Quality Standards for
Early Childhood Education
for Children Birth Through Eight

Kansas Stakeholders Advisory Committee
for Early Childhood Education

Revised November 2001
ACKNOWLEDGMENTS

The Quality Standards for Early Childhood Education for Children Birth Through Eight in Kansas were developed by a diverse group of stakeholders representing many organizations, programs, agencies, and perspectives. This initiative began in 1993, and the first document was printed in 1994, reprinted in 1996, and revised in 2001.

The names of the Early Childhood Stakeholders Advisory Committee, the original group that developed the Quality Standards, are included in the introductory section, and the names of the current members of the Stakeholders are listed at the end of the Appendix.

All members who have contributed ideas over time are acknowledged and commended for their guidance and support for early education endeavors in Kansas.

Revised
November 2001
QUALITY STANDARDS FOR EARLY CHILDHOOD EDUCATION FOR CHILDREN BIRTH THROUGH EIGHT

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HISTORY

The **Quality Standards for Early Childhood Education for Children Birth through Eight in Kansas** were developed in response to the document, “Supporting Families and Young Children in Kansas,” which was adopted by the Kansas State Board of Education in December 1992. The **Quality Standards** created a vision for early care and education providers and families, to make certain that children have access to high-quality and developmentally appropriate programs.

Beginning in 1993, numerous individuals and organizations came together to address common interests and concerns relating to early childhood programs in Kansas. This group of stakeholders included parents and family members, representatives of many professional organizations and university programs, various service providers from the field, administrators, state agency personnel, and other policy makers.

Six outcomes were identified to ensure that all young children growing up in Kansas did so in the best possible circumstances, enabling them to become caring, competent, and contributing members of society. These outcomes were believed to be the shared responsibility of families, communities, businesses, schools, legislators, advocacy groups, resource personnel, and all citizens of Kansas. The following outcomes were listed in “Supporting Families and Young Children in Kansas” and used in the development of the **Quality Standards**:

- Every pregnant woman will receive adequate prenatal care to ensure the birth of a healthy infant.
- All young children will enjoy nutritious diets that support the development of healthy bodies and minds.
- All young children will develop a positive self-concept and a sense of self-worth that provide the confidence, energy, and optimism enabling them to live and learn to their full potential.
- All young children will acquire communication skills, including language skills, through a variety of rich, multi-sensory experiences that foster learning and thinking.
- Children will grow up in stable, nurturing families that are strengthened through supportive communities.
- Families will possess the parenting skills and knowledge of resources they need to ensure the well-being of their children.

For this document, early childhood is defined to include all children from birth through eight years of age, in both regular early childhood settings and early childhood special education programs. The following names and agencies were involved as original members of the Early Childhood Stakeholders Advisory Committee, who created this document. For a more recent list of Early Childhood Stakeholders Advisory Committee members, see the Appendix.
Kansas Stakeholders Advisory Committee for Early Childhood Education
1992

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INTRODUCTION

Research has demonstrated that children who receive quality early childhood services, such as those identified in the Quality Standards, are eager and open to learning, demonstrate better long-term gains from their educational experiences, and become more productive citizens of their community. Therefore, the intent of the Quality Standards is to achieve a reorientation of thinking and practice across a range of providers and to bring all programs of care and education for young children and families into a common framework. This common framework will promote a seamless system of quality care and education.

The Quality Standards document is designed to serve as a guide as well as an indication of quality for all early childhood education providers. The standards are applicable to all services and providers, regardless of setting, as a means of fostering programs that incorporate education, child care, health, nutrition, social services, parent education, and family support. Implementation of the standards will ease the transition between services for families and children, ensure that services are developmentally and individually appropriate, encourage community-based responsibility and collaboration, and support families’ strengths, needs, and diversity.

The following guiding principles were used in the development of this document:

- Families are respected and recognized as the first and most important teachers and key decision makers for their children.
- Learning for all children occurs within the context of their families and communities; therefore, learning experiences must be integrated and should encompass the whole child.
- Comprehensive early childhood education integrates parent education and family support programs, child care, health, and social services with education.
- All environments for young children are educational.
- Early childhood education provides comprehensive services to children birth through eight years of age.
- Comprehensive early childhood programs follow developmentally appropriate practices addressing both age and individual characteristics of children and their families.
- Every child is unique; therefore, programs will respond to individual differences, interests, and needs.
- All stakeholders are accountable for facilitating children’s access to quality care, education, and family support services.
- Partnerships and successful coordination and integration services are necessary to make early childhood experiences the foundation for lifelong learning.
USING THIS DOCUMENT

The Quality Standards sets a common framework for regulating authorities, agencies, organizations, early care and education providers, and families. The Quality Standards is designed to serve as a guide as well as an indication of quality for all early childhood providers. The standards define what programs and individuals working with young children should know and be able to do. The standards are applicable to all services and providers, regardless of setting, as a means of fostering programs that incorporate education, child care, health, nutrition, social services, parent education, and family support. They are comprehensive, based on the premise that all environments for young children are educational and provide opportunities for learning experiences. Using the Quality Standards will:

- Ease the transition between services for children and their families,
- Ensure that services are developmentally and individually appropriate,
- Encourage community-based responsibility and collaboration,
- Support families’ strengths, needs and diversity, and
- Lead to school readiness and successful lifelong learning.

The Quality Standards are organized around nine areas:

- Family involvement
- Community
- Program administration
- Personnel
- Learning experiences
- Physical setting and safety
- Health and nutrition
- Child assessment
- Program evaluation

Each of the nine areas includes a guiding principle, followed by specific outcomes and indicators. A self-assessment format based on the nine areas has been included in the Appendix. The self-assessment section may be used by programs and/or individuals to identify areas in need of attention or to confirm existing quality practices. Some indicators may not be applicable to every program, and some may need to be adapted to meet the uniqueness of an individual program. Local indicators may also be developed to supplement the Quality Standards. The self-assessment format can be used as an action plan for improvement. It is strongly encouraged that parents and community members be part of the self-assessment and implementation process.

The Appendix includes a glossary, sections on implementing the standards in family child care and early primary settings, an explanation of how to use the self-assessment, the self-assessment tool, a bibliography, and a list of written and online resources.
FAMILY INVOLVEMENT

"Children are a message we send to a future we'll never see."

Rationale: The most important influences on children are their families and their home environments. Therefore, family involvement is an integral part of quality early childhood programs. Family involvement improves the program for the child, benefits both the staff and the program, and enhances parenting skills.

Today's families are diverse. The family involvement/education program must be based on an acceptance of such diversity, including an awareness of individual families' differing values, structures, needs, and aspirations.

Quality programs recognize that parenting is a developmental process. They provide assistance to parents through resources and information based on the recognition that all families have primary responsibility for their own children.

OUTCOME: FAMILIES ARE RESPECTED AS PRIMARY DECISION MAKERS FOR THEIR CHILDREN. THEY RECEIVE FAMILY-FOCUSED, CULTURALLY SENSITIVE SERVICES.

STANDARD 1: Families are recognized as primary participants in the care and education of their children and are respected as their children's first teachers.

Indicator 1. Communication with families about their child's learning experiences, needs, and progress is reciprocal and ongoing.

Indicator 2. Families receive information designed to enhance their skills as their child's principal educator through participation in activities such as parenting workshops, adult literacy programs, toy-lending libraries, and play/support groups.

Indicator 3. Opportunities for family involvement and participation in planning and decision making are available through advisory councils, policy making roles, and parent meetings.

Indicator 4. Families are offered flexible options for participating in their child's learning experiences. Multiple opportunities are available for accessing activities and resources in a variety of settings.
STANDARD 2: Quality early childhood programs recognize the diversity of all families and value their strengths.

**Indicator 1.** The needs of families are addressed through diverse and flexible learning opportunities built on the family's strengths and differences.

**Indicator 2.** Families are respected and supported in their primary role in the learning process.

**Indicator 3.** The cultural and ethnic uniqueness of all families is respected.
COMMUNITY

“It is the power of concerned and committed people, and their organizations, that can bring what needs to be done within the bounds of what can be done.”
(The State of the World’s Children, 1995.)

"It takes a whole village to raise a child." (African proverb)

Rationale: Quality services for young children and their families are best ensured by establishing a broad-based group of partners--representing the home, program, and community--to work collaboratively toward achieving common goals. Broad-based representation helps these partners keep in touch with the local community's values, beliefs, history, needs, strengths, and aspirations.

Further, recognition and inclusion of the various perspectives represented in the community enable the home, program, and community partners to develop an appropriate and efficient system of response to local needs. Renewed commitment to serve the whole child within the context of the family and the community requires that services and policies be integrated.

OUTCOME: ALL STAKEHOLDERS INVESTED IN THE HEALTH, WELFARE, AND DEVELOPMENT OF YOUNG CHILDREN AND THEIR FAMILIES SHARE RESPONSIBILITY FOR LEADERSHIP AND DECISION MAKING.

STANDARD 1: The comprehensive needs of young children and their families are met through ongoing relationships and collaboration in the community, involving families, program personnel, and individuals whose work relates to or may impact the development of young children.

Indicator 1. The program staff collaborates with community resources to provide services as needed by the child and family (e.g., programs provided by community agencies, schools, health care and mental health professionals).

Indicator 2. The diversity and cultures of the community are reflected in the program.

Indicator 3. Referral procedures ensure that families are linked to needed services in the community.

Indicator 4. Local Interagency Coordinating Councils (LICCs) address developmental needs of young children and their families.

Indicator 5. The community and families work together to provide continuous services for all children, ensuring smooth transitions between programs.

Indicator 6. Public awareness activities are implemented to inform the community about the needs and availability of early childhood services.
STANDARD 2: All available resources in the community are used to eliminate duplication and to reduce gaps in services for children and families.

Indicator 1. All pertinent funding sources and services are utilized to provide comprehensive services to meet individual needs of children and their families.

Indicator 2. A community-wide needs assessment is conducted to identify strengths and weaknesses in available services to eliminate service gaps and overlaps.

Indicator 3. Hard-to-reach families are served through outreach efforts and collaboration among community programs.

Indicator 4. Extended child care needs are addressed within the community, including but not limited to such programs as before- and after-school care, summer programs, respite care, sick-child care, and transportation.

Indicator 5. Community volunteers are invited to participate in the program in a variety of roles, such as serving on interagency committees or advisory groups, communicating with other community organizations, or assisting with public awareness efforts to reach more families.
PROGRAM ADMINISTRATION

"Unless the investment in children is made, all of humanity's most fundamental long-term problems will remain fundamental long-term problems."
(State of the World's Children 1995)

Rationale: Administration of a program affects all interactions within the program as well as its relationships with external programs and services. Administration of a quality early childhood program is impartial and consistent, carried out in accordance with the purposes and/or goals, policies, and procedures established by families, staff, and community.

Effective program administration creates an environment that facilitates the provision of quality care and education for all children. Responsive program administration includes good communication, positive community relations, fiscal stability and accountability, and attention to the needs and working conditions of program staff.

OUTCOME: RESPONSIBLE ADMINISTRATIVE ACTIVITIES ENSURE A QUALITY PROGRAM FOR ALL CHILDREN AND THEIR FAMILIES.

STANDARD 1: The program administration collaborates with families, staff, and community to establish and support the achievement of positive outcomes for young children.

Indicator 1. Written philosophy and mission statements that support the learning and development of young children are agreed upon by families, staff, and community.

Indicator 2. Written policies and operating procedures established by families, staff, and community are based on the program's identified philosophy and mission statements.

Indicator 3. The philosophy, mission, policies, and operating procedures are continuously reviewed and modified to reflect the evolving knowledge base in early childhood education as well as changing family and community needs.
STANDARD 2: The program administration demonstrates knowledge of and support for developmentally appropriate practices with young children and families.

**Indicator 1.** The program administration conveys high expectations for all children based on an understanding that young children can achieve these expectations in different ways.

**Indicator 2.** The program administration supports a research-based approach to assessment that is appropriate for the developmental level of young children.

**Indicator 3.** The program administration conducts ongoing program evaluations that consider new ideas and trends in early childhood education, findings of new research, and insights of experienced practitioners in the field.

STANDARD 3: All children and families who meet identified eligibility criteria have access to services based on policies that are sensitive to individual diversity.

**Indicator 1.** Administrative policies and practices support the inclusion of children with disabilities and provision of appropriate learning experiences for all children.

**Indicator 2.** Children enter and progress through school with their peers, as opposed to separate programs that reflect retention or readiness, such as developmental kindergartens and transitional first grades.

**Indicator 3.** Appropriate materials, curricula, and personnel address the cultural and language diversity of children and their families.

**Indicator 4.** Program policies ensure nondiscrimination in the selection and participation of eligible children, families, staff, and volunteers.
PERSONNEL

“Since teachers have begun taking turns visiting each other's programs, we understand better what others are dealing with. We share our ideas about teaching.”
(Dodge City teacher)

Rationale: The quality of the staff is a critical determinant of overall program quality. Research shows that staff training in child development and early childhood education is related to positive outcomes for children, such as increased social interaction with adults, appropriate behavior, and improved language and cognitive development.

Another important determinant of quality is the adult-child ratio and group size within the program. Well-organized staffing patterns facilitate responsive care and education. Research strongly suggests that smaller group sizes and an increase in the adult-child ratio are related to positive outcomes for children, such as increased interaction with adults, enhanced learning capability, as well as less aggression and more positive interaction with other children.

OUTCOME: ALL PROGRAM STAFF POSSESS A HIGH LEVEL OF SKILL AND KNOWLEDGE FOR THEIR RESPECTIVE ROLES.

STANDARD 1: All staff demonstrate appropriate training and experience in developmentally appropriate early childhood practices commensurate with their positions.

Indicator 1. Staff are optimally qualified for their positions and for assisting children in advancing all aspects of their development (social, emotional, intellectual, and physical).

Indicator 2. Position descriptions are developed for all staff and volunteers, clearly describing roles and responsibilities.

Indicator 3. Staff receive ongoing opportunities to express program needs and give input into program planning and operation.

STANDARD 2: Sufficient staff, combined with organizational structure, ensure positive interactions and constructive activity among children, staff, and families.

Indicator 1. Adult-child ratios are based on current research findings and professional recommendations, considering number and ages of children, nature of the physical setting, and number of children with special needs in the program. When age groups are mixed, the lower ratio prevails.

Indicator 2. The adult-child ratio is sufficient to ensure adequate supervision, frequent personal contacts, and time for individual instruction and meeting diverse needs of all children.
Indicator 3. Time is allocated for regular, ongoing opportunities for staff and families to work collaboratively and cooperatively as a team.

Indicator 4. The staff exhibits developmentally appropriate interaction techniques, such as positive guidance, child-level communication, and child-initiated interactions. Such behavior is supportive of children's cognitive, psychological, and biological development.

STANDARD 3: Ongoing informal and formal staff evaluations are conducted, and opportunities for continuous professional development are available.

Indicator 1. Staff receive ongoing constructive suggestions, written and oral, that assist in fulfilling their professional responsibilities.

Indicator 2. Evaluation of each staff member consists of a variety of methods, including self-evaluation and observation. Written and oral feedback is provided.

Indicator 3. An individual improvement plan is developed, as necessary, for each staff member.

STANDARD 4: A comprehensive staff development plan ensures that individual and overall staff development needs are met as part of the underlying program goal to provide quality services for young children and families.

Indicator 1. Staff development is provided based on the identified needs of staff and families. Topics address developmental needs of young children (intellectual, health, nutrition, safety, learning, physical activity, etc.) as well as the skills needed to work in teams, work with parents, and facilitate integrated services.

Indicator 2. Flexible scheduling allows staff to participate in a broad range of relevant staff development activities, including on-site training, visits to other programs, conferences, meetings of professional organizations, and curriculum development projects.

Indicator 3. Professional resources are available to staff, including professional journals, books, tapes, videos, etc.

Indicator 4. Representatives from other programs and agencies are included in locally arranged in-services.
LEARNING EXPERIENCES

"Children with special needs will be perceived as less 'different' if they are part of the same environment as other children; as a result they will be more readily accepted by others--their families, their peers, and the community."
(Phyllis A. Chandler)

Rationale: "Best practices" for providing appropriate early childhood learning environments are based upon knowledge of typical child development within a certain age span as well as the uniqueness of each child. Learning experiences are not only age-appropriate but individually appropriate." Appropriate learning experiences" refer to a framework, a philosophy, or an approach to working with children that requires incorporation of what is known about how children develop and learn. A given curriculum or a rigid set of standards should not dictate practice.

Instruction is organized around the child's needs, interests, and learning styles, and is sensitive to cultural diversity. Activities are child-initiated, child-guided, and adult-facilitated. This process allows children to learn through play-based activities that emphasize hands-on experiential learning with numerous opportunities for free exploration. Children are encouraged to connect new discoveries with what they already know and are able to do. Some children may need more structure or more adult direction to guide learning than others. Accommodations and modifications are made to meet the individual needs of every child.

OUTCOME: THE EARLY CHILDHOOD PROGRAM PROVIDES DEVELOPMENTALLY APPROPRIATE ACTIVITIES THAT MEET THE NEEDS, CAPABILITIES, AND INTERESTS OF YOUNG CHILDREN.

STANDARD 1: The organization and introduction of learning experiences are consistent with research findings on the development of the whole child and individual learning styles.

Indicator 1. Learning experiences are based on established program philosophy and mission statements.

Indicator 2. Learning experiences are grounded in the most current research and literature on child development and education.

STANDARD 2: A variety of developmentally appropriate learning experiences facilitate the optimal growth and development of the whole child, and encourage children to be actively involved in the learning process.

Indicator 1. The program content is designed to achieve long-range goals in all areas of child development (social, physical, cognitive, emotional, and language).
Indicator 2. Developmentally appropriate learning experiences, materials, equipment, and environments reflect and respect diversity in national origin, religion, language, gender, ability, and age of all children.

Indicator 3. Learning experiences are provided through a variety of activities such as play-based exploration, guided discovery, problem-solving, repetition, intuition, and imitation.

Indicator 4. Learning experiences are presented in multi-sensory and integrated ways that build upon what children already know and are able to do.

Indicator 5. Learning experiences provide a hands-on orientation that emphasizes process over product.

STANDARD 3: The schedule of activities reflects the individual needs, interests, and developmental levels of all children.

Indicator 1. The program schedule reflects the need for children to engage in a balance of activities, such as active and quiet, private time to relax and think, large and small motor activity, group and individual activities, and time to communicate with friends and staff.

Indicator 2. Transitions between individual activities are integrated into the program as learning opportunities.

Indicator 3. A daily routine is provided within a consistent environment to promote self-help and social skills as well as self-control and recognition of boundaries.

Indicator 4. Uninterrupted blocks of time help children develop problem-solving and decision-making skills by offering a choice of activities.

Indicator 5. The program is flexible enough to adapt planned or routine activities to the needs or interests of children.

Indicator 6. Through an integration model, support and special services personnel collaborate with program staff to offer learning experiences that are appropriate for each child.
PHYSICAL SETTING AND SAFETY

“Success is not a destination; it’s a journey.”
(Anonymous)

Rationale: The environment in quality early childhood programs allows for self-direction; therefore, materials encourage children to construct their own learning. The physical environment allows spaces for various activities, individual and group, and is appropriate for the child's age and size. The physical arrangement in an early childhood environment dictates the type of activities children engage in and the way children and adults are involved.

Young children are highly interested in the world that surrounds them and unaware of most dangers. Early childhood environments must enhance children’s natural curiosity while allowing them to interact freely and safely. Consideration must be given to the size and age of all children in the learning environment.

OUTCOME: THE PHYSICAL SETTING IS SAFE AND DEVELOPMENTALLY APPROPRIATE FOR THE NEEDS OF ALL CHILDREN.

STANDARD 1: The program’s indoor and outdoor environments contain equipment, materials, and spatial arrangements that are appropriate for the age and developmental levels of all children.

Indicator 1. The physical space is arranged to encourage interaction among children and adults, allow flexibility in grouping or solitary play, and foster exploration and learning.

Indicator 2. The physical environment offers space for each child to move freely in the classroom or on the playground, fosters positive social and emotional interactions, and provides storage for personal items and projects.

Indicator 3. Modifications in the physical environment and materials are made according to the individual needs of all children.

Indicator 4. Indoor physical environments provide a variety of appropriate surfaces such as pillows, carpet, and tile as well as defined areas for quiet reading, block play, housekeeping, discovery, art, and manipulatives that are developmentally appropriate for the age of the children.

Indicator 5. Outdoor physical environments provide a variety of surfaces that are safe and appropriate for all children such as sand, grass, hills, flat, and hard areas.

Indicator 6. A wide variety of age-appropriate learning materials and equipment are easily adaptable and rotated on a regular basis.
STANDARD 2: The safety of all children and staff is assured through high-quality environments and education.

**Indicator 1.** At least one staff member is certified in CPR and first aid, or has equivalent training, and adequate first aid supplies are readily available.

**Indicator 2.** Appropriate adult-child ratios are maintained to ensure safety and adult supervision at all times.

**Indicator 3.** The physical environment, including developmentally appropriate playground equipment and material, is maintained to ensure that it is in good repair and free from hazards.

**Indicator 4.** The physical environment is arranged to provide for good supervision.
HEALTH AND NUTRITION

"The best things in life are yours, if you can appreciate yourself."
(Dale Carnegie)

Rationale: The health of children, their families, and program staff is of the highest priority. Evidence indicates that lifetime health and eating habits are formed at an early age. Children’s environments assist them in forming lifelong general health and nutrition habits, with families as the major source of influence over these habits. Prevention, health promotion (e.g., oral, visual, mental and physical health), early identification and intervention, and healthy nutritional practices are key components in facilitating children's learning and lives.

OUTCOME: THE EARLY CHILDHOOD PROGRAM ENSURES HIGH-QUALITY HEALTH AND NUTRITION, WHICH DEMONSTRATES AN ENVIRONMENT THAT IS CONDUCIVE TO DEVELOPING HEALTHY MINDS AND BODIES.

STANDARD 1: In conjunction with families, the quality early childhood program promotes healthy practices for children and families.

Indicator 1. Information is available to families on topics such as child and family health, nutrition, and safety.

Indicator 2. Families are assisted in recognizing their role as their child's most important teacher in developing and modeling good health and nutrition habits.

Indicator 3. Families are made aware of available programs on children's health and nutrition.

Indicator 4. The program incorporates positive health, nutrition, and safety concepts and practices as part of the learning experiences of the child and family.

Indicator 5. Families are encouraged to complete their child's health assessment as well as periodic health checkups to ensure a well child and a healthy life-style.
STANDARD 2: The health of all children and staff is protected and enhanced by the program.

Indicator 1. Program policies and practices address illnesses and injuries of staff and children, emergency transportation, universal precautions, and reporting of suspected child abuse and neglect.

Indicator 2. Program requirements enforce preventive health care, such as regular health checks and immunizations for all children and staff.

Indicator 3. The learning environment provides ongoing health education for all children, families, and staff.

Indicator 4: Program policies and procedures support collaboration among the family and community providers to ensure consistent quality health practices and services for each child.
CHILD ASSESSMENT

"When I examine myself and my methods of thought, I come to the conclusion that the gift of fantasy has meant more to me than my talent for absorbing positive knowledge."

(Albert Einstein)

Rationale: Assessment is an integral part of curriculum and instruction in the early childhood years, serving as a basis for making sound educational decisions that affect the child and family. Assessment may also be necessary to determine if a child has a disability and is eligible for early intervention and special education.

In a developmentally appropriate program, authentic assessment in the natural setting is used to document a child's development. Progress is assessed through observing and recording child development, using multiple sources of information. Appropriate evaluation compares the child's current work and behavior to the child's earlier work and behavior.

Decisions about promotion to the next grade or placement in special programs are based on multiple indicators - including parents’ and teachers’ observations - never on a single test score.

OUTCOME: ASSESSMENT PROCEDURES ARE DESIGNED TO PROVIDE INFORMATION NECESSARY TO INDIVIDUALIZE LEARNING EXPERIENCES AND MEASURE CHILD PROGRESS FOR NEEDED SERVICES.

STANDARD 1: Assessment of child progress is based on developmental theory and practice supported by research findings and recommendations by early childhood professional associations.

Indicator 1. Assessment strategies provide necessary information to individualize and maximize learning opportunities through environmental and curricular adjustments.

Indicator 2. Assessment strategies that allow for gathering information on a broad range of children’s activities and abilities are utilized.

Indicator 3. Assessment is continuous and conducted in a natural learning environment. It utilizes a variety of processes, such as curriculum-based assessments, developmental checklists, conversations and interviews, parent input, teacher observations, work sampling, demonstration, video and audio tape recordings, and projects.

Indicator 4. Assessment procedures allow for the diversity of learners, such as primary language, difference in styles and rates of learning, and are free from cultural and/or gender biases.
Indicator 5. Child progress and assessment results are communicated to parents in a meaningful way, emphasizing the child's strengths and suggesting ways for parents to assist in the child's learning process.

STANDARD 2: Screening and diagnostic assessments are conducted to make specific decisions, focus on developing outcomes, and are family-centered.

Indicator 1. Screening is a brief assessment designed to identify children who may need an evaluation to determine if they have a disability and to ensure they receive the individualized services needed. The results of screening tests are not used to make decisions about entrance into programs or as a single criterion for placement in special education.

Indicator 2. Parents are informed of all rights and procedures in the screening and diagnostic process. Parents and other caregivers are an integral part of this process in collaboration with the diagnostic team.

Indicator 3. Standardized screening and diagnostic tools are reliable and valid for the purpose for which they are used. They are technically sound and are carefully administered by knowledgeable professionals.

Indicator 4. Comprehensive evaluation information is gathered from a variety of measures and settings. Evaluation information determines eligibility—whether the child has a disability and has a need for special education, provides information regarding family concerns and priorities, what should be taught, and where services should be provided.

Indicator 5. Evaluation information and recommendations are shared with all people involved with the education and care of the child in order to meet the individual needs in all environments.
PROGRAM EVALUATION

"I have learned that success is to be measured not so much by the position that one has reached in life as by the obstacles which one has overcome while trying to succeed."

(Booker T. Washington)

Rationale: The overall performance of the program, the staff, and the students must be assessed as a basis for expanding on successes and improving quality. Plans for improvement must be formulated, implemented, and reviewed regularly to ensure continued improvements in all facets of the program.

OUTCOME: THE QUALITY OF THE PROGRAM AND WAYS TO IMPROVE IT ARE DETERMINED BASED ON THE PROGRAM'S EFFECTIVENESS IN MEETING ITS GOALS.

STANDARD 1: Systematic evaluation of the early childhood program is conducted regularly to ensure that the program's philosophy and goals are being fulfilled.

Indicator 1. Staff, families, and community evaluate at least annually the program's effectiveness in meeting the needs of children and families. Areas needing improvement are also identified.

Indicator 2. Program evaluation gathers information from a variety of sources, such as individual child progress records, parent satisfaction reports, and community input.

Indicator 3. The program's effectiveness in meeting the needs of children and families is communicated on a regular basis to stakeholders and policy makers at the local, state, and national level.

Indicator 4. Program evaluation results, assessment information, and other program data are used to target specific areas needing improvement (i.e., staff/child ratio, environmental arrangement), identify needed resources, and develop short- and long-term strategies to modify the program to better meet the needs of children and families.

Indicator 5. The program meets the evaluation criteria and policies applicable for all funding sources.
APPENDICES

Glossary

Use of the Quality Standards in Family Child Care Homes

Use of the Quality Standards in Early Primary Settings

Use of Self-Assessment

Self-Assessment Tool

Bibliography

Resources
GLOSSARY

**Goal Statement**: A statement that defines the desired results of the program.

**Indicator**: A statement of the knowledge or skill or measure by which a program demonstrates progress toward the standard.

**Mission statement**: A statement of the purpose of the program, defines its main function, justifies its existence, identifies those who are served, and identifies outcomes for participants in the program and their families.

**Needs assessment**: A method in the program improvement process to use a self-evaluation to identify needs and decide priorities.

**Outcomes**: Agreed-upon results of a program used to measure performance according to various indicators.

**Self-assessment**: A method used by individuals or programs to evaluate past and current performance and to use the results to determine procedures, goals, and strategies for improvement.

**Staff**: Group of employees (including teachers, administrators, instructional and non-instructional support personnel) working together toward the goals of the program.

**Staff development**: A planned learning opportunity or process for staff to use to renew or acquire skills, knowledge, and concepts for the purpose of improving effectiveness, putting new skills and knowledge into practice, or refining required competencies.

**Stakeholders**: A group of people representing different organizations and groups (e.g., parents, service providers, policy makers, administrators, teachers, other community members) who come together to work on areas of mutual interest and concern.

**Standard**: A clearly defined statement specifying the level of knowledge, capacity, or outcome acceptable to meet the program goal. Achievement of standards moves the program toward the desired goal.

**Strategy**: A deliberate plan of action.
USE OF THE **QUALITY STANDARDS** IN FAMILY CHILD CARE SETTINGS

The Quality Standards for Early Childhood Education document is based on a vision for early childhood educators and families, to make certain that children have access to high-quality and developmentally appropriate programs. Family child care providers are a key group of early childhood educators. The **Quality Standards** is intended to help family child care providers adapt the standards to the services they provide. Thanks to the Executive Board of the Child Care Providers Coalition of Kansas, Inc. for their contributions to this section.

**Quality Standards in Family Child Care Homes**

To implement the **Quality Standards**, home child care providers must first look at the standards and indicators and adapt them to their own programs. At the same time, care must be taken to keep the actual intent of the standard. The family child care provider must realize there are numerous ways to achieve the quality outcomes and indicators. The indicators may be manifested differently depending on each individual child care provider. Providers assess themselves when using the **Quality Standards**. Assistance, as needed, is available from the Child Care Providers Coalition of Kansas or other providers across the state who are more familiar with the interpretation of the **Quality Standards**.

To be licensed as a home child care provider, many requirements must be met to assure that minimum standards for health, safety, adult-child ratios and training will be maintained. However, the **Quality Standards** challenge the provider to aim for a higher level of standards -- standards of quality for all providers of early childhood care and education -- as a method of increasing program quality.

**Implementation of Quality Standards Areas in Family Child Care Settings**

**Family Involvement:** Identify ways parents can be involved in the total child care program, considering the diversity of families. As a provider, part of our role is as a resource person for families. We can be a resource by keeping abreast of children's issues, community activities and resources of interest to children and families. We must communicate clearly to families (orally and/or with daily notes) about their child's learning experiences and progress (eating, sleeping, social skills, etc.). We must convey that parental involvement and participation with their child in our child care home is encouraged and the "door is always open." We might offer opportunities through the year for parents to participate with their child. Some examples might be field trips, potluck dinners, special programs, and family work nights.

**Community:** As providers, we should inform ourselves as to what resources are available in the community and how we might become involved. Resource and referral agencies, health departments, schools, Kansas Department of Social and Rehabilitation Services offices, county extension offices, and hospitals are good sources for this information. We can then assist families in locating services they need. Since we are observing their child every day, we may be able to counsel a
family about a suspected delay in development and let them know whom to contact for a developmental screening.

Program Administration: Reflect on how you feel about children and child care and write policies and procedures. Families could benefit from having written materials so they know what is expected from them and what their provider will or will not do. Policies can remain flexible and changes can be made to policies that are not working. Effective program administration is reflected by activities that recognize each child's individual strengths and weaknesses and the variations of each family, while operating within policy guidelines.

Personnel: In a family child care home, the provider usually works alone and is the only "staff." The provider is the administrator, teacher, cook, nurse, nutritionist, janitor, chauffeur, therapist, and maintenance person. To keep up with these many roles, we should avail ourselves of a variety of training opportunities, enhancing our knowledge of developmentally appropriate practice for young children, as well as other topics such as nutrition and business management. We might observe other family child care homes to increase our expertise and use the Harms-Clifford "Family Day Care Environment Rating Scale" or another tool to assist in planning changes in the environment. As providers, we should know our enrollment capacity and what we can personally handle. It may not always be effective or advantageous to work at full capacity.

Doing a self-evaluation can be very helpful. Acquiring national accreditation through the National Association for Family Child Care of a credential as a Child Development Associate would be another way to enhance our abilities and the quality of our care.

Learning Experiences: In a family child care home, children are of mixed ages, which can be challenging in planning daily activities. The needs of each child, their interests, abilities, and temperaments can all be reflected in a program plan. The way a child learns is through experience and imitation of adults and peers. As caregivers, our job is to provide materials and facilitate, allowing each child the freedom to be creative and learn through process, not product. A daily routine of activities is important to the children and providers. Planning a balance of quiet and noisy, large and fine motor, free choice and group activities will provide variety. Flexibility in the schedule is also needed to allow for spontaneous learning experiences.

The child care provider should become well-versed in child development. This goal can be met through reading pamphlets and brochures, taking courses through the Kansas Child Care Training Opportunities Program, attending conferences and workshops, and/or enrolling in early childhood college courses.
Health and Nutrition: Family child care providers are eligible to participate in the Child and Adult Care Food Program offered in Kansas through the Department of Education. As care providers, we need to be aware of the importance of serving nutritious, well-balanced meals and providing a healthy child care environment. Demonstrating health habits, such as safe food preparation and hand washing, provides daily models for our children and families. Individual policy and state requirements are available as handouts for parents as reminders about immunizations required, contagious diseases, physical exams and the like. These may be obtained by contacting Dr. Gainfranco Pezzino at (785) 296-6536.

Child Assessments: In family child care, we often observe a child's progress, but do not document it in writing. Children develop at different paces, and skills are learned at different times. Assessment means identifying what it is the child is doing now compared to two or three months ago, not comparing one child to another. If there are areas of concern to us as providers and the children's parents, then necessary steps should be taken to address the issue. This may entail contacting a physician and other trained professionals in the area of concern. Assessment should identify both the child's strong and weak areas. We can help supply information to the parents on how they can promote their child's progress and develop a plan with them for how we might facilitate their child's development through our care.

Simple assessment tools are available to providers show parents, in a tangible way, the skills the child has mastered and those that are emerging. Scheduling conferences with parents on a regular basis can be helpful for communicating with parents about their child's progress.

Program Evaluation: An annual evaluation or checklist given to each family is one tool to help providers confirm their strengths and identify areas of concern. Suggestions from other providers or "mentors" can give new insights about our programs. Our most valuable asset is a satisfied family, giving us positive feedback and referrals for future families. As child care providers, we can look at our programs annually by reviewing the Quality Standards, talking and listening to families and children, and using other checklists and assessment tools.
USE OF THE QUALITY STANDARDS IN EARLY PRIMARY SETTINGS

The Quality Standards for Early Childhood Education is based on a vision for early care and education providers of children birth through age eight and their families. The purpose is to help assure that young children have access to high-quality and developmentally appropriate programs. Early primary teachers are a key group of early childhood educators. This section is intended to help early primary teachers use the Quality Standards for their programs.

Quality Standards in Early Primary Settings

To implement the Quality Standards, early primary teachers would consider the various outcomes and indicators listed in the Quality Standards and adapt them for their own schools and classrooms. Self-assessment from the Quality Standards could serve as a portion of the K-3 needs assessment of the Quality Performance Accreditation activities in a school. Identification of areas of need on which a school may want to focus could be linked to the Quality Performance Accreditation school improvement plan. The Quality Performance Accreditation Strategic Directions are similar to the nine topic areas of the Quality Standards.

Implementing the Quality Standards Areas in Early Primary Settings

**Family Involvement:** Identify ways all parents can be involved in their child's educational program. Encourage them to participate in site councils, school advisory councils, parent organizations, and community organizations with links to the schools. Become a resource for families by keeping up on children's issues, community activities, and programs of interest to children and families. Develop a way to communicate regularly with parents and convey the message that parental involvement and participation in their child's education is encouraged. Offer opportunities through the year for parents to learn and grow with their child. Such opportunities may be through field trips, special programs, or family nights.

**Community:** Become informed about community resources that may provide services to children and families. Collaborate with those agencies by informing parents, making referrals, and following up to be sure services are received and utilized. In conjunction with parents, assess the strengths and needs of the local community in regard to early childhood programs, child care, before- and after-school care, and other services. Make a special effort to connect with hard-to-reach families to facilitate their access to needed programs.

**Program Administration:** Reflect upon and record your personal philosophy of learning, along with a mission statement and policies for your class or program. Share these with families and colleagues and continue to review and modify them to reflect evolving knowledge and changing family and community needs. Have high expectations for all children and support each child in achieving these expectations in an appropriate way. Recognize each child's individual strengths and needs and provide appropriate materials and curricula that address diversity in culture and ability.
**Personnel:** Avail yourself of training opportunities that arise throughout the year. Join and participate in a professional organization related to your career goals. Advocate for adequate staff support to provide a quality program for your students. Provide training for staff and volunteers in your program so that your team can provide for the diverse needs of all children in the program. Advocate for time to plan and work collaboratively as a team with other staff, families, and volunteers. Develop a personal plan for your own professional development and assist staff under your supervision to develop a plan also.

**Learning Experiences:** Provide learning experiences congruent with your school and program’s philosophy and mission statements. Learning experiences should be based on current knowledge of child development and education and be designed to achieve long-range goals in all areas of development. Materials and activities should be developmentally, individually, and culturally appropriate. Learning experiences should be multi-sensory, hands-on, process-oriented, and well-balanced in regard to active and quiet, large and small motor activities, as well as group and individual work. Provide a consistent daily routine that promotes independence but is flexible enough to adapt planned or routine activities to the needs or interests of the children. Many K-3 teachers currently do all of these in planning and providing learning experiences for their students. In addition, if your classroom includes children with disabilities, collaborate with Student Support Services staff to provide learning experiences that are appropriate for each child. Become familiar with the child’s Individualized Education Program (IEP) and devise ways that the child’s goals and objectives can be met within the planned activities and curriculum of your classroom.

**Physical Setting and Safety:** Be sure the arrangement of your classroom provides the opportunity for all children to access all learning areas and to interact with adults and other children at appropriate times. If modifications are needed to the indoor or outdoor environments to accommodate a child with a disability, advocate for and work toward making those adaptations. Get training in CPR and first aid, and update it yearly. If your class includes a child with a special health care need, communicate with the child’s family and school health personnel to be sure you understand the child’s needs, treatment, or special accommodations that might be needed at school.

**Health and Nutrition:** Include information about health, nutrition, and safety in your curriculum. Model healthy habits for your students. Actively engage children in health-promoting behaviors. Communicate health promotion, prevention, and early identification measures to families. Encourage healthy snacks for birthday treats and holiday parties if these are provided by families. If a child in your class seems to be malnourished, observe the child, document your observations, talk with the family, and make a referral for free or reduced-cost lunch or for other services as appropriate.

**Child Assessment:** Teachers are typically assessing the learning of their students on a continuous basis. In addition, you may be recording grades and other information, developing portfolios of children’s work products, and administering
assessment instruments and procedures adopted by your school. Children with disabilities should be included in all of these assessment procedures, unless the child's disability makes this impossible, even with adaptations. In such cases, the child's IEP should include information about how the child's progress will be assessed and how this progress will be reported with the district data for all students.

Program Evaluation: Become familiar with the School Improvement Plan for your school. Communicate with the parents and other constituents of your school and seek their input on ways to improve the educational services offered. As needs are identified with the program, seek to have them addressed and incorporated within the school improvement plan for Quality Performance Accreditation. Use the Self-Assessment Tool in the Appendix of the Quality Standards or other self-assessment tools to ensure a high-quality, developmentally appropriate education for all young children.

Resources for Elementary Teachers:

--- Kansas Inservice Training System (KITS)  
800-362-0390, ext. 1618  
620-421-6550, ext. 1618  
www.kskits.org

--- Early Childhood Resource Center (ECRC)  
800-362-0390, ext. 1651  
620-421-6550, ext. 1651  
www.kskits.org/ecslib

--- Kansas State Department of Education, Student Support Services  
800-203-9462  
785-296-2450  
120 SE Tenth, Topeka, KS 66612  
www.kansped.org

--- Kansas State Department of Education, School Improvement and Accreditation Team  
785-296-9462  
120 SE Tenth, Topeka, KS 66612  
www.ksde.org
USE OF SELF-ASSESSMENTS

The Quality Standards document identifies nine desired outcomes, including standards and indicators, to serve as guidelines for achieving quality practices in programs serving children and families. Checklists for each of the nine areas are provided on the following pages. They are presented in a format that allows programs or individuals to conduct a self-assessment and develop practices that reflect quality care and services. Not all indicators, as stated, may be relevant to your unique program. Thus, you may wish to individualize these standards to reflect practices that are more appropriate for your setting.

The results of the self-assessments can be used in many ways. For example, you may wish to conduct a needs assessment, or develop topics for needed staff development and training. Families may use the self-assessments as a program evaluation tool, which would be beneficial in assisting early childhood programs as they move toward more family-centered practices. In establishing a new program or service, providers may use the topic areas as a checklist to ensure that all aspects of quality programming are included from the beginning.

On the self-assessments, you are asked to rate each indicator as:

- **Not addressed** -- No apparent evidence, not used at this time.
- **Describing/planning** -- Quality standards are planned, can be described.
- **Demonstrating** -- Quality standards can be shown.
- **Integrating** -- Quality standards are intermingled in policy/practices.
- **Enhancing** -- Quality standards lead to improved program results.

For each indicator, look at your program's level of implementation based on the ratings defined above. There is also a box by each indicator to describe the current practice, so your program's level of implementation is clear. At the bottom of each page, there is a space to write an action plan for each standard. In general, an action plan should describe what needs to be done to take you from your current practice to where you want to be. In the brief space provided, you may only want to identify the framework of the long-term action plan, initial tasks to be worked on, or major steps to be taken in the first year. There is no "right way" to use these checklists; they were designed to be used in a number of ways. If your program has a group of service providers and serves multiple families, you may wish to go through the self-assessments first individually, then compile the results for a group discussion. Another way to use them would be to go through them as a group. Again, depending on your individual needs, you are free to adapt their use to your purpose.
OUTCOME: FAMILIES ARE RESPECTED AS PRIMARY DECISION MAKERS FOR THEIR CHILDREN. THEY RECEIVE FAMILY-FOCUSED, CULTURALLY SENSITIVE SERVICES.

STANDARD 1: Families are recognized as primary in the care and education of their children and are respected as their children's first teachers.

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<tr>
<th>Description of Current Practice</th>
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<tbody>
<tr>
<td>Communication with families about their child's learning experiences, needs, and progress is reciprocal and ongoing.</td>
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<tr>
<td>Families receive information designed to enhance their skills as their child's principal educator through participation in activities such as parenting workshops, adult literacy programs, toy-lending libraries, and play/support groups.</td>
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<td>Opportunities for family involvement and participation in planning and decision making are available through advisory councils, policy making roles, and parent meetings.</td>
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<tr>
<td>Families are offered flexible options for participating in their child's learning experiences. Multiple opportunities are offered for accessing activities and resources in a variety of settings.</td>
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**Action Plan for Standard 1:**
STANDARD 2: Quality early childhood programs recognize the diversity of all families and value their strengths.

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<tr>
<td>The needs of families are addressed through diverse and flexible learning opportunities built on the family's strengths and differences.</td>
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<tr>
<td>Families are respected and supported in their primary role in the learning process.</td>
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<tr>
<td>The cultural and ethnic uniqueness of all families is respected.</td>
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**Action Plan for Standard 2:**
COMMUNITY

OUTCOME: ALL STAKEHOLDERS INVESTED IN THE HEALTH, WELFARE, AND DEVELOPMENT OF YOUNG CHILDREN AND THEIR FAMILIES SHARE RESPONSIBILITY FOR LEADERSHIP AND DECISION MAKING.

STANDARD 1: The comprehensive needs of young children and their families are met through ongoing relationships and collaboration in the community, involving families, programs, personnel, and individuals whose work relates to or may impact the development of young children.

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<th>Description of Current Practice</th>
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<tr>
<td>The program staff collaborates with community resources to provide services as needed by the child and family (e.g., programs provided by community agencies, schools, health care and mental health professionals).</td>
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<td>The diversity and cultures of the community are reflected in the program.</td>
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<td>Referral procedures ensure that families are linked to needed services in the community.</td>
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<td>Local interagency coordinating councils address developmental needs of young children and their families.</td>
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<td>The community and families work together to provide continuous services for all children, ensuring smooth transitions between programs.</td>
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<tr>
<td>Public awareness activities are implemented to inform the community about the needs and availability of early childhood services.</td>
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**Action Plan for Standard 1:**

- **Not Addressed**
- **Describing/Planning**
- **Demonstrating**
- **Integrating**
- **Enhancing**
COMMUNITY

STANDARD 2: All available resources in the community are used to eliminate duplication and to reduce gaps in services for children and families.

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<th>Description of Current Practice</th>
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<tr>
<td><strong>All pertinent funding sources and services are utilized to provide comprehensive services to meet individual needs of children and their families.</strong></td>
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<td><strong>A community-wide needs assessment is conducted to identify strengths and weaknesses in available services to eliminate service gaps and overlaps.</strong></td>
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<td><strong>Hard-to-reach families are served through outreach efforts and collaboration among community programs.</strong></td>
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<td><strong>Extended child care needs are addressed within the community, including but not limited to such programs as before- and after-school care, summer programs, respite care, sick-child care, and transportation.</strong></td>
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<td><strong>Community volunteers are invited to participate in the program in a variety of roles, such as serving on interagency committees or advisory groups, communicating with other community organizations, or assisting with public awareness efforts to reach more families.</strong></td>
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**Action Plan for Standard 2:**
**PROGRAM ADMINISTRATION**

OUTCOME: RESPONSIBLE ADMINISTRATIVE ACTIVITIES ENSURE A QUALITY PROGRAM FOR ALL CHILDREN AND THEIR FAMILIES.

STANDARD 1: The program administration collaborates with families, staff, and community to establish and support the achievement of positive outcomes for young children.

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<th>Written philosophy and mission statements that support the learning and development of young children are agreed upon by families, staff, and community.</th>
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<th>Written policies and operating procedures established by families, staff, and community are based on the program's identified philosophy and mission statements.</th>
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<th>The philosophy, mission, policies, and operating procedures are continuously reviewed and modified to reflect the evolving knowledge base in early childhood education as well as changing family and community needs.</th>
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**Action Plan for Standard 1:**
STANDARD 2: The program administration demonstrates knowledge of and support for developmentally appropriate practices with young children and families.

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The program administration conveys high expectations for all children based on an understanding that young children can achieve these expectations in different ways.

The program administration supports a research-based approach to assessment that is appropriate for the developmental level of young children.

The program administration conducts ongoing program evaluations that consider new ideas and trends in early childhood education, findings of new research, and insights of experienced practitioners in the field.

**Action Plan for Standard 2:**

PROGRAM ADMINISTRATION

STANDARD 3: All children and families who meet identified eligibility criteria have access to services based on policies that are sensitive to individual diversity.

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<tr>
<td>Administrative policies and practices support inclusion of children with disabilities and provision of appropriate learning experiences for all children.</td>
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<td>Children enter and progress through school with their peers, as opposed to separate programs that reflect retention or readiness, such as developmental kindergartens and transitional first grades.</td>
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<td>Appropriate materials, curricula, and personnel address the cultural and language diversity of children and their families.</td>
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<td>Program policies ensure nondiscrimination in the selection and participation of eligible children, families, staff, and volunteers.</td>
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Action Plan for Standard 3:
OUTCOME: ALL PROGRAM STAFF POSSESS A HIGH LEVEL OF SKILL AND KNOWLEDGE FOR THEIR RESPECTIVE ROLES.

STANDARD 1: All staff demonstrate appropriate training and experience in developmentally appropriate early childhood practices commensurate with their positions.

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<td>Description of Current Practice</td>
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- Staff are optimally qualified for their positions and for assisting children in advancing all aspects of their development (social, emotional, intellectual, and physical).

- Position descriptions are developed for all staff and volunteers, clearly describing roles and responsibilities.

- Staff receive ongoing opportunities to express program needs and give input into program planning and operation.

**Action Plan for Standard 1:**
## PERSONNEL

**STANDARD 2:** Sufficient staff, combined with organizational structure, ensure positive interactions and constructive activity among children, staff, and families.

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<td>Adult-child ratios are based on current research and professional recommendations, considering number and ages of children, nature of the physical setting, and number of children with special needs in the program. When age groups are mixed, the lower ratio prevails.</td>
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<td>The adult-child ratio is sufficient to ensure adequate supervision, frequent personal contacts, and time for individual instruction and meeting diverse needs of all children.</td>
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<td>Time is allocated for regular, ongoing opportunities for staff and families to work collaboratively and cooperatively as a team.</td>
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<td>The staff exhibits developmentally appropriate interaction techniques, such as positive guidance, child-level communication, and child-initiated interactions. Such behavior is supportive of children's cognitive, psychological, and biological development.</td>
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**Action Plan for Standard 2:**
### STANDARD 3: Ongoing informal and formal staff evaluations are conducted, and opportunities for continuous professional development are available.

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<tr>
<td>Staff receive ongoing constructive suggestions, written and oral, that assist in fulfilling their professional responsibilities.</td>
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<td>Evaluation of each staff member consists of a variety of methods, including self-evaluation and observation. Written and oral feedback is provided.</td>
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<td>An individual improvement plan is developed, as necessary, for each staff member.</td>
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</table>

**Action Plan for Standard 3:**


STANDARD 4: A comprehensive staff development plan ensures that individual and overall staff development needs are met as part of the underlying program goal to provide quality services for young children and families.

<table>
<thead>
<tr>
<th>Description of Current Practice</th>
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</thead>
<tbody>
<tr>
<td>Staff development is provided based on the identified needs of staff and families. Topics address developmental needs of young children (intellectual, health, nutrition, safety, learning, physical activity, etc.) as well as the skills needed to work in teams, work with parents, and facilitate integrated services.</td>
</tr>
<tr>
<td>Flexible scheduling allows staff to participate in a broad range of relevant staff development activities, including on-site training, visits to other programs, conferences, meetings of professional organizations, and curriculum development projects.</td>
</tr>
<tr>
<td>Professional resources are available to staff, including professional journals, books, tapes, videos, etc.</td>
</tr>
<tr>
<td>Representatives from other programs and agencies are included in locally arranged in-services.</td>
</tr>
</tbody>
</table>

**Action Plan for Standard 4:**
OUTCOME: THE EARLY CHILDHOOD PROGRAM PROVIDES DEVELOPMENTALLY APPROPRIATE ACTIVITIES THAT MEET THE NEEDS, CAPABILITIES, AND INTERESTS OF YOUNG CHILDREN.

STANDARD 1: The organization and introduction of learning experiences are consistent with research findings on the development of the whole child and individual learning styles.

<table>
<thead>
<tr>
<th>Learning experiences are based on established program philosophy and mission statements.</th>
<th>Not Addressed</th>
<th>Describing/Planning</th>
<th>Demonstrating</th>
<th>Integrating</th>
<th>Enhancing</th>
<th>Description of Current Practice</th>
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</thead>
</table>

| Learning experiences are grounded in the most current research and literature on child development and education. |
| Not Addressed | Describing/Planning | Demonstrating | Integrating | Enhancing | Description of Current Practice |

**Action Plan for Standard 1:**
**LEARNING EXPERIENCES**

**STANDARD 2:** A variety of developmentally appropriate learning experiences facilitate the optimal growth and development of the whole child, and encourage children to be actively involved in the learning process.

<table>
<thead>
<tr>
<th>Description of Current Practice</th>
<th>Not Addressed</th>
<th>Describing/Planning</th>
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<th>Integrating</th>
<th>Enhancing</th>
</tr>
</thead>
<tbody>
<tr>
<td>The program content is designed to achieve long-range goals in all areas of child development (social, physical, cognitive, emotional, and language).</td>
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<tr>
<td>Developmentally appropriate learning experiences, materials, equipment, and environments reflect and respect diversity in national origin, religion, language, gender, ability, and age of all children.</td>
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<tr>
<td>Learning experiences are provided through a variety of activities such as play-based exploration, guided discovery, problem-solving, repetition, intuition, and imitation.</td>
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<tr>
<td>Learning experiences are presented in multi-sensory and integrated ways that build upon what children already know and are able to do.</td>
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<tr>
<td>Learning experiences provide a hands-on orientation that emphasizes process over product.</td>
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</table>

**Action Plan for Standard 2:**
LEARNING EXPERIENCES

**STANDARD 3:** The schedule of activities reflects the individual needs, interests, and developmental levels of all children.

<table>
<thead>
<tr>
<th>Description of Current Practice</th>
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</thead>
</table>

The program schedule reflects the need for children to engage in a balance of activities, such as active and quiet, private time to relax and think, large and small motor activity, group and individual activities, and time to communicate with friends and staff.

Transitions between individual activities are integrated into the program as learning opportunities.

A daily routine is provided within a consistent environment to promote self-help and social skills as well as self-control and recognition of boundaries.

Uninterrupted blocks of time help children develop problem-solving and decision making skills by offering a choice of activities.

The program is flexible enough to adapt planned or routine activities to the needs or interests of children.

Through an integration model, support and special services personnel collaborate with program staff to offer learning experiences that are appropriate for each child.

**Action Plan for Standard 3:**
**PHYSICAL SETTING AND SAFETY**

OUTCOME: THE PHYSICAL SETTING IS SAFE AND DEVELOPMENTALLY APPROPRIATE FOR THE NEEDS OF ALL CHILDREN.

STANDARD 1: The program's indoor and outdoor environments contain equipment, materials, and spatial arrangements that are appropriate for the age and developmental levels of all children.

<table>
<thead>
<tr>
<th>Description of Current Practice</th>
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<th>Enhancing</th>
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</thead>
<tbody>
<tr>
<td>The physical space is arranged to encourage interaction among children and adults, allow flexibility in grouping or solitary play, and foster exploration and learning.</td>
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<tr>
<td>The physical environment offers adequate space for each child to move freely in the classroom or on the playground, fosters positive social and emotional interactions, and provides storage for personal items and projects.</td>
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<tr>
<td>Modifications in the physical environment and materials are made according to the individual needs of all children.</td>
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<tr>
<td>Indoor physical environments provide a variety of appropriate surfaces such as pillows, carpet, and tile as well as defined areas for quiet reading, block play, housekeeping, discovery, art, and manipulatives that are developmentally appropriate for the age of the children.</td>
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<tr>
<td>Outdoor physical environments provide a variety of surfaces that are safe and appropriate for all children such as sand, grass, hills, flat, and hard areas.</td>
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<tr>
<td>A wide variety of age-appropriate learning materials and equipment are easily adaptable and rotated on a regular basis.</td>
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</table>

**Action Plan for Standard 1:**
STANDARD 2: The safety of all children and staff is assured through high-quality environments and education.

<table>
<thead>
<tr>
<th>Description of Current Practice</th>
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<th>Enhancing</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one staff member is certified in CPR and first aid, or has equivalent training, and adequate first aid supplies are readily available.</td>
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<tr>
<td>Appropriate adult-child ratios are maintained to ensure safety and adult supervision at all times.</td>
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<td>The physical environment, including developmentally appropriate playground equipment and material, is maintained to ensure that it is in good repair and free from hazards.</td>
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</table>

**Action Plan for Standard 2:**
HEALTH AND NUTRITION

OUTCOME: THE EARLY CHILDHOOD PROGRAM ENSURES HIGH-QUALITY HEALTH AND NUTRITION, WHICH DEMONSTRATES AN ENVIRONMENT THAT IS CONDUCIVE TO DEVELOPING HEALTHY MINDS AND BODIES.

STANDARD 1: In conjunction with families, the quality early childhood program promotes healthy practices for children and families.

<table>
<thead>
<tr>
<th>Description of Current Practice</th>
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</thead>
<tbody>
<tr>
<td>Information is available to families on topics such as child and family health, nutrition, and safety.</td>
</tr>
<tr>
<td>Families are assisted in recognizing their role as their child's most important teacher in developing and modeling good health and nutrition habits.</td>
</tr>
<tr>
<td>Families are made aware of available programs on children's health and nutrition.</td>
</tr>
<tr>
<td>The program incorporates positive health, nutrition, and safety concepts and practices as part of the learning experiences of the child and family.</td>
</tr>
<tr>
<td>Families are encouraged to complete their child's health assessment as well as periodic health checkups to ensure a well child and a healthy life-style.</td>
</tr>
</tbody>
</table>

**Action Plan for Standard 1:**
HEALTH AND NUTRITION

STANDARD 2: The health of all children and staff is protected and enhanced by the program.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Program policies and practices address illnesses and injuries of staff and children, emergency transportation, universal precautions, and reporting of suspected child abuse and neglect.</td>
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<tr>
<td>Program requirements enforce preventive health care, such as regular health checks and immunizations for all children and staff.</td>
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<tr>
<td>The learning environment provides ongoing health education for all children, families, and staff.</td>
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<tr>
<td>Program policies and procedures support collaboration among the family and community providers to ensure consistent quality health practices and services for each child.</td>
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</table>

**Action Plan for Standard 2:**
**OUTCOME:** ASSESSMENT PROCEDURES ARE DESIGNED TO PROVIDE INFORMATION NECESSARY TO INDIVIDUALIZE LEARNING EXPERIENCES AND MEASURE CHILD PROGRESS FOR NEEDED SERVICES.

**STANDARD 1:** Assessment of child progress is based on developmental theory and practice supported by research findings and recommendations by early childhood professional associations.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Assessment strategies provide necessary information to individualize and maximize learning opportunities through environmental and curricular adjustments.</td>
</tr>
<tr>
<td>Assessment strategies that allow for gathering information on a broad range of children's activities and abilities are utilized.</td>
</tr>
<tr>
<td>Assessment is continuous and conducted in a natural learning environment. It utilizes a variety of processes, such as curriculum-based assessments, developmental checklists, conversations and interviews, parent input, teacher observations, work sampling, demonstration, video and audio tape recordings, and projects.</td>
</tr>
<tr>
<td>Assessment procedures allow for the diversity of learners, such as primary language, difference in styles and rates of learning, and are free from cultural and/or gender biases.</td>
</tr>
<tr>
<td>Child progress and assessment results are communicated to parents in a meaningful way, emphasizing the child's strengths and suggesting ways for parents to assist in the child's learning process.</td>
</tr>
</tbody>
</table>

**Action Plan for Standard 1:**
CHILD ASSESSMENT

STANDARD 2: Screening and diagnostic assessments are conducted to make specific decisions, focus on developing outcomes, and are family-centered.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Screening is a brief assessment designed to identify children who may need an evaluation to determine if they have a disability and to ensure they receive the individualized services needed. The results of screening tests are not used to make decisions about entrance into programs or as a single criterion for placement in special education.</td>
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<tr>
<td>Parents are informed of all rights and procedures in the screening and diagnostic process. Parents and other caregivers are an integral part of this process in collaboration with the diagnostic team.</td>
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<tr>
<td>Standardized screening and diagnostic tools are reliable and valid for the purpose for which they are used. They are technically sound and are carefully administered by knowledgeable professionals.</td>
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<tr>
<td>Comprehensive evaluation information is gathered from a variety of measures and settings. Evaluation information determines eligibility -- whether the child has a disability and has a need for special education, provides information regarding family concerns and priorities, what should be taught, and where services should be provided.</td>
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<tr>
<td>Evaluation information and recommendations are shared with all people involved with the education and care of the child in order to meet the individual needs in all environments.</td>
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</table>

**Action Plan for Standard 2:**
OUTCOME: THE QUALITY OF THE PROGRAM AND WAYS TO IMPROVE IT ARE DETERMINED BASED ON THE PROGRAM'S EFFECTIVENESS IN MEETING ITS GOALS.

STANDARD 1: Systematic evaluation of the early childhood program is conducted regularly to ensure that the program's philosophy and goals are being fulfilled.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Staff, families, and community evaluate at least annually the program's effectiveness in meeting the needs of children and families. Areas needing improvement are also identified.</td>
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<tr>
<td>Program evaluation gathers information from a variety of sources, such as individual child progress records, parent satisfaction reports, and community input.</td>
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<tr>
<td>The program's effectiveness in meeting the needs of children and families is communicated on a regular basis to stakeholders and policy makers at the local, state, and national level.</td>
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<tr>
<td>Program evaluation results, assessment information, and other program data are used to target specific areas needing improvement (i.e., staff/child ratio, environmental arrangement), identify needed resources, and develop short- and long-term strategies to modify the program to better meet the needs of children and families.</td>
<td></td>
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<tr>
<td>The program meets the evaluation criteria and policies applicable to all funding sources.</td>
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</tbody>
</table>

Action Plan for Standard 1:
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ACCREDITATION (NAEYC) AND QUALITY STANDARDS


FAMILY INVOLVEMENT


COMMUNITY


North Central Regional Educational Laboratory [NCREL]. (1992). Meeting children’s needs and integrating community services (videotapes and resources), and Every child is the community’s child - Agency collaboration for school success (Rural Audio Journal, Vol. 1, No. 3). Available from NCREL, 1900 Spring Rd., Suite 300, Oak Brook, IL.

   Washington, DC: Center on Effective Services for Children.

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PERSONNEL


LEARNING EXPERIENCES


In S.L. Kagan & E.F. Zigler (Eds.), Early schooling: The national debate (pp. 190-211). New Haven, CT: Yale University Press.


**PHYSICAL SETTING AND SAFETY**


**HEALTH AND NUTRITION**


**CHILD ASSESSMENT**


PROGRAM EVALUATION


SPECIAL NEEDS


RESOURCES

NATIONAL CONTACTS

Association for Childhood Education International (ACEI)
17904 Georgia Ave., Suite 215, Olney, MD 20832
(301)570-2111 or (800)423-3563; fax (301)570-2212
Contact: Nancy L. Quisenberry, President
E-mail: aceihq@aol.com
www.udel.edu/bateman/acei/

Council for Exceptional Children (CEC)
1110 N. Glebe Rd., S. 300, Arlington, VA 22201-5704
(888)CEC-SPED; fax (703)264-9494
E-mail: service@cec.sped.org
www.cec.sped.org/

Culturally and Linguistically Appropriate Services (CLAS)
Early Childhood Research Institute, Children's Research Center
University of Illinois, 51 Gerty Drive, Champaign, IL 61820-7498
(800)583-4135; Contact: Ron Banks
E-mail: clas@ericps.crc.uiuc.edu
http://clas.uiuc.edu

National Association for the Education of Young Children (NAEYC)
1509 16th St. NW, Washington, DC 20036-1426
(202)232-8777 or (800)424-2460; fax (202)328-1846
Contact: Pat Spahr, Information Services Director
E-mail: pubaff@naeyc.org
www.naeyc.org/

National Association for Multicultural Education (NAME)
733 Fifteenth St., NW, Suite 430, Washington, DC 20005
(202)628-6263; fax (202)628-6264
E-mail: nameorg@nameorg.org
www.nameorg.org

National Association of Elementary School Principals
1615 Duke St., Alexandria, VA 22314-3483
(800)38-NAESP: fax (800) 39-NAESP
Contact: Dr. Vincent L. Ferrandino, Executive Director
E-mail: naesp@naesp.org
www.naesp.org/naesp.htm
Parent Advocacy Coalition for Educational Rights (PACER) Center  
8161 Normandale Blvd., Minneapolis, MN 55437  
(952)838-9000; fax (952)838-0199  
E-mail: pacer@pacer.org  
www.pacer.org/

West Ed  
4732 N. Oracle Road, Suite 217, Tucson, AZ 85705  
Contact: Susan Loucks-Horsley, Senior Research Associate  
Phone: (520)888-2838 fax(520)888-2621  
E-mail: sloucks@wested.org

Work Sampling System Assessment Project  
3210 School of Education, University of Michigan  
610 University, Ann Arbor, MI 48109  
(313)763-7306; fax(313)747-1087  
Contact: Samuel J. Meisels, Professor  
E-mail: smeisels@umich.edu

STATE CONTACTS

Coordinating Council on Early Childhood Developmental Services  
1000 SW Jackson, Suite 220  
Topeka, KS 66612-1274  
(785)296-1294 or (800)332-6262  
Contact: Doug Bowman, Coordinator  
Email: dbowman@kdhe.state.ks.us

Families Together, Inc.  
501 SW Jackson, Ste. 400  
Topeka, KS 66603  
(800)264-6343 or (785)233-4777  
Contact: Lesli Girard, Coordinator  
Email: family@inlandnet.net

Kansas Association of Child Care Resource and Referral Agencies  
112 W. Iron  
Salina, KS 67401  
Contact: Leadell Ediger, Executive Director  
(877)678-2548 or (785)823-3343  
www.kaccrra.org
Kansas Child Care Training Opportunities (KCCTO)
State Training Office
2323 Anderson Ave, Suite 250
Manhattan, KS 66502-2912
Contact: Gwen Bailey, Director
(800)227-3578; fax (785)532-7732
E-mail: KCCTO@iso.ksu.edu
www.kccto.org

Kansas Department of Health and Environment
1000 SW Jackson, Suite 220
Topeka, KS 66612-1274
(800)332-6262 or (785)296-6135
Contact: Carolyn Nelson, Director, Children's Developmental Services
E-mail: Cnelson@kdhe.state.ks.us
www.kdhe.state.ks.us

Kansas Department of Social and Rehabilitation Services
Docking State Office Building
915 SW Harrison, Ave, 681-W
Topeka, KS 66612
(785)296-3959; fax (785)296-6960
www.srskansas.org

Kansas Inservice Training System
2601 Gabriel
Parsons, KS 67357
Contact: David P. Lindeman, Director
(800)362-0390 or (620)421-6550; fax (620)421-3623
E-mail: lindeman@ku.edu
www.kskits.org

Kansas State Department of Education
120 SE 10th Avenue
Topeka, KS 66612-1182
(800)203-9462
www.ksde.org
<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Organization/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RAE ANDERSON</strong></td>
<td>State TA Specialist</td>
<td>NTL Child Care Information CTR</td>
</tr>
<tr>
<td><strong>ABBY BAUCOM</strong></td>
<td>Mid-America Regional Council Coordinator</td>
<td>KS Head Start Association</td>
</tr>
<tr>
<td><strong>GARY BRUNK</strong></td>
<td>Exec. Director</td>
<td>KS Child Care Training Opportunities</td>
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<tr>
<td><strong>MARY K. CAMPUZANO</strong></td>
<td>Vice President for Programs</td>
<td>Kansas Health Foundation</td>
</tr>
<tr>
<td><strong>VAL DEFEVER</strong></td>
<td>Board Member, District 9</td>
<td>Kansas State Board of Education</td>
</tr>
<tr>
<td><strong>MARK DESETTI</strong></td>
<td>KNEA</td>
<td>Kansas Education Foundation</td>
</tr>
<tr>
<td><strong>ELAiNE EDWARDS</strong></td>
<td>KACCRRA Board President</td>
<td>Salina Head Start Center</td>
</tr>
<tr>
<td><strong>MARLENE ELLIOTT</strong></td>
<td>KU Gateway Center</td>
<td>Kansas University</td>
</tr>
<tr>
<td><strong>RITA GEDNEY</strong></td>
<td>President, KS Head Start Association</td>
<td>Lawrence Special Education, USD 497</td>
</tr>
<tr>
<td><strong>PATTY HART</strong></td>
<td>Director, NEKESC Special Ed Coop</td>
<td>Emporia State University</td>
</tr>
<tr>
<td><strong>SALLY PAIGE KAHALE</strong></td>
<td>SRS - Child Care/Early Childhood Development Coordinator</td>
<td>Kansas University</td>
</tr>
<tr>
<td><strong>BARBARA LAWRENCE</strong></td>
<td>Director, Quality Improvement Ctr-Disabilities</td>
<td>Kansas University</td>
</tr>
<tr>
<td><strong>LYNN MAROTZ</strong></td>
<td>EDNA A. Hill Child Dev CTR, Univ. of KS</td>
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<tr>
<td><strong>JUDITH MCONNELL</strong></td>
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<td>Kansas University</td>
</tr>
<tr>
<td><strong>TRAVIS MORLANG</strong></td>
<td>EC Sped Coordinator</td>
<td>Wichita Head Start Association</td>
</tr>
<tr>
<td><strong>JANET NEWTON</strong></td>
<td>Administrator, KDHE - Child Care Unit</td>
<td>Kansas University</td>
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<tr>
<td><strong>LYNNE OWEN</strong></td>
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<tr>
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</tr>
<tr>
<td><strong>CATHY CALLEN</strong></td>
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</tr>
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</tr>
<tr>
<td><strong>JOHN GEUY</strong></td>
<td>Principal</td>
<td>Buhtler Elementary</td>
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