NURTURING PROTECTING TEACHING

YMCA INFANT-TODDLER AND PRESCHOOL GUIDELINES

YMCA OF THE USA

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CONTENTS

INTRODUCTION

At the Y, we recognize that successful youth development requires a holistic approach focused on achieving certain language, social-emotional, physical, and cognitive milestones. The Y early childhood programs put caring people in children's lives to nurture them along their journey to adulthood so that they can become active, thriving, and contributing members of society.

The infant-toddler and preschool early childhood guidelines represent best practices from research for consideration by local Ys as they implement early childhood programs (any early-childhood, center-based programs, such as the Early Childhood Readiness Program for informal caregivers and children, drop-in childcare, part-day preschool or nursery school programs, preschool sports programs, etc.). **The guidelines are not intended to replace any local or state codes or regulations that a program must follow.** Understanding the distinction between standards and guidelines can help you effectively apply the recommendations:

- *Standards* are the rules that local Ys set to govern their particular programs so that they meet state regulations. These standards are based on scientific research or, if research is unavailable, widely agreed-upon, high-quality levels of practice. Failure to meet the stated standards may result in licensing sanctions.

- *Guidelines* are recommendations or instructions provided by an organization, such as YMCA of the USA (Y-USA), with expertise in the relevant area. The purpose of guidelines is to help program providers fulfill the standards in the best, most effective way possible.

MEETING STATE AND LOCAL REGULATIONS

Local and state licensing regulations vary state by state and address the minimum standards required by law for the operation of and preschool programs. **All Y programs must meet the standards of the state in which they operate.** Research any such standards early in the development of any program.

Again, state standards outline the *minimum* requirements and may not address the quality of programming desired by families and the Y. The goal of staff, program supervisors, Y leaders, and key policymakers should always be the highest quality programming possible.

WHAT YOU'LL FIND IN THIS GUIDE

The guidelines offered here are divided into 11 categories—Philosophy and Goals, Program Administration, Staff Qualifications and Leadership Development, etc. In addition to general guidelines that apply to all early childhood programs, this document also includes, when applicable, guidelines specific to infant-toddler programs (serving children who are 6 weeks old to 3 years old) and preschool programs (serving children who are 3 to 4 years old, for example). In places where additional information may be helpful, we have also provided explanations and tools you may decide to access for deeper understanding.

Note: Throughout this document the terms *staff* and *teacher* are used to refer to adults who are responsible for direct relationships and programming with young children. Where appropriate, the distinction is made between *staff* (indicating all such adults) and *teachers* (indicating those specifically responsible for a group of children). Terminology used to identify specific responsibilities within the preschool program may vary from Y to Y.

ASSESSING YOUR PROGRAM

Input from staff, volunteers, and families is crucial in developing guidelines that promote best practices for your early childhood programs; quality is everyone's concern. The guidelines included in this resource can serve as a tool to help your Y assess its early childhood programs, pointing out areas that need improvement as well as areas of excellence.

We recommend the following process:

1. The YMCA's CEO or branch executive, staff, volunteers, and parents and caregivers review the guidelines and assess the quality of the program (the assessment form at the end of this document can help with this task) and share the results with the staff who oversee the program. Discussing key topics—such as budgetary allocations, staffing, and the environment—helps ensure that the program is safe and developmentally appropriate for the age groups being served.

2. The Y develops a plan, including implementation timelines, staff responsibilities, and budgetary allocations.

3. The staff who oversee the program make the improvements and put the guidelines into place within a certain time frame.

THE GUIDELINES

PHILOSOPHY AND GOALS

PHILOSOPHY AND GOALS		
	Foundational Guidelines	**Rationale and Other Resources**
	The program has a well-articulated, written philosophy of program excellence that guides its operation, and it has evidence-based curricula that are consistent with the program's philosophy and that support developmentally appropriate practices.	Reference *Choosing an Early Childhood Curriculum,* available on Link.
	Program goals and plans for implementation exist for the following topics: • Developing children to their fullest potential • Supporting and strengthening families • Providing a safe, supportive, and caring environment • Providing opportunities for children to learn through socialization, exploration, choice, and creative play	See the Developmentally Appropriate Practice (DAP) page on the National Association for the Education of Young Children website.

(Left vertical label: PHILOSOPHY AND GOALS)

PROGRAM ADMINISTRATION

POLICIES AND PROCEDURES	
Foundational Guidelines	**Rationale and Other Resources**
The program has valid certification that complies with all legal requirements to protect the health and safety of children in group settings, such as sanitation, water quality, and fire protection.	
The program is licensed or accredited by the appropriate local and state agencies.	
Transportation services are managed and program vehicles are licensed and insured in accordance with applicable state and federal laws.	

(Left vertical label: PROGRAM ADMINISTRATION)

PROGRAM ADMINISTRATION (continued)	The program has written policies to promote wellness and safeguard the health and safety of children and adults.	
	The program has written procedures to protect children and adults from environmental hazards such as air pollution, lead, and asbestos, according to public health requirements.	
	Comprehensive policies and procedures are in place to guide staff in responding to medical or dental emergencies for children or staff.	
	All staff and volunteers sign and adhere to a code of conduct.	
	Written policies are in place pertaining to the enrollment of children and the employment of staff who have AIDS, AIDS-related illnesses, or hepatitis. Appropriate Americans with Disabilities Act (ADA) accommodations for staff are made.	
	The program has written policies and procedures for operation, including enrollment, fee collection, sign-out procedures, ADA requests, and financial assistance.	
	The program has written policies defining the roles and responsibilities of board members and staff.	
	The program has written personnel policies, including a salary administration plan that helps ensure staff are adequately paid and a plan for staff retention.	
	Benefits for full-time staff include medical insurance, sick leave, vacation time, professional development opportunities, and an opportunity to enroll in a retirement plan.	
	Fiscal records are kept with evidence of long-range budgeting and sound financial planning.	
	Accident protection and liability insurance coverage is maintained for children and adults.	
	Staff keep information about children, families, and staff confidential and comply with all applicable privacy laws, such as the Health Insurance Portability and Accountability Act (HIPAA).	
	The program has clear guidelines regarding when and how to refer families for additional services and a list of local organizations available for referrals. It also provides staff training on assessing the need for referrals.	Refer to the Centers for Disease Control and Prevention's Learn the Signs campaign.
	Procedures are in place to ensure that staff and volunteers (including parent volunteers) pass required background and fingerprint checks, following state and federal guidelines.	

SUPERVISION AND RATIOS	
Foundational Guidelines	**Rationale and Other Resources**
Sufficient staff with primary responsibility for children are available to provide frequent nurturing interaction, meaningful learning activities, supervision, and immediate care as needed. Staff patterns allow for both adult supervision of children at all times and the availability of an additional adult to assume responsibility if one adult takes a break or must respond to an emergency.	In infants, brain development is particularly sensitive to the quality and consistency of interpersonal relationships. Responsive interactions of caregivers and teachers and children during daily routines provides much of the stimulation for brain development. It is important that children be allowed to pursue their interests within safe limits and be encouraged to reach for new skills. See the Importance of Brain Development in the Life of a Child eLearning.
Parents, caregivers, and other volunteers accompany children and staff on field trips to ensure adequate supervision. During an excursion outside the Y, adequate supervision is provided, and general emergency procedures, as well as emergency procedures in the event of a missing child, are in place.	Should your field trip involve areas with water or water activities, make sure to review *Aquatic Safety Guidelines for Ys* on Link.
The program is organized and staffed to minimize the number of group, teaching staff, and classroom transitions experienced by an individual child during the day and program year.	
An appropriate person on site is designated to assume authority in the program director's absence.	
The number of children in a group is limited to facilitate adult-child interaction and constructive activity among children.	
YMCA of the USA recommends the following adult-to-child ratios*: • ≤ 12 months: 1:3 • 13–24 months: 1:4 • 25–36 months: 1:7 • 4-year-olds: 1:8 • 5-year-olds: 1:10 YMCA of the USA recommends the following maximum number of children per group: • ≤ 12 months: 6 • 13–24 months: 8 • 25–36 months: 10 • 4-year-olds: 16 • 5-year-olds: 20	These standards are based on what children need for quality, nurturing care. Efforts to limit costs can result in overlooking the basic needs of children and creating a highly stressful work environment for caregivers and teachers. Larger groups are generally associated with less positive interactions and developmental outcomes. Group size and the ratio of children to adults are limited to allow for individual interaction, understanding of individual children, and consistent caregiving.

PROGRAM ADMINISTRATION (continued)

INCLUSION	
Foundational Guidelines	**Rationale and Other Resources**
A written policy is in place describing how the program integrates ADA regulations and promotes the inclusion of children and staff of diverse abilities. This policy includes the use of medications and special medical procedures needed by children.	

STAFF QUALIFICATIONS AND LEADERSHIP DEVELOPMENT

STAFF QUALIFICATIONS AND LEADERSHIP DEVELOPMENT	
Foundational Guidelines	**Rationale and Other Resources**
The program is staffed by individuals who • are 18 years of age or older; • demonstrate the appropriate personal character and characteristics for working with children; and • have successfully passed required background and/or fingerprint checks.	The employment practices of programs must adhere to federal law and should model diversity and nondiscrimination. By supporting diversity and inclusion for all staff members, regardless of background and orientation, nondiscriminatory employment practices enhance program quality.

STAFF QUALIFICAITONS AND LEADERSHIP DEVELOPMENT (continued)	The program has and follows a written plan that includes training for staff concerning the following, at a minimum:
	
	• Creating a safe and healthy environment, including
	  – cautions against, exposure to, and handling of bloodborne pathogens;
	  – CPR and first aid;
	  – child abuse reporting and prevention and shaken baby syndrome; and
	  – ADA and abuse prevention
	• Principles of youth development, including
	  – infant and toddler or preschool development;
	  – meeting children's individual needs;
	  – implementing developmentally appropriate activities;
	  – guiding young children's behavior; and
	  – engaging children 0–5 years old
	• Building positive relationships with parents and caregivers
	• Any training required by state licensure entities
	• Aquatic training, if swimming is part of the program
		The Child Development Associate® (CDA) credential has many valuable benefits for all early childhood professionals, including helping early educators meet current state and national professional requirements and serving as a pathway to learning best teaching practices. Check out the article "5 Steps to Achieve a CDA Credential" on the Council for Professional Recognition's website for more information.

	The program director has training or experience in nonprofit business administration and child development.	
	New staff are adequately oriented to the Y's culture and cause and to the program's philosophy and goals.	Orientation ensures that all staff members receive specific and basic training for the work they will be doing and are informed about their new responsibilities. Because of frequent staff turnover, conducting orientation sessions on a regular basis is important.
	Training and competency development opportunities, such as those listed previously, are offered frequently.	
	Accurate, current records of staff qualifications are kept.	

CHILD HEALTH AND SAFETY

<table>
<tr><td rowspan="7" style="writing-mode: vertical">CHILD HEALTH AND SAFETY</td><td colspan="2">HEALTHY HABITS</td><td></td></tr>
<tr><td colspan="2">Foundational Guidelines</td><td>Rationale and
Other Resources</td></tr>
<tr><td colspan="2">All children with teeth brush or have their teeth brushed at least once during the hours the child is in the program.</td><td></td></tr>
<tr><td colspan="2">Staff wash their hands with soap and water after diapering or handling bodily fluids, and before food preparation.</td><td></td></tr>
<tr><td colspan="2">Children wash their hands with soap and water before meals and snacks, after coming in from outside, after handling pets, after using the toilet, and after coughing or sneezing.</td><td></td></tr>
<tr><td>Infant-Toddler Guidelines</td><td>Preschool Guidelines</td><td>Rationale and
Other Resources</td></tr>
<tr><td>No screen time is allowed for children under the age of 2.</td><td>For children over 2, screen time is limited to less than 30 minutes per day for children in half-day programs and to less than 1 hour per day for those in full-day programs. During screen time, staff seek to minimize children's exposure to commercials and ads marketing unhealthy foods.</td><td>For more information, read up on the Healthy Eating & Physical Activity (HEPA) standards on Link or see item 23 in the Infant-Toddler Environment Rating Scale and item 27 of the Early Childhood Environment Rating Scale.</td></tr>
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| CHILD HEALTH AND SAFETY (continued) | Daily tummy time (time in the prone position) is provided for infants younger than 6 months of age. | Staff provide opportunities for moderate-to-vigorous physical activity for at least 30 minutes per day in half-day programs and 60 minutes per day in full-day programs. Active play is taken outdoors whenever possible, for all ages. | |

ILLNESS AND MEDICAL NEEDS

Foundational Guidelines	Rationale and Other Resources
Families are informed verbally and in writing of any communicable disease to which their child has been exposed; information about the disease is also shared.	
A written policy exists specifying restrictions on the attendance of sick children and staff, including those with communicable diseases. Provision is made for the notification of parents and caregivers, the comfort of ill children, and the protection of well children.	Children in programs are frequently ill. Staff members responsible for children must be able to recognize illness and injury, carry out the measures required to prevent the spread of communicable diseases, handle ill and injured children appropriately, and appropriately administer required medications. Hand hygiene is one of the most important means of preventing the spread of infectious disease.
A current, written health record is maintained for each child, including the results of a complete health evaluation, record of immunizations, emergency contact information, health insurance information related to emergency treatment, and other pertinent health history.	
Medication is • administered to children only when a written order has been submitted by a parent or caregiver; • labeled with the child's first and last name and stored in a locked container or in a secure place if it needs refrigeration; and • consistently administered by a designated staff member. Any administration of medication is logged and shared with the parent or caregiver in writing and kept on file.	

CHILD HEALTH AND SAFETY (continued)

PROTECTION

Foundational Guidelines	Rationale and Other Resources
A written policy concerning the release of children only to adults who are authorized to pick them up has been developed and made available to parents, caregivers, and staff. Current information about which adults are authorized for each enrolled child is readily accessible to all staff, and a consistent sign-out procedure is in place and followed for releasing all children.	
Children are protected from sunburn through limitations on their exposure to the sun; the frequent application of nonallergenic sunscreen; and the wearing of appropriate clothing such as hats, long-sleeved shirts, and pants.	
All children are signed in and out, and provisions are made for their safe arrival and departure.	
Plans are in place and shared with parents and caregivers to protect children against cold, heat, and insect-borne disease. Children are dressed appropriately for outdoor activities, and a change of clothing is available.	

Infant-Toddler Guidelines	Preschool Guidelines	Rationale and Other Resources
Staff place infants on their backs when putting them down for a nap.		
Adults working with infants and toddlers take all necessary precautions both personally and professionally to ensure children's health is not adversely affected.		

EMERGENCY PREPAREDNESS

Foundational Guidelines	Rationale and Other Resources
A plan exists for dealing with medical emergencies. The plan includes a source of emergency medical care (e.g., hospital, clinic) that has been previously informed of the program's intention to use it, written parent and caregiver consent for emergency treatment, and arrangements for transportation.	

CHILD HEALTH AND SAFETY (continued)	At least one staff member who is certified in pediatric first aid, including managing a blocked airway and providing rescue breathing for young children, is always present with each group of children. When the program includes swimming and water activities, • a certified lifeguard is on surveillance duty when children are in the water; and • childcare facilities comply with state and local licensing regulations pertaining to swimming and water activities. When a child in the group has a special health condition that may require CPR, one staff member trained in CPR is present in the program at all times.	
	All staff are familiar with primary and secondary evacuation routes and practice evacuation procedures with children once a month.	
	At least one staff member who has certification in emergency first aid treatment and CPR for infants and children is always available.	
	A plan, created in conjunction with appropriate public safety officials, is in place in the event of an intruder.	See *Ready to Respond,* available on Link, for guidance on planning for emergencies.

INCLUSION	
Foundational Guidelines	**Rationale and Other Resources**
For children with special health care needs, food allergies, or special nutrition needs, the child's health care provider supplies an individualized care plan prepared in consultation with family members and specialists involved in the child's care. Staff take the necessary steps to protect children based on this individualized care plan.	Basic understanding of developmental disabilities and special care requirements of any child in care is a fundamental part of orientation for new employees.

CHILD ABUSE PREVENTION

CHILD ABUSE PREVENTION	**CHILD ABUSE PREVENTION**	
	Foundational Guidelines	**Rationale and Other Resources**
	The Y complies with the Child Protection and Aquatic Safety Membership Qualification. The program • completes an approved self-assessment every two years and adopts the best practices found in the assessment; • conducts criminal background checks for staff and volunteers; • requires training for staff and volunteers on preventing, reporting, and responding to child abuse;	See the CDC's Preventing Child Abuse Within Youth-Serving Organizations, Praesidium's Screening and Selection page, and the Child Welfare Information Gateway's Mandatory Reporters of Child Abuse and Neglect.

CHILD	• has a written policy requiring the reporting of suspected incidents of child abuse, child neglect, or	

both, by parents and caregivers, staff, or others, to the appropriate local agencies in accordance with state and local statutes and regulations; and • screens members against a sex offender registry and has a written protocol for responding to members who are identified as registered sex offenders	
The program has a comprehensive, written child abuse prevention policy that supports abuse-prevention best practices. The policy addresses appropriate interaction and supervision of minors, no one-on-one interactions, training requirements, and other best practices that prevent child sexual abuse.	
The program provides information to parents about the Ys child protection practices and proactively educates families about child sexual abuse prevention.	
Diapering is done in view of another adult, and a diapering log is maintained.	

PHYSICAL ENVIRONMENT

PHYSICAL ENVIRONMENT	**INDOOR AND OUTDOOR AREAS**	
	Foundational Guidelines	**Rationale and Other Resources**
	The indoor and outdoor spaces are designed so staff can supervise children by sight and sound at all times without relying on artificial monitoring systems.	Supervision is basic to keeping children safe, preventing injury, and maintaining a quality program. Parents and guardians have a contract with caregivers and teachers to supervise their children. To supervise or be available for rescue in an emergency, an adult must be able to hear and see the children.
	Teaching staff supervise and interact with children • by positioning themselves to see as many children as possible; • by ensuring they can see all children at all times; and • without using physical punishment or psychological abuse.	
	All rooms are well-lit and ventilated, screens are placed on all windows that open, and electrical outlets are covered with outlet protectors.	
	Cushioning materials, such as mats, wood chips, or sand, are used under climbers and swings. All equipment is securely anchored.	

		Rationale
PHYSICAL ENVIRONMENT (continued)	The work environment for staff is comfortable, clean, and in good repair. The work environment includes a place for staff to take a break from children; an adult-sized bathroom; a secure place for staff to store their personal belongings; and an administrative area, separate from the children's play area, for planning or preparing materials.	
	The auditory environment is not dominated by loud music or adult voices but instead is filled with the sound of children's voices while they play, talk, and work.	Infants need quiet and calm environments, away from the stimulation of older children.
	Activity areas are defined clearly by the arrangement of the program space or interest center.	
	Individual spaces for children to hang their clothing and store their personal belongings are provided.	
	The environment includes soft elements such as rugs, cushions, or rocking chairs, and sufficient seating to accommodate adults.	
	All rooms are well-lit and ventilated.	
	Toilets, clean and sanitary drinking water, and hand-washing facilities are easily accessible to children. Soap and disposable towels are provided.	
	The outdoor environment includes a variety of surfaces, sun and shade, and a variety of outdoor play equipment. It is protected from access to streets and other dangers.	
	Space is arranged to facilitate a variety of small-group and individual activities.	Space that allows for both small-group and individual activities enables children to pursue their interests within safe limits, while getting the one-to-one and social interactions necessary for their development.
	Infant-Toddler Guidelines	**Preschooler Guidelines**
	Additional space—approximately 50 square feet per child—is provided for infant and toddler spaces to accommodate the extra furniture (cribs, changing tables, rocking chairs, etc.) needed for this age group.	The indoor and outdoor environments are safe, clean, healthy, attractive, spacious, accessible, and welcoming, with a minimum of 35 square feet of usable playroom floor space indoors per child and a minimum of 75 square feet of play space outdoors per child. Staff watch for and immediately correct any unsafe conditions.

Infant-Toddler Guidelines	Preschooler Guidelines	Rationale and Other Resources
Additional space—approximately 50 square feet per child—is provided for infant and toddler spaces to accommodate the extra furniture (cribs, changing tables, rocking chairs, etc.) needed for this age group.	The indoor and outdoor environments are safe, clean, healthy, attractive, spacious, accessible, and welcoming, with a minimum of 35 square feet of usable playroom floor space indoors per child and a minimum of 75 square feet of play space outdoors per child. Staff watch for and immediately correct any unsafe conditions.	Indoor and outdoor learning and play environments that are aesthetic, orderly, appropriately stimulating, and child-oriented contribute to children's sense of well-being and control.

SAFETY FEATURES		
Foundational Guidelines		**Rationale and Other Resources**
Toxic substances are stored in their original labeled containers and kept in a locked room or cabinet that is inaccessible to children and away from medications and foods.		
Adequate first aid supplies are readily available at the program site and in transportation vehicles.		
Smoke detectors and fire extinguishers are provided and checked periodically. Written emergency procedures are posted in conspicuous places. Emergency telephone numbers are posted by phones.		
All electrical outlets are covered with plastic outlet protectors. Free-standing furniture that presents a tipping hazard is attached to the wall or otherwise tied down, and drawers and cabinets are secured.		
Infant-Toddler Guidelines	**Preschool Guidelines**	**Rationale and Other Resources**
Infant cribs comply with the Consumer Product Safety Commission's Safe to Sleep® information on crib safety; include a tight, fitted sheet; and are free of blankets and toys.		
CLEANING AND SANITATION		
Foundational Guidelines		**Rationale and Other Resources**
Classroom pets or visiting animals are in good health, and a document from a veterinarian or animal shelter indicates that the animal is suitable for contact with children. Reptiles are not allowed as classroom pets because of the risk of salmonella infection.		
Any toy that has been placed in a child's mouth or is otherwise contaminated by body secretion or excretion is either washed and dried in a dishwasher or washed by hand using water and detergent, rinsed, sanitized, and air-dried before it is used by another child.		
Individual cribs, cots, or mats are washed if soiled. Bedding is changed between children, and mats, if used, are cleaned between uses.		

PHYSICAL ENVIRONMENT (continued)

	Infant-Toddler Guidelines	Preschool Guidelines	Rationale and Other Resources
PHYSICAL ENVIRONMENT (continued)	Infants' equipment is washed and disinfected at least twice a week.	For children who are not able to use the toilet consistently, procedures and policies are in place for changing soiled diapers or clothes, maintaining a clean and sanitary environment, disposing of items in a sanitary way, and communicating with parents and caregivers about the child's toilet schedule.	
	Soiled diapers are disposed of or held for laundry in closed containers inaccessible to children.	The facility is cleaned daily to disinfect all surfaces and bathroom fixtures and remove trash. Ventilation and sanitary practices control odors in inhabited areas of the facility and in custodial closets.	
	The cover of the changing table is either disinfected or disposed of after each change of a soiled diaper.		

INCLUSION

Foundational Guidelines	Rationale and Other Resources
Modifications are made in the environment and staffing patterns to support children with special needs and diverse abilities.	Under the Americans with Disabilities Act (ADA), YMCAs are expected to make reasonable accommodations for individuals with disabilities.
The physical environment and equipment are accessible to children with special needs and diverse abilities.	

INTENTIONAL TEACHING PRACTICES

LEARNING ENVIRONMENT		
Foundational Guidelines		**Rationale and Other Resources**
Staff function as secure bases for children. They respond promptly in developmentally appropriate ways to provide comfort, support, and assistance when children initiate interaction and express negative emotions or feelings of hurt and fear.		Adults' speech is one of the main channels through which children learn about themselves, others, and the world in which they live.
Developmentally appropriate materials and equipment of sufficient quantity, variety, and durability are selected and used.		
Staff express warmth through behaviors such as eye contact, tone of voice, and smiles.		
Infant-Toddler Guidelines	**Preschool Guidelines**	**Rationale and Other Resources**
Staff interact frequently with children, especially during diapering and feeding.	Staff are available, responsive, respectful, and actively engaged with children. Staff create a positive social-emotional climate through frequent interactions and meaningful conversations with children.	While infants' brain development is particularly sensitive to the quality and consistency of interpersonal relationships, all children benefit from positive interactions during daily routines.
Staff continually provide learning opportunities for infants and toddlers in response to cues from the child.	Staff support children's competent and self-reliant exploration and use of classroom materials.	Opportunities to be an active learner are critical for developing the following: • Motor competence and awareness of one's own body and person • Sensory motor skills • Ability to demonstrate initiative through active outdoor and indoor play • Feelings of mastery and successful coping
Infants and toddlers are permitted to move about freely, exploring and initiating activities. Children are not placed in holders, such as bouncy seats and jumpers, for extended periods of time or during feedings and naptime.	Staff encourage and recognize children's work and accomplishments.	

INTENTIONAL TEACHING PRACTICES

INTENTIONAL TEACHING PRACTICES (continued)	Skill development is encouraged through eating, dressing, and cleaning up.	Staff support children as they practice social skills and build friendships by helping them enter into, sustain, and enhance play (for example, by asking questions to prompt creativity to deepen a child's learning).	
		Staff use teaching strategies, resources, the environment, and their knowledge of child development and the individual children in the program to deepen children's understanding and build their skills and knowledge.	See *Choosing an Early Childhood Curriculum,* available on Link. Preschool children need a setting that • is supportive and nurturing; • supports a demonstration of feelings; and • accepts regression as part of development. Preschool children require help building a positive self-image and a sense of self as a person of value from a family and a culture of which they are proud. Therefore, it is important that staff enable children to view themselves as coping, problem-solving, competent, passionate, expressive, and socially connected to peers and staff.
		In guiding children's behavior, staff avoid responses that frighten or humiliate children. Instead, they use positive guidance techniques such as redirection, positive reinforcement, and logical or natural consequences. Clear rules are developed and discussed regularly with children. Corporal punishment and withholding of necessities are never used.	When children display unusual or difficult-to-manage behaviors, caregivers and teachers should work with parents and guardians to seek a remedy that allows the child to succeed in the program setting, if possible. The first resource for addressing behavior problems is the child's primary care provider. School personnel, including professionals serving school-based health clinics, may also be able to provide valuable insights. To develop internal control of their actions, it is important that children be taught expectations for their behavior so that they can learn to control their own behavior. For best practices in behavior management, see *Positive Behavior Guidance for Youth,* available on Link.

CHILD DEVELOPMENT	
Foundational Guidelines	**Rationale and Other Resources**
Individual descriptions of children's development and learning are written when the child enters the program, and the child's progress is updated and shared among staff and parents and caregivers at least quarterly. The descriptions are used to plan appropriate learning activities, as a means of nurturing each child's optimal development, and as a record for use in communicating with parents and caregivers. Written progress reports are shared with parents and caregivers at least twice a year in writing.	A child's self-initiated activities are often the source of the most meaningful learning. The learning environment that supports individual differences, learning styles, abilities, and cultural values fosters confidence and curiosity in learners. For information and guidance on early childhood assessments, refer to Developmental Screening and Assessment Instruments from the National Early Childhood Technical Assistance Center (NECTAC).
Staff communicate with families and involve them in assessments relating to their child: • Families have ongoing opportunities to share the results of observations from home as part of the assessment process. • Teaching staff, families, and relevant specialists (e.g., behavioral specialists) have regular opportunities to participate and contribute in conferences to discuss each child's progress, accomplishments, and difficulties in the classroom and at home, as well as to plan learning activities.	Children's experiences in programs will be most beneficial when feelings of mutual respect and trust develop between parents, guardians, caregivers, and teachers. Refer to the DataBank tab at the Child Trends website; the Kids Count Data Center from the Annie E. Casey Foundation; and the National Center for Families Learning website.
Staff work to achieve consensus with families about the assessment methods that will best meet the child's needs. Staff provide families with information about the choice, use, scoring, and interpretation of screening and assessment methods.	
CURRICULUM	
Foundational Guidelines	**Rationale and Other Resources**
The daily schedule provides a balance of activities, including structured and free choice, quiet and active, group centered and individual, indoor and outdoor, and child initiated and staff directed. The schedule gives special attention to the needs of individual children.	

INTENTIONAL TEACHING PRACTICES (continued)

	INCLUSION	
	Foundational Guidelines	**Rationale and Other Resources**
INTENTIONAL TEACHING PRACTICES (continued)	If staff suspect that a child has a developmental delay or other special need, they communicate the possibility to families in a sensitive, supportive, and confidential manner and provide documentation and an explanation for the concern, suggested next steps, and information about resources for assessment.	
	Staff create and maintain a setting in which children of differing abilities can progress with guidance toward increasing levels of autonomy, responsibility, and empathy.	
	Staff encourage children's expressions of emotions, both positive (e.g., joy, pleasure, excitement) and negative (e.g., anger, frustration, sadness).	
	Staff work as a team to implement customized daily teaching and learning activities, including Individualized Family Service Plans (IFSPs), Individualized Education Programs (IEPs), and other individual plans as needed.	

FOOD AND NUTRITION

	FOOD PREPARATION	
	Foundational Guidelines	**Rationale and Other Resources**
FOOD AND NUTRITION	If meals and snacks are provided, the food is prepared, served, and stored in accordance with guidelines from the U.S. Department of Agriculture (USDA).	Because of their body size and immature immune systems, young children are particularly susceptible to foodborne illness. Ys need to ensure that all meal prep certifications are current. See the USDA Child and Adult Care Food Program (CACFP) guidelines.
	Food and drink meets the needs of children.	Learn more about the Healthy Eating & Physical Activity (HEPA) standards on Link.
	Staff are aware of the food allergies that children have and know what to watch for should new allergies emerge.	Young children may develop reactions to new food that are being introduced.
	HEALTHY EATING	
	Foundational Guidelines	**Rationale and Other Resources**
	The program serves healthy foods, including fruits or vegetables, at every meal. No fried foods are served.	

FOOD AND NUTRITION (continued)			
	Clean, sanitary water is offered at the table during every meal and snack and is accessible at all times.		
	Healthy beverages are served, including water, unflavored low-fat (1%) or nonfat milk. No beverages with added sugar are served.		
	If the program does not provide food, parents and caregivers are educated regarding well-balanced meals that may be brought from home.		
	Infant-Toddler Guidelines	**Preschool Guidelines**	**Rationale and Other Resources**
	Staff who work with infants and their families promote and support breastfeeding for six months and continuation of breastfeeding in conjunction with complementary foods for one year or more.		

MEALTIMES		
Foundational Guidelines		**Rationale and Other Resources**
The amount and type of food offered is appropriate for the ages and sizes of children.		
Children are awake prior to being offered a meal or snack. Infants are not given a bottle while napping or sleeping.		
At least one adult sits at the table with children during snack and mealtime, practicing good manners and social conversation in a pleasant mealtime setting.		

Infant-Toddler Guidelines	**Preschool Guidelines**	**Rationale and Other Resources**
Infants are held in one's arms or sit up on one's lap while feeding; bottles are not propped.	Children serve themselves (family style) all food and beverages from common bowls and pitchers with limited help. Staff sit with children during snacks and mealtimes.	Allowing children to determine how much they eat reinforces children's internal cues of hunger and fullness.
Infants are offered age-appropriate volumes of breast milk or formula and allowed to self-regulate their intake; caregivers introduce developmentally appropriate solid foods in age-appropriate portions, allowing all infants to self-regulate their intake.	Children are offered food at intervals at least two hours apart and not more than three hours apart unless the child is asleep.	

FOOD AND NUTRITION (continued)		
	Children are encouraged to assist with cleaning after meals and snacks.	
	Chairs, tables, and eating utensils are suitable for the size and developmental levels of the children.	
FOOD SAFETY		
Foundational Guidelines		**Rationale and Other Resources**
Staff take steps to ensure the safety of food brought from home. They also label and date all foods brought from home and, when needed, refrigerate and supplement food brought from home.		See the USDA Child and Adult Care Food Program (CACFP) guidelines.
Liquids and foods that are hotter than 100°F are kept out of children's reach.		
Staff do not offer children younger than 4 years old foods that present a choking hazard, which include but are not limited to the following: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas; hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or anything larger than can be swallowed whole.		
COMMUNICATION		
Foundational Guidelines		**Rationale and Other Resources**
The program prepares written menus, posts them where families can see them, and has copies available for families that take into account their language needs.		Caregivers and teachers impact the nutrition habits of the children under their care not only by making choices regarding the types of foods that are available but by influencing children's attitudes and beliefs about that food as well as social interactions at mealtime. This provides a unique opportunity for programs to guide children's choices by assigning parents/guardians and caregivers and teachers the role of nutritional gatekeepers for the young children in their care.
Feeding times and food consumption information are provided to parents and caregivers at the end of each day.		

INCLUSION	
Foundational Guidelines	**Rationale and Other Resources**
For children with special feeding needs, staff keep a daily record documenting the type and quantity of food a child consumes and provide families with that information.	

CULTURALLY COMPETENT PRACTICES	
Foundational Guidelines	**Rationale and Other Resources**
The program has a written policy that takes into account the language needs of the community.	
Teaching staff identify and counter any teaching practices, curriculum approaches, or materials that are degrading with respect to ability, age, background, culture, ethnicity, family structure, gender identity, language, race, religion, sexual orientation, or any other dimension of diversity.	Children who participate in programs that reflect and show respect for the cultural diversity of their communities learn to understand and value cultural diversity.
Staff develop individual relationships with children by providing care and interactions that are responsive, attentive, consistent, comforting, supportive, and culturally sensitive.	
Staff intentionally integrate into the curriculum activities, food, and learning that acknowledge and celebrate children's cultural and ethnic backgrounds, working to avoid stereotypes and to partner and communicate with parents and caregivers where relevant.	
The program has a written policy taking into account the language needs of the community and specifying restrictions on the attendance of sick children and staff, as well as personal days that may need to be taken for other reasons, such as religious holidays.	
Materials and equipment that promote and celebrate diversity are used.	

FOOD AND NUTRITION (continued)

FAMILY ENGAGEMENT

FAMILY ENGAGEMENT	
Foundational Guidelines	**Rationale and Other Resources**
Information is available, shared during parent and caregiver orientation, and distributed to all new and prospective families describing, at minimum, the following: • Program philosophy • Curriculum • Approach to child guidance and discipline • Operating hours • Fees and payments, as well as the availability of tuitions and scholarships • Meals and snacks • Illness policies • Holidays • Refund information • Financial assistance availability • Termination of enrollment • How IFSPs are addressed • Health and safety plans • Field trips • Safety precautions • Opportunities for parent and caregiver involvement	Having parent and guardian involvement at every level of program planning and delivery, as well as parent and guardian support groups, is beneficial to all involved: the children, their parents and guardians, and facility staff. See Supporting Parent Success, produced by the Campaign for Grade-Level Reading website.
Staff and parents and caregivers communicate on an ongoing basis (at least weekly) regarding home and center child-rearing practices to learn about children's individual needs and ensure a smooth transition between home and program.	
Families are welcome in the program at all times and may visit any area of the facility at any time during the program's regular hours of operation.	
A verbal or written system is established for sharing day-to-day happenings that may affect children, taking into account families' language needs.	
Arrival and departure periods allow time for interaction among parents, caregivers, and staff.	
A variety of mechanisms, such as conferences or home visits, are offered at least twice a year and at other times as needed or requested by parents and caregivers to promote dialogue with families. Parents and caregivers are informed about the program curriculum, policy changes, and other critical issues through regular newsletters or other methods of communication that take into account families' language needs.	
Communication with families about their child's assessment is sensitive to family values, culture, identity, and language needs.	

	Foundational Guidelines	Rationale and Other Resources
FAMILY ENGAGEMENT (continued)	A parent and caregiver advisory council is organized, and meeting format and goals are established. Regular events are planned with family members and offered frequently enough (at least quarterly) to help build a sense of community among families and staff. All families have these opportunities for involvement.	
	Information shared with parents and caregivers is easy to understand and takes into account families' language needs.	
	A process has been developed for orienting children and their families to the program.	
	Staff communicate with parents and caregivers to ensure that children experience smooth transitions throughout the day.	

COMMUNITY PARTNERSHIPS

	COMMUNITY PARTNERSHIPS	
COMMUNITY PARTNERSHIPS	**Foundational Guidelines**	**Rationale and Other Resources**
	Staff use established relationships with other early education programs and local elementary schools to help families prepare for and manage their children's transitions between programs, including special education programs.	
	The curriculum includes opportunities to use facilities and programs offered by the YMCA (e.g., swim instruction, movement education, dance and music lessons, health and nutrition, and training) and makes these opportunities available to community partners.	
	The curriculum incorporates the use of community facilities and programs, such as libraries, museums, parks, and art centers.	

PROGRAM ASSESSMENT AND CONTINUOUS IMPROVEMENT

PROGRAM ASSESSMENT AND CONTINUOUS IMPROVEMENT	
Foundational Guidelines	**Rationale and Other Resources**
At least annually, parents, caregivers, staff, and other professionals (e.g., school leadership, community partners, etc.) conduct an assessment to • evaluate the program's effectiveness in meeting the needs of children and families; • identify the programs strengths and weaknesses; and • specify program goals for the year. This assessment includes a description of the assessment's purpose, procedures, and confidentiality policy related to the results.	A basic component of any personnel policy is a system for evaluating employees. Staff members who are well-trained are better able to prevent, recognize, and correct health and safety problems. See the Classroom Assessment Scoring System (CLASS) for help assessing interactions between children and teachers and staff. See the Environmental Ratings Scales to assess the quality of classroom environment and interactions.
In the annual program evaluation, the program director examines the adequacy of staff compensation and benefits and the rates of staff turnover; a plan is developed to increase salaries and benefits to ensure the recruitment and retention of qualified staff.	The quality and continuity of the workforce is the main determining factor of the quality of care. Nurturing the nurturers is essential to prevent burnout and promote retention.
At least annually, the director and staff, as well as the other parties mentioned, conduct an assessment to identify strengths and weaknesses of the program and to specify program goals for the year.	
The director (or other appropriate person) evaluates all staff at least annually.	

(Left margin vertical text: PROGRAM ASSESSMENT AND CONTINUOUS IMPROVEMENT)

ASSESSMENT FORM

For each of the following category areas, indicate whether your program meets the recommended criteria outlined in the infant-toddler and preschool guidelines, by marking **Yes** or **No**.

Yes	No	
☐	☐	**Philosophy and Goals**
☐	☐	**Program Administration**
☐	☐	Policies and Procedures
☐	☐	Supervision and Ratios
☐	☐	Inclusion
☐	☐	**Staff Qualifications and Leadership Development**
☐	☐	**Child Health and Safety**
☐	☐	Healthy Habits
☐	☐	Illness and Medical Needs
☐	☐	Child Abuse Protection
☐	☐	Protection
☐	☐	Emergency Preparedness
☐	☐	Inclusion
☐	☐	**Physical Environment**
☐	☐	Indoor and Outdoor Areas
☐	☐	Safety Features
☐	☐	Cleaning and Sanitation
☐	☐	Inclusion
☐	☐	**Intentional Teaching Practices**
☐	☐	Learning Environment
☐	☐	Child Development
☐	☐	Curriculum
☐	☐	Inclusion
☐	☐	**Food and Nutrition**
☐	☐	Food Preparation
☐	☐	Healthy Eating
☐	☐	Mealtimes
☐	☐	Food Safety
☐	☐	Communication
☐	☐	Inclusion
☐	☐	**Culturally Competent Practices**
☐	☐	**Family Engagement**
☐	☐	**Community Partnerships**
☐	☐	**Program Assessment and Continuous Improvement**

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