District, Stockbridge, representing the Northwest Regional Education Council
Genevieve Strakosz	Kindergarten teacher, Lincoln Street School, Northboro, representing the Massachusetts Teachers' Association
Marylou Theilman	Chair, Early Childhood Division, Holyoke community College, Holyoke, representing the Greater Springfield Regional Education Council.

Members of the Standards Subcommittee:

Abby Shapiro Kendrick, Department of Public Health, Chairperson  
 Howard Baker, Lemberg Children's Center, Brandeis University  
 T. Hanley DiGiacomo, Westover Day Care Center  
 Kathleen Fraser, Arlington Public Schools  
 James Houlares, Community Teamwork Head Start  
 Theresa Kernes, Government Center Child Care Center  
 Irma Napoleon, Lawrence Public Schools  
 Gwen Morgan, Wheelock College  
 Janne Ritzenberg, Pittsfield Public Schools  
 Janis Santos, Holyoke Chicopee Head Start

Massachusetts Department of Education

Carole Thomson, Director, Bureau of Early Childhood Programs  
 Ada Pollock Rosmarin, Early Childhood Coordinator

Elizabeth Twomey, Associate Commissioner  
 Harold Reynolds, Jr., Commissioner



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EFF-089 (3/2000)