youngstar
Wisconsin's Child Care Quality Rating and Improvement System

# Family Evaluation Criteria

**Anniversary Date of the Program: _____**

**Name of Program: _____**

**Name of Provider: _____**

**Provider Number: _____ Location Number: _____**

**Name of Technical Consultant: _____**

**Name of Rater (if applicable): _____**

# 2017 / 2018

**NOTE: Important YoungStar Changes For 2017 and 2018.**

1. Beginning in 2017, programs will be required to be rated every other year with the option of an annual rating, if requested by the program. Along with this, the YoungStar Evaluation Criteria will be updated every other year as well. Planning for these changes will begin in 2016 with full roll-out in 2017.

## Table of Contents

A. Education of Provider ..... 5
A.1 Provider Qualifications ..... 5
B. Learning Environment and Curriculum ..... 7
B.1.1 Self-Assessment ..... 7
B.1.2 Quality Improvement Plan and Developmentally Appropriate Practices ..... 8
B.2.1-2 Wisconsin Model Early Learning Standards or School-Age Curricular Framework ..... 13
B.3.1-4 Program-wide Practices for Child Outcomes ..... 18
C. Business and Professional Practices ..... 34
C.1 Signed YoungStar Contract ..... 34
C.2 Business Practices ..... 34
C.2.1 Ongoing Yearly Budget, Budget Review, Record-Keeping /Taxes ..... 34
C.2.2 Parent Handbook REQUIRED for 4 and 5 Stars ..... 39
C.2.3 Written Policies to Reduce Risk/Program Financial Planning REQUIRED for 5 Stars ..... 40
C.3.1-5 Professional Development ..... 43
C.4.1-4 Provider Benefits ..... 46
C.5.1-5 Family Engagement ..... 47
D. Health and Well-being ..... 62
D.1.1 Program supports healthy nutrition and/or physical activity policies and practices ..... 62
D.1.2-4 Health and Well-being ..... 64
D.1.3 Social Emotional/WI Pyramid Model/Inclusion Training ..... 66
D.1.4 Strengthening Families or Darkness to Light Training ..... 67
Required Quality Indicators for YoungStar Levels ..... 68
Appendix A ..... 69
Appendix B ..... 71
Appendix C ..... 71
Appendix D ..... 72
Appendix E ..... 73
Appendix F ..... 74
Score Sheet for Rating Family Providers ..... 75

# YoungStar Evaluation Criteria
## Family Child Care[1]

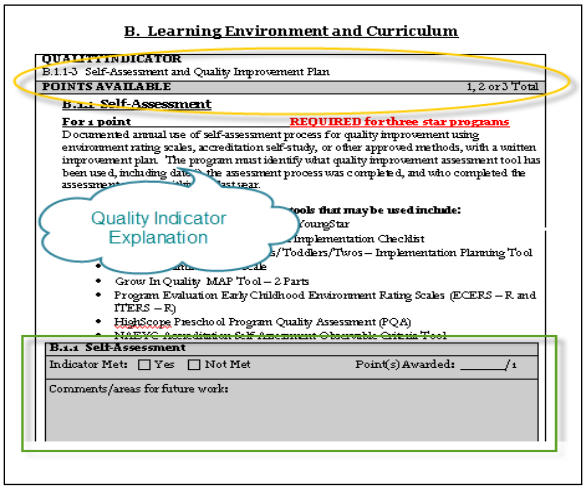
This document outlines the items that will be evaluated for YoungStar and can be used by Providers to prepare for a YoungStar rating. More in-depth information can be found in the YoungStar Frequently Asked Questions document, available here: https://dcf.wisconsin.gov/youngstar/providers/faqs and the YoungStar Policy Guide, available here: https://dcf.wisconsin.gov/youngstar/providers/policy

The components that will be evaluated are listed below.

A. Education and Training of Family Child Care Provider (Provider)
B. Learning Environment and Curriculum
C. Business and Professional Practices
D. Health and Well-being

The Provider's education and training qualifications will be verified by The Registry using the criteria listed within this document. **The Consultant/Rater is responsible for verifying educational information for points in YoungStar through case management.**

Each Quality Indicator will be listed by name and the number of points available for that indicator (as circled in yellow in the example below). For some Quality Indicators, the number of points available may vary, with increased points based upon the depth of implementation. An explanation of the Quality Indicator will be given and the points that are required for each star level will be separated from those that are optional. After each Quality Indicator, there is a box (in the green square in the example below) with an area for checking if the Indicator was met or not, an area for the corresponding points and an area for comments.


B. Learning Environment and Curriculum

QUALITY INDICATOR
B.1.1-3 Self-Assessment and Quality Improvement Plan
POINTS AVAILABLE 1, 2 or 3 Total

B.1.1 Self-Assessment
For 1 point REQUIRED for three star programs
Documented annual use of self-assessment process for quality improvement using environment rating scales, accreditation self-study, or other approved methods, with a written improvement plan. The program must identify what quality improvement assessment tool has been used, including date, the assessment process was completed, and who completed the assessment

Quality Indicator Explanation

ools that may be used include:
YoungStar
Implementation Checklist
s/Toddlers/Twos – Implementation Planning Tool
Grow In Quality MAP Tool – 2 Parts
Program Evaluation Early Childhood Environment Rating Scales (ECERS – R and ITERS – R)
HighScope Preschool Program Quality Assessment (PQA)
NAEYC Accreditation Self-Assessment Observable Criteria Tool

B.1.1 Self-Assessment
Indicator Met: ☐ Yes ☐ Not Met Point(s) Awarded: _____/1
Comments/areas for future work:

This quality rating and improvement system is informed by the following nationally-recognized tools:

- Family Child Care Environment Rating Scale-Revised (FCCERS-R)[2]
- Business Administration Scale (BAS)[3]

**NOTE: The BAS is listed merely as a reference and a tool for YoungStar staff to use when determining if a Provider meets an indicator or not. Providers WILL NOT be scored on the BAS tool directly.**

[1] This track includes licensed family, certified family, and provisionally certified family providers.
[2] Harms, Thelma, Richard M. Clifford, and Debby Cryer. Family Child Care Environment Rating Scale, Revised Edition, Updated. New York: Teachers College Press, 2007.
[3] Talan, Teri N. and Paula Jorde Bloom. Business Administration Scale for Family Child Care. New York: Teachers College Press, 2009.

**Children in Regular Attendance**
Some quality indicators may have exceptions for children who are not in regular attendance. In most cases, the quality indicators apply to the entire program. If the quality indicator has an exception for children who are not in regular attendance, this will be clearly stated.

- If the program is open **40 hours per week or fewer**, to be in "regular attendance" means that the child attends the program 50% or more of the hours the program is open for that age group of child. For example, if a program is open 25 hours per week, a child in regular attendance would attend 12.5 hours or more per week.
- If the program is open **more than 40 hours per week**, to be "in regular attendance" means a child attends 20 hours per week or more of the hours the program is open for that age group of child. For example, if the program were open for 45 hours per week, the child in regular attendance definition would be 20 hours or more per week.

**Full-Time vs. Part-Time**
YoungStar recognizes that some child care programs have different operating schedules based on the time of year. For all of the measures within this document, the quantities shall be pro-rated based upon the average number of hours per day or per week a program is open using a definition of full-time as an 8 hour day and a 40 hour week. For example, if a quality indicator asks a program to provide 60 minutes of physical activity per day, the part-time program operating 4 hours per day would be asked to provide 30 minutes of physical activity. If the operating hours vary during the week, a Consultant/Rater will use the average number of hours per day to award points for items like this.

For the purposes of YoungStar, the definition of a full-time employee is someone who works an average of 40 hours per week for 6 months of the year or more. So, if the Provider is only open for 3 months (one-fourth) of the year and the program wants to earn credit for the Quality Indicator C.4.2 around 10 days of Provider time off (5 being paid), the Provider would have to demonstrate that the provider contracts with families for 2.5 days off per year with at least 1 being paid.

## A. Education of Provider

In the following chart, the points are not cumulative. The Provider will receive credit for the highest education level attained. If a Provider's Registry Level falls in between two point levels, the Provider will be awarded the points for the lower of the two levels. For example, if a Provider is at Registry Level 8, the provider would receive 3 points because her Registry Level is higher than the requirement at the 3 point level but did not meet the requirement at the 4 point level.

To earn points in the education section of YoungStar, programs must complete a Registry Program Profile (also known as an Organizational Profile) at www.the-registry.org. The information in the Program Profile is automatically transferred to YoungStar each night and programs are rated based upon this information monthly. **If a change is made in a Program Profile, this may affect the program's star rating and point calculation.** Please see Appendix C for information about maintaining your Registry Program Profile.

**Important Note: the information below does not reflect requirements for licensing. The individual serving in a position must minimally meet licensing requirements for that position. For example, a person with an unrelated Master's degree such as political science would have a high registry level but they may not be qualified to teach in a classroom because they have not met the minimum requirements for licensing. So, that individual cannot be listed in the Program Profile and earn points for the program. The acceptable entry level training alternatives for school-age and early childhood professionals can be found at: https://dcf.wisconsin.gov/cclicensing/entry-level-training.**

Any time a "Related Associate's Degree" is referenced in this document, 60 credits beyond high school with at least 30 of those credits related to early childhood or school-age care would be accepted as equivalent to the Related Associate's Degree for YoungStar point purposes.

### A.1 Provider Qualifications

| Quality Indicators – Provider Qualifications | Points Awarded |
|---|---|
| Provider with Registry Level 6 | 2 |
| Provider with Registry Level 7 | 3 |
| Provider with Registry Level 9 – ***Required for 3 Stars*** | 4 |
| Provider with Registry Level 9 and a CDA | 6 |
| Provider with Registry Level 10 - ***Required for 4 Stars*** | 10 |
| Provider with Registry Level 12 – ***Required for 5 Stars*** | 12 |
| Provider with Registry Level 14 | 13 |
| Provider with Registry Level 15 or higher | 14 |

In most cases, the role of Lead Teaching Staff and Supervisory/Administrative Staff is filled by the same person in Family Child Care. If that is the case, then that person should be listed in both roles (Licensee/Owner and Primary Family Provider) in the Program Profile.
If these two roles are filled by two different people, each person should be listed only in her or his role. The person who is with the children the majority of the time the program is open is to be listed as the Primary Family Provider. YoungStar will consider the educational qualification of only the Primary Family Provider.

If in the case of a family child care program that has a person, other than the Licensee or Owner, teaching for the greatest number of hours between the hours of 6 AM and 6 PM, that person should be listed as the Primary Family Provider on the Registry Program Profile. For example, if the program is open 6 AM to 6 PM and Judy works from 6 AM – 8 AM and then again from 3:30 PM – 6 PM, a total of 25 hours per week and Beth works 32.5 hours per week (8:00 AM – 3:30 PM) with the group of children, Beth should be listed as the Primary Family Provider for the program.

# Career Levels

Last Updated 9/2014

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6 | Level 7 | Level 8 | Level 9 | Level 10 |
|---|---|---|---|---|---|---|---|---|---|
| | | **Approved Training[1]** | | | **Non-Credit Credentials** | **Credit Based Credentials** | | | |
| Registry Membership | Verified high school diploma or GED | 80 hours tiered training (any tier) | 120 hours tiered training (any tier) | 160 hours tiered training (40 hours must be tier 2 or 3 training) | CDA<br>Montessori Credential[2]<br>Family Services Credential | Mentor and Mentor-Protégé[3] (5 credits) | Family Services Credential or equivalent[4] (6-9 credits) | Registry Credentials[5]<br>▪ Afterschool and Youth Development<br>▪ Family Child Care<br>▪ Inclusion<br>▪ Infant Toddler<br>▪ Leadership<br>▪ Program Development | Registry Credentials[6]<br>▪ Administrator<br>▪ Preschool<br>Apprenticeship Program (18 credits) |
| | | This includes entry level course hours (effective after January 1, 2009) | | | | **Credit Based Increments[9]** | | | |
| | | | | | | 6 related credits | 12 related credits | 18 related credits | 24 related credits |

| Level 11 | Level 12 | Level 13 | Level 14 | Level 15 | Level 16 | Level 17 |
|---|---|---|---|---|---|---|
| **Early Childhood and Youth Development Degrees** | | | | | | |
| 1 Year Diploma[7]<br>Any 2 Registry Credentials | Associate's Degree | Associate's Degree + Registry Credential | Bachelor's Degree<br>Bachelor's Degree + DPI License[8] | Bachelor's Degree + Registry Credential<br>Bachelor's Degree + Registry Credential + DPI License[8] | Master's Degree<br>Master's Degree + DPI License[8] | Doctorate<br>Doctorate + DPI License[8] |
| **Credit Based Increments[9]** | **Degrees in Another Field** | | | | | |
| 30 related credits | Bachelor's Degree<br>Associate's Degree + 30 related credits | Bachelor's Degree + Registry Credential<br>Bachelor's Degree + 30 related credits | Master's Degree<br>Bachelor's Degree + 36 related credits | Doctorate<br>Master's Degree + Registry Credential | Master's Degree + 36 related credits | Doctorate + 36 related credits |

[1]Approved Training is training awarded a specific tier as approved by The Registry and taught by a Registry approved trainer.
[2]Montessori Credential accredited by MACTE only. Other out-of-state Credentials submitted will be evaluated on an individual basis.
[3]Must be taken in the role of Mentor.
[4]Equivalent is the 9-12 credit technical diploma from Northeast Wisconsin Technical College.
[5]Each individual Registry Credential eligible for Level 9 is comprised of 4 specific courses (12 total credits) per Credential.
[6]Each individual Registry Credential eligible for Level 10 is comprised of 6 specific courses (18 total credits) per Credential.
[7]One-year diploma comprised of specific coursework from WTCS totaling 24 or more credits. Other out-of-state Credentials submitted will be evaluated on an individual basis.
[8]DPI licenses recognized are for Professional Educator license type. Substitute teacher and/or instructional aide are not eligible.
[9]Credits calculated as semester credits.

# B. Learning Environment and Curriculum

## Learning Environment and Curriculum: REQUIRED Points

**QUALITY INDICATOR**

B.1.1 Self-Assessment

**POINTS AVAILABLE: 1**

**B.1.1 Self-Assessment** **REQUIRED for 3, 4 and 5 Stars**

**For 1 point**

Documented annual use of a self-assessment process for quality improvement using Environment Rating Scales, accreditation self-study, or other approved methods. This self-assessment should be used to inform a written improvement plan. The program must identify what quality improvement assessment tool(s) has/have been used, including date(s) the assessment process was completed, and who completed the assessment process **within the last 12 months**. The Provider should choose a self-assessment tool that matches the ages of the children in care. If there are children of all ages in care, the Provider should choose the tool that matches the age of the majority of children in care. The Provider cannot use the YoungStar Evaluation Criteria or the rating results from the previous year as their self-assessment.

**Examples of self-assessment tools that may be used include:**

- Optional Self-Assessment Tool for YoungStar—Family
- Business Administration Scale for Family Child Care (BAS)
- Family Child Care Environment Rating Scale-Revised (FCCERS – R)
- Grow In Quality MAP Tools – 2 Parts
- National Association for Family Child Care (NAFCC) Accreditation Self Study

**Options for programs with school-age children**

- Optional Self-Assessment Tool for YoungStar—School-Age
- California After School Program Quality Self-Assessment Tool
- National Afterschool Association Standards for Quality School Age Care Self-Assessment (available from CCIC)
- New York State Afterschool Network (NYSAN) Quality Self-Assessment Tool
- http://store.cypq.org/

**VERIFICATION**

The Consultant/Rater will verify that a self-assessment has been completed **within the past 12 months** and document what self-assessment tool has been used and the date the self-assessment was completed.

| **B.1.1 Self-Assessment** | |
|---|---|
| Indicator Met: ☐ Yes ☐ Not Met | Point(s) Earned: _____/1 |
| Self-Assessment used: _____<br>Date of Self-Assessment: _____<br>Who completed the Self-Assessment? _____<br>Comments/areas for future work on Self-Assessment: | |

**Total points earned for Indicator B.1.1 _____/1**

**QUALITY INDICATOR**
B.4.1-2 Environment Rating Scales (ERS)
**NOTE: These points are not available for programs that choose a Technical Rating. This only applies to programs that have a Formal Rating.**

| **POINTS AVAILABLE: 3 or 4** |
|---|

**B.4.1 Environment Rating Scale** **REQUIRED for 4 Stars**
**For 3 points**
Environment Rating Scale average score of 4.
**B.4.2 Environment Rating Scale** **REQUIRED for 5 Stars**
**For 4 points**
Environment Rating Scale average score of 5.

| **Total points earned for Indicator B.4.1-2 _____/4** |
|---|

## Learning Environment and Curriculum: OPTIONAL Points

**QUALITY INDICATOR**
B.1.2 Quality Improvement Plan and Developmentally Appropriate Practices

| **POINTS AVAILABLE: 2** |
|---|

**B.1.2 Quality Improvement Plan**
**For 1 point**
Quality Improvement Plan (QIP) developed based upon self-assessment using the quality improvement self-assessment process described in B.1.1. The QIP must be completed in each rating year. The Provider cannot use the YoungStar Evaluation Criteria or the rating results from the previous rating year as their self-assessment, but the program can use the results to inform the QIP.

Identify the following within the QIP:

- Who completed the QIP and what were the findings?
- What goals/learning objectives have been identified for quality improvement?
- What steps will be taken to meet those identified goals/learning objectives, including what timeline is necessary to complete the action plan identified?

**VERIFICATION**

The Consultant/Rater is responsible for the verification of a complete QIP that is based upon a self-assessment process. The QIP must be completed in each rating year.

| **B.1.2 Quality Improvement Plan** | |
|---|---|
| Indicator Met: ☐ Yes ☐ Not Met | Point(s) Earned: _____/1 |

Date of QIP: _____
Who completed the QIP? _____
What goals/learning objectives have been identified for quality improvement over the next year (list three)?

1. _____
2. _____
3. _____

Comments/areas for future work on QIP:

**B.1.3 Developmentally Appropriate Practices**
**For 1 point**

Developmentally appropriate practice requires teachers to meet children where they are and help them to reach goals that are both challenging and achievable. Program decisions are made with these desired outcomes in mind. To make sound decisions reflective of developmentally appropriate practice, the following key concepts need to be understood:

1. Knowledge must inform decision making
2. Goals must be challenging and achievable
3. Teaching must be intentional to be effective. [4]

Developmentally appropriate practice requires both meeting children where they are and enabling them to reach goals that are both challenging and achievable.

Developmentally appropriate practice trainings are available throughout the state. A list of available trainings can be found at: https://dcf.wisconsin.gov/youngstar/providers/training

The following key elements are needed to award a point for developmentally appropriate practices.

1. **A written program philosophy includes a statement regarding how the program believes children learn AND how providers teach, reflecting developmentally appropriate practice. The program philosophy is available to families and staff in the parent handbook AND employee handbook** (if the Provider has employees).

2. **The provider provides care that is engaging, comforting, culturally sensitive and compassionate.** All interactions by providers must be positive or neutral at best. The provider uses language that the children understand and help children communicate appropriately. The provider supports children's forming of friendships and provides opportunities for them to play and work together. At least three of the following are evident through observation.

    a. The provider and children appear to enjoy being with each other and demonstrate respect for one another.
    b. The provider is usually in close physical proximity with the children and joins in the children's experiences and activities.
    c. The provider provides opportunities for peer interactions as children are able to participate in experiences and activities together.
    d. The provider provides verbal support in the language/manner that the children understand.
    e. The provider is observed having turn-taking conversations with most children and asking follow-up questions in a neutral or pleasant tone of voice.

3. **Exploration and play for children is supported by the environment.**
    Learning occurs best when opportunities are created in natural and authentic contexts. Children are provided with opportunities to explore and apply new skills through a balance of child-initiated and teacher-initiated activities. Children are offered different types of play and learning experiences to choose from, during which time positive interactions amongst peers and provider are occurring. Children gain the most benefit for playful learning experiences and materials when positive relationships are at the foundation of teaching. A minimum of five learning experiences/learning areas related to each of the five WMELS domains/SACF content areas must be available to children. To effectively meet the needs of ALL children, provider must provide materials and/or experiences with differing levels of difficulty and/or that address different learning styles to demonstrate how they have adjusted learning activities to challenge each child

[4] Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through Age 8. National Association for the Education of Young Children. Third Edition. Washington, D.C.

appropriately. Materials must be considered easily accessible for independent use by the children. Providers must provide at least two examples for at least two WMELS domains/SACF. This will be verified by lesson plan and observation.

More information about WMELS can be found at the Wisconsin Early Childhood Collaborating Partners website: http://www.collaboratingpartners.com/wmels-about.php
More information about SACF can be found at:
https://dcf.wisconsin.gov/files/youngstar/pdf/sacfcurriculumalignment.pdf.

4. **Children have routines and consistent schedules.**
The provider adapts schedules and experiences to meet individual children's needs within the group setting. The provider facilitates flexible and smooth transition times to effectively meet children's needs. Predictable sequences occur throughout the day and reliable routines provide a sense of security for children and staff. The daily schedule must consist of a minimum of 50 consecutive minutes of uninterrupted indoor free choice daily must be scheduled to allow for in-depth investigation of the environment and materials. Fifty minutes is required for all programs, regardless of the length of time the program is open, for this indicator. There will be no pro-ration given based on time program is open. This will be verified by observation and lesson plan/schedule. This will apply to programs differently as follows:
   - If the program is open for more than 4 hours per day for that age group of children served, fifty consecutive minutes is required. The 50 minutes cannot be during the first or last two hours of operation of the program for programs open more than 8 hours.
   - If the program is open for less than 4 hours per day for that age group of children served, a minimum of 30 consecutive minutes of uninterrupted indoor free choice is required.
   - If the program has a split schedule then the 50 consecutive minutes can be split. For example: a program has 2 hours of activities in the morning before school and 3 hours of activities in the afternoon. The program can split the 50 minutes, by having 25 in the morning and 25 in the afternoon. However, the minutes must be consecutive and uninterrupted.

5. **Reciprocal relationships exist between program and families.**
Programs must make an effort to get to know the children's families and learn about the values, expectations, and factors that shape their lives at home and in their communities. A program must use a parent/guardian completed child intake form upon enrollment and annually thereafter. The form must include questions related to a child's background and/or culture. This information may be placed in the child's portfolio (if the program does portfolios) or cataloged in a three-ring binder or some other system folder which can be reviewed. The forms must be in the area where the children are. The background information helps the program provide meaningful, relevant and respectful learning experiences for each child and family. Program must demonstrate connection between the information received on a parent/guardian completed child intake form with the learning experiences provided for the child which will be verified through an interview conducted with the provider. The child intake form must be verified for 25% of the children in regular attendance.

## VERIFICATION

To earn the point, the program must follow the indicators outlined above. Consultant/Rater must verify developmentally appropriate practices through observation, lesson plans/schedule and interview.

| **B.1.3 Developmentally Appropriate Practices** | |
|---|---|
| Indicator Met: ☐ Yes ☐ Not Met | Point(s) Earned: _____/1 |
| **1. Does the program have a written philosophy on developmentally appropriate practices?**<br>☐ Yes ☐ No<br>If yes, where is it written? _____ Page #: _____ | |

**2. The provider provides care that is engaging, comforting, culturally sensitive and compassionate. (Must be observed). All interactions by providers must be positive or neutral at best. The provider uses language that children understand and help children communicate appropriately. The provider supports children's forming of friendships and provides opportunities for them to play and work together. At least three of the following are evident through observation:**

- ☐ a. The provider and children enjoy being with each other and demonstrate respect for one another.
- ☐ b. The provider is usually in close physical proximity with the children and joins in the children's experiences and activities.
- ☐ c. The provider provides opportunities for peer interactions as children are able to participate in experiences and activities together.
- ☐ d. The provider provides verbal support at the appropriate level of language that the children understand.
- ☐ e. The provider has having social conversations with most children and asking follow-up questions with an interested tone of voice.

Notes: _____
_____
_____
_____
_____

**3. Exploration and play for children is supported by the environment.**

a. **Does the provider provide opportunities to explore and apply new skills through child-initiated and teacher-initiated activities?**
☐ Yes ☐ No
If yes, how verified? _____

b. **Children are offered different types of play and learning experiences to choose from, during which time positive interactions amongst peers and providers are occurring.**
☐ Yes ☐ No
If yes, how verified? _____

c. **Does the program provide a minimum of five experiences/learning areas related to each of the five WMELS domains or SACF content areas?**
☐ Yes ☐ No

**If yes, list the five experiences/learning areas with corresponding WMELS domains**

1. _____
Health and Physical

2. _____
Social and Emotional

3. _____
Language and Communication

4. _____
Approaches to Learning

5. _____
Cognition and General Knowledge

**OR**

**If yes, list the five experiences/learning areas with corresponding SACF content area**

1. _____
   Language, Literacy and Numeracy

2. _____
   Arts and Culture

3. _____
   Global Learning

4. _____
   Health and Well-being

5. _____
   Media and Technology

6. _____
   Science, Technology, Engineering, and Math Education

7. _____
   Social Emotional Development /Character Education

8. _____
   Environmental Learning

9. _____
   Service Learning

d. **Are the materials easily accessible for independent use by the children?**
   ☐ Yes ☐ No
   If yes, how verified? _____

e. **Does the provider provide a variety of materials or experiences at differing levels of difficulty(at least two) for two domains/SACF content areas to adjust learning activities to challenge each child appropriately?**
   ☐ Yes ☐ No

   If yes, list: _____

**4. Children have routines and consistent schedules.**

a. **Does the provider provide a predictable schedule and adapt schedules and experiences to meet individual children's needs?**
   ☐ Yes ☐ No
   If yes, how verified? _____

b. **Does the provider facilitate flexible and smooth transition times?**
   ☐ Yes ☐ No
   If yes, how verified? _____

c. **Do the children have a minimum of 50 consecutive minutes of uninterrupted indoor free choice daily?**
   ☐ Yes ☐ No
   If yes, how verified? _____

**5. Reciprocal relationships with families – must be verified for 25% of the children in regular attendance. This will be verified by interview of the Provider.**

a. **Does the program use an annual parent completed child intake form that includes questions related to a child's background and/or culture?**

☐ Yes ☐ No

If yes, where verified? _____

b. **Does the program demonstrate connection between the information received on a parent completed child intake form with the learning experiences provided for the child?**

☐ Yes ☐ No

If yes, how does the program make this connection? _____

_____

**Verified for children in regular attendance**

Number verified: _____ = 25%

Comments/areas for future work on Developmentally Appropriate Practice:

**Total points earned for Indicator B.1.2-3 _____/2**

**QUALITY INDICATOR**

B.2.1-2 Wisconsin Model Early Learning Standards or School-Age Curricular Framework

**POINTS AVAILABLE: 2**

**B.2.1 Wisconsin Model Early Learning Standards (WMELS) or School-Age Curricular Framework (SACF) Training**

**For 1 point**

Provider has completed either full WMELS training (15-18 hours) or training in SACF (15 hours). Provider has the option of completing either training if only school-age children are enrolled.

**NOTE:** Verification will be completed through automated linkage with The Registry to confirm that the Provider has completed either the full WMELS 15-18 hour training delivered by an approved WMELS trainer, the WMELS credit based training or the SACF training. The intent of indicator is that the Provider is trained in the tool that matches the age group(s) served (at least one of the children in care should match the age group of the tool in which the Provider is trained). The Registry will give the program credit for this indicator if the Provider has taken either training.

**B.2.1 WMELS or SACF training**

Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/1

**VERIFIED BY THE REGISTRY**

Comments/areas for future work on WMELS or SACF training:

**B.2.2 Curriculum/Programming aligned with WMELS or SACF**
**For 1 point**
The program uses a curriculum aligned with the Wisconsin Model Early Learning Standards (WMELS) or School-Age Curricular Framework (SACF). This means WMELS or SACF is implemented for the curriculum/programming for all children in care.

**NOTE:** B.2.2 focuses on the general connection with the learning experiences linked to the group as a whole, not to the individual child as in B.3.2.

**WMELS**
**WMELS are NOT a curriculum or assessment tool.** The WMELS provide a framework to be used as a guide for determining developmentally appropriate expectations for young children. The Wisconsin Model Early Learning Standards Performance Standards should not be used to determine **age level** learning objectives. Programs should not use the performance standard numbers to set goals for children. The performance standards are designed "forward" from birth to first grade. Learning expectations are a subcomponent of a performance standard that translates the standard into what a child should know and be able to do at a specific developmental age level. Learning expectations are not included in the WMELS. After developmentally appropriate age expectations have been determined and curriculum and assessment has been selected or developed, the Provider can determine goals/learning objectives for children based upon data collected from the ongoing assessment process. The goals/learning objectives of the children will assist the Provider to implement plans for developmentally appropriate environments and experiences that support children's approach to learning and accomplishment of goals/learning objectives.

More information about WMELS can be found at the Wisconsin Early Childhood Collaborating Partners website: http://www.collaboratingpartners.com/wmels-about.php

Overall, when a Provider is developing lesson plans, the five domains of the WMELS should be recognized:
1. Health and Physical Development
2. Social and Emotional Development
3. Language Development and Communication
4. Approaches to Learning
5. Cognition and General Knowledge

Child care programs must demonstrate how their curriculum aligns with the Wisconsin Model Early Learning Standards' five domains of early learning and development through the following **four** things:

1. **Lesson plans reflect the WMELS' five domains, have group or individual child goals/learning objectives included on them and have developmentally appropriate practices for learning written on them:** Lesson plans include developmentally appropriate practices for the age of children in the program.
   The provider will have goals/learning objectives for large group, small group **or** individual children written on either the lesson plan or an attachment to the lesson plan. The WMELS domains and children's goals/learning objectives will be linked to routines and learning environments that are designed to meet the WMELS domains.

2. **Interest centers/areas reflect the WMELS five domains:**
   Providers create interest centers by designing the physical environment and regularly changing materials to create intentional learning experiences and offer children a range of options for engagement. Examples of typical interest centers/play experiences that might be offered in a high-quality child care environment include:

   dramatic play
   block and construction play
   literacy and writing activities
   science and nature/outdoor
   music and movement experiences
   math experiences

art experiences
sand and water and other sensory play
outdoor large motor activities
small manipulative and games
social studies experiences

Often times, interest centers will overlap or combine to reflect more than one domain at a time. When designing *all* interest areas, Providers should keep in mind the two domains of "Approaches to Learning" and "Social and Emotional Development."

The "Approaches to Learning" domain recognizes that children approach learning in different ways and emphasizes the development of positive attitudes – such as curiosity, engagement, persistence, and creativity – and the disposition to explore, experiment, create, and learn. Children's early relationships are the foundation for social and emotional competence and that competence affects all other developmental domains. Programs will provide the environment, context, and opportunities for children to develop social and emotional competence.

3. **Developmentally appropriate learning experiences are linked to goals/learning objectives for children and/or child assessments:** Providers have responsibility of knowing what the desired goals/learning objectives for the children are and how the program's curriculum is intended to achieve the goals/learning objectives. Goals may be connected to children's needs, a theme, or program goals. For example: whole group goal is "to identify body parts". This goal would then be connected to appropriate activities/materials; such as, a body part poster next to a mirror in the home. Developmentally appropriate children's learning experiences are linked to goals/learning objectives for children when assessment tools are used. **The use of an individual child assessment tool is not required to earn this point.** However when an assessment tool is used, it must inform the planning and implementation of experiences for children's learning identified by the child assessment tool used.

4. In addition to curriculum alignment, WMELS is also used to provide information to families and staff (if applicable). This can be demonstrated through **two or more** of the following:
   - Parent handbook
   - Document from family meetings, support group meetings and/or other events where the WMELS are reviewed and discussed with families and other interested parties
   - Daily information sheets that are given to families
   - Family conference reports
   - Newsletter
   - Poster
   - Orientation materials.

**<u>School-Age Curricular Framework</u>**

**The SACF is NOT a curriculum or an assessment tool, but a framework that guides what the Provider is teaching and how the Provider is teaching.** A school-age curricular framework is child/youth-centered; developed to meet the unique needs of all children and youth; and requires the Provider to be intentional about planning experiences to enhance learning and development. Curricular framework planning is informed by ongoing, appropriate assessment. Providers use a variety of authentic assessment strategies and tools to gauge the effectiveness of curriculum activities in meeting objectives for children/youth. Resource materials are available which contain ideas for school-age program activities.

School-age programming should show evidence of the following:

- Matching up programming/activities with children's general needs in development, scope and sequence, and interests: All children and youth should have the opportunity to participate in high quality afterschool programs designed to meet their developmental needs. Those needs include but are not limited to:

- physical and emotional safety,
- positive relationships with peers and caring adults,
- a sense of community and belonging,
- an environment that recognizes and develops their talents,
- play experiences
- opportunities for engaged learning, mastery, leadership and service, and
- a sense of the future.

Afterschool programs can address these needs and also take into account the changing developmental needs of children and youth. Activities should reflect developmental sequence (from simple to difficult/least mature to more mature skills) that are useful and that provide enough items for children to learn as the children's developmental needs change. Scope and sequence refers to the goals/learning objectives and the order children generally achieve them.

- How children will benefit from the program activity;
- Appropriateness of activities based on the developmental needs of children, the cultural needs of the children, and inclusion practices for children;
- Equipment, supplies and set up needed for the program activity;
- Time needed to experience program activity; and
- Supervision needed to support program activity.

Programs that have school-age children must demonstrate how their programming or curriculum aligns with the School-Age Curricular Framework's nine content areas:

1. Language, Literacy, and Numeracy
2. Arts and Culture
3. Global Learning
4. Health and Well-being
5. Media and Technology
6. Science, Technology, Engineering, and Math Education
7. Social Emotional Development/Character Education
8. Environmental Learning
9. Service Learning.

This must be demonstrated through the following four things:

1. Lesson plans reflect the School-Age Curricular Framework nine content areas with goals/learning objectives for learning or enrichment written on lesson plans,
2. Interest areas reflect the School-Age Curricular Framework nine content areas
3. Enrichment experiences are linked to the goals/learning objectives/outcomes for children and the program as a whole.
4. SACF is also used to provide information to families and staff (if applicable). This can be demonstrated through documentation of **two or more** of the following:
    - Parent handbook
    - Center operational policies
    - Staff training materials
    - Documentation from family meetings
    - Orientation materials
    - Newsletter
    - Poster

**NOTE:** All Framework Content Areas do not have to be addressed **every day**. The program should make a decision about how many times per week a Framework Content Areas will be addressed. A program may include the guidelines in their parent handbook, program operational policies, or in staff training materials. Activities such as service learning may happen monthly or several times per year.

## VERIFICATION

Verification of programming alignment will be done by the Consultant/Rater. The Consultant/Rater must review the **most recent consecutive four weeks'** lesson plans for this indicator. If there are questions, the Department will make a determination.

**For WMELS:** Child care programs must demonstrate how their curriculum aligns with the Wisconsin Model Early Learning Standards' five domains of early learning and development through the following **four** things:

1. Lesson plans reflect the WMELS five domains with goals/learning objectives for children's learning written on lesson plans.
2. Interest centers reflect the WMELS five domains.
3. Developmentally appropriate learning experiences are linked to child assessments and/or goals/learning objectives for children and the program as a whole.
4. Programs must also show how information about how the program implements WMELS/SACF is communicated to families in **two or more** ways.

**For SACF:** To verify that curriculum is aligned with the School-Age Curricular Framework, consultant must see the following **four** things:

1. Lesson plans reflect the School-Age Curricular Framework nine content areas with goals/learning objectives for learning or enrichment written on lesson plans.
2. Interest areas reflect the School-Age Curricular Framework nine content areas.
3. Enrichment experiences are linked to the goals/learning objectives for children and the program as a whole.
4. Programs must also show how information about how the program implements WMELS/SACF is communicated to families in **two or more** ways.

**If there are questions about program alignment with SACF or WMELS, the Department will make a determination.**

**B.2.2 Curriculum/Programming aligned with WMELS or School-Age Curricular Framework**

Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/1

**WMELS Alignment**

To verify that curriculum is aligned with WMELS, Consultant/Rater must see all of the following:

**Most recent consecutive four weeks** of lesson plans reflect the WMELS five domains with goals/learning objectives for learning written on lesson plans?

☐ Yes ☐ No

Comments: _____

_____

_____

Interest centers reflect the WMELS five domains?

☐ Yes ☐ No

Comments: _____

_____

_____

Developmentally appropriate children's learning experiences are linked to goals/learning objectives for children?

☐ Yes ☐ No

Comments: _____

_____

_____

WMELS/SACF information is communicated to families? (Need to see two ways)

☐ Yes ☐ No

1. _____

2. _____

**SACF Alignment (if not using WMELS for this age group)**

☐ Not applicable because this age group is not served or program is using WMELS for this age group.

To verify that curriculum is aligned with the School-Age Curricular Framework, consultant must see all of the following:

☐ Lesson plans reflect the School-Age Curricular Framework nine content areas with goals/learning objectives or enrichment written on lesson plans.

☐ Interest areas reflect the School-Age Curricular Framework nine content areas.

☐ Enrichment experiences are linked to the goals/learning objectives for children and the program as a whole.

Comments/areas for future work on curriculum alignment with WMELS or SACF:

**Total points earned for Indicator B.2.1-2 _____/2**

**QUALITY INDICATOR**

B.3.1-4 Program-wide Practices for Child Outcomes

**POINTS AVAILABLE: 5**

**NOTE:** Indicators B.3.1-4 deal with the process that Providers use to plan for the learning of the children in their care. The indicators are interconnected and address different aspects of the teaching cycle that is used throughout the Wisconsin Model Early Learning Standards (WMELS) training. This is a process and it can take years to master. Developmentally Appropriate Practices (DAP) are the basis for this process and must be understood before taking on this task. DAP trainings are available throughout the state. A list of available trainings can be found at: https://dcf.wisconsin.gov/youngstar/providers/training

When thinking about indicators B.3.1-4, Providers should be able to answer the following questions, which may be posed to them by raters verifying these points:

- Where and how do you document what you know about the children's development?
- How do you know if this is typical child development and meeting widely-held expectations of the child's age?
- Do you use an assessment tool? Describe the training you received on any assessment tool you are using.
- How do you determine what developmental skills to teach next and/or which environmental changes are needed to support child learning? Give an example. How is this documented?
- Where do you keep individual child goals/learning objectives? (anecdotal records and assessment summary)
- How often are child goals/learning objectives reviewed and modified?
- How often are child goals/learning objectives used to plan activities or environment changes?
- What information do you use to plan activities and environment changes? Where do you document the learning activities, teacher strategies, and/or changes to environment that support individual child goals/learning objectives? Describe how this information is shared with all staff working with this group.

- When the child engages in an activity or environmental change planned for them, where or how is it documented?

For more information about the Teaching Cycle and child goals/learning objectives, please see Appendix D.

**B.3.1 Individual child portfolios**

**For 1 point**

The Teaching Cycle involves three processes: documentation linked to assessment, curriculum planning and implementation. For B.3.1 Individual Child Portfolios: documentation, by portfolio, is the record of the child's process of learning represented by artifacts or children's work or the data on which an evaluation of the child's learning is based. Documentation should always be informing the authentic assessment process. Without documentation an assessment is not effective in telling teachers and parents about the child's learning. Portfolios show children's efforts, progress and achievements in an organized and structured way. The portfolios should be meaningful so that children are able to take an active role in evaluating their own work. By discussing portfolios together, providers and children are able to make instructional decisions that lead to new activities based on the child's progress and interests. Portfolios should be structured in a way that can clearly show children's progress on learning objectives, accomplishments and participation.

Portfolios are records of the child's process of learning and must document the following five practices (which will be verified by Consultant/Rater):

1. **What the child has learned and how the child has gone about learning:** This can be shown through the study of children's work and processes by which they learn and should include their drawings, constructions (for example: block buildings), conversation or presentations. They give evidence of what a child knows and can do. Children's work products can document individual as well as group experiences. The process used to create the product can also be observed and documented in an assessment tool or participation charts. The child will use various styles of learning - verbal/linguistic, bodily/kinesthetic, visual/spatial, interpersonal, and intrapersonal.

   Some suggestions for documenting these are provided below:
   - Look for responses from children. Clues to children's development and learning are received when we ask children questions, make requests, give directions, lead discussions, assign tasks, set up equipment in a particular way, provide particular materials, and conduct short conferences and interviews.
   - Note how children respond to assistance from the Provider during instruction.
   - Seek other information from other adults.
   - Use tools to document including assessment tools, anecdotal notes, photographs, rubrics, participation charts or developmental checklists.

2. **How the child thinks, questions, analyzes, synthesizes, produces, and creates:** This can be shown through observing the child in play and the child participating in stories or dramatic play, games, or invention activities. Some suggestions for documenting these are provided below:
   - Preschoolers can analyze by graphing events or numbers, designing, inventing, and experiments. Infants and Toddlers can analyze by using materials and watching an adult model behavior using developmentally appropriate materials.
   - Note how children respond to assistance from the Provider during instruction.
   - Seek other information from other adults.
   - Use tools to document (assessments, anecdotal notes, photographs, rubrics, participation charts or graphs).

3. **How the child interacts - intellectually, emotionally and socially - with others:**
   - This can be shown by observing children's play, storytelling, reenactment of stories, dramatic play, interactions with adults or peers, and how the child initiates play with

peers in small or large group. Children learn to use strategies such as making comments that are appropriate to the ongoing interactions as learned from Providers and adults who model appropriate responses. Creative learning activities such as block play and open-ended activities will give children opportunities to build positive relationships with others.

- Documentation of collected information can be done by conducting observations of the child in group settings or with peers. Photographs and anecdotal notes are ways to create additional support documentation of a child's social and emotional development with others. Use of an assessment tool can be used to record the development of social/emotional skills to support the development of goals/learning objectives for children.

4. **Goals/learning objectives for child outcomes are included in child portfolios**
   The portfolios must be written and updated with **at least one goal/learning objective per month and the portfolio must include a piece of evidence or an observation at least once every three months (four times per year)**. It could be the same goal/ learning objective for multiple months. The Provider is responsible for ensuring that the goals/learning objectives for each child correspond to the documentation that is being included in the portfolio. **Each entry must be dated, including months where goals have remained the same**. The goals/learning objectives must be in each child's portfolio or cataloged in a three-ring binder or some other system folder which can be reviewed side-by-side with the portfolio**.** This should include the month and the year minimally.
5. **Artifacts/samples of the child's work** such as a piece of art or a photograph or video of a child working on a goal/learning objective. The artifact/sample should have a specific developmental outcome (reason) linked to it and noted in the portfolio. For infants only, artifacts/work samples will often be pictures or anecdotal notes of child development and not actual work samples created by the child.

**Portfolios for Children Birth to Five**

**Portfolios must include at least one anecdotal observation or piece of evidence which can cover each of the five categories above representing one or more of the five practices for the same entry**. An individual artifact or sample of the child's work may be able to demonstrate multiple practices. For example: A three year old child, in the block area with other children, has created a block structure of 12 or more blocks and the provider takes a picture of the block structure for the portfolio and then asks the child to describe what they have built. One of the child's goal/learning objectives for the month was that they would be able to attend to an activity for at least 10 – 15 minutes without adult assistance. (New Portage Guide: Birth to 6. Sensory Organization. Item #52. Date observed: 11/23/14.

- The child is able to describe the structure by using size words (big and little).
- The child has demonstrated that she can play near other children; each doing separate activities.
- The child can count objects as she touches the blocks (one-to-one correspondence).
- The child attends to an activity for at least 10 – 15 minutes without adult assistance.
- The child shows pride in doing things without adult help.

The provider is able to document what the child has learned and how the child has gone about learning. The child was able to demonstrate how they think, question, analyze, synthesize, produce, and create by building a block structure. The provider was able to document how the child interacts; intellectually, emotionally and socially – with others as noted by the goal for this child. The provider added an artifact to the child's portfolio.

There may be other times when a single artifact may only be able to reflect on one or two of the five practices. It may assist the provider to run through the five domains of learning to identify multiple strands of learning that may be reflected for one piece when included in the portfolio. **Ideally, portfolios would also include**

**child assessments, screening tools, inventories or developmental checklists but this is not necessary to earn the point for this indicator.**

**Portfolios for School-Age Children**

For school-age children, screeners are used in school, but not often used in before and after school programs. To supplement a screener, a survey or inventory can be used to initially document children's growth and development as they begin participation in the program. The survey/inventory asks families questions about their child. This allows school-age programs to identify meaningful, efficient, and engaging ways to share important information with families. An inventory tool is a way to bring children's experiences in school-age programs to life for families. It can help families recognize the important ways school-age programs support their children's development. The portfolios will vary from child to child because of individual differences among children.

At least one goal/learning objective per month must be documented for each child in regular attendance. It could be the same goal/ learning objective for multiple months. The Provider is responsible for ensuring that the goals/learning objectives for each child correspond to the documentation that is being included in the portfolio. The goals/learning objectives must be in each child's portfolio **or** cataloged in a three-ring binder or some other system folder which can be reviewed side-by-side with the portfolio. **Each entry must be dated, including months where goals have remained the same.** This should include the month and the year minimally.

Items that may be included in a school-age portfolio:

- Developmental Checklists of Tasks used to support, help, guide or encourage children in developmental tasks including physical development, new thinking skills, social skills, learning about the world beyond home and family, competence, new thoughts and feelings, and independence.
- Anecdotal records
- Running observations
- Work samples
- Photographs
- Video and audio recordings
- Children's journaling excerpts

YoungStar staff and the Wisconsin Afterschool Network have developed an enrollment inventory for school-age children that is available online free of charge here: https://dcf.wisconsin.gov/files/youngstar/pdf/enrollmentinventory.pdf.

**VERIFICATION**

**To earn this point, portfolios must be used for every child ages birth to five and must be robust for every child who is in regular attendance.[5] For school-age children, portfolios must be robust for every child who is in regular attendance but are not required for children who are not in regular attendance.** If a child has been in attendance at least one month but less than 3 months, the portfolio for that child must be created and have at least one piece of evidence or observation in it.

To be robust, a portfolio for children who are not school-age must include **at least one** piece of evidence or observation from each of **the five following** categories to be considered complete:

- What the child has learned and how the child has gone about learning;
- How the child thinks, questions, analyzes, synthesizes, produces, creates;
- How the child interacts – intellectually, emotionally and socially – with others;
- Goals/learning objectives for child outcomes are included in child portfolios; and

[5] See definition of "child in regular attendance on page 4.

- Artifacts/samples of the child's work.

To be robust, a portfolio for children who are school-age must have **at least three** pieces of evidence or observations to be considered complete which demonstrate **one or more** of the following:

- What the child has learned and how he or she has learned it
- Goals/learning objectives for child outcomes
- Artifacts/samples of the child's work or child-completed participation surveys

"Progress over time" can be verified through seeing copies of child portfolios. Ideally, programs will start a portfolio for a child at the time of first enrollment and the portfolio will continue until the child leaves the program. **Programs must be able to demonstrate at least one year of portfolio use.** The Consultant/Rater must use his/her judgment to determine if portfolios are used actively and in an ongoing manner. This means, at a minimum, the portfolios must be updated with a piece of evidence or observation **at least once every three months (four times per year) and goals must be updated at least monthly**. If the program is only open for part of the year, pro-rate this based upon the number of months the program is open. For example, if the program is open three months of the year, they must update the portfolios at least once per year.

At least one goal/learning objective per month must be documented in a child's portfolio. It could be the same goal/ learning objective for multiple months. The Provider is responsible for ensuring that the goals/learning objectives for each child correspond to the documentation that is being included in the portfolio. The goals/learning objectives must be in each child's portfolio. **Each entry must be dated, including months where goals have remained the same.** This should include the month and the year minimally.

If a program sends portfolios home with families every so often and does not keep copies of these as proof, the program can still earn the point for this indicator if this practice is noted in the parent handbook and supported in practice with new portfolios having been created. In this case, a Consultant/Rater will encourage a program to make photocopies over the last year of at least one child to demonstrate this practice for YoungStar.

**Summer School-age only**: When a School-age program only operates during the summer months, a portfolio for any child enrolled for more than six days, must be created and must have at least one piece of evidence or observation in it. This means, at a minimum, the portfolios must be updated with a piece of evidence or observation **at least once every six weeks.** The item could include an interest survey, an artifact, anecdotal note or observation, or an activity summary survey.

**B.3.1 Individual child portfolios**

Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/1

Portfolios must include demonstration of all of the following for all of the children in regular attendance to earn the point for this indicator. Use the space below each check box to describe how this is demonstrated. Use the age groups identified to indicate for the age of child.

**Infants and Toddlers (Birth – 35 months)**

☐ Age Group Not Served

Portfolios demonstrate all of the following:

☐ What the child has learned

Demonstrated through: _____

_____

☐ How the child thinks

Demonstrated through: _____

_____

☐ How the child interacts

Demonstrated through: _____

☐ Goals/learning objectives are written and updated once per month for child outcomes

Demonstrated through: _____

☐ Artifacts/samples of child's work (Photographs or anecdotal notes of child development and not actual work samples created by the child)

Demonstrated through: _____

**Preschoolers (36 – 60 months)**

☐ Age Group Not Served

Portfolios demonstrate all of the following:

☐ What the child has learned

Demonstrated through: _____

☐ How the child thinks

Demonstrated through: _____

☐ How the child interacts

Demonstrated through: _____

☐ Goals/learning objectives are written and updated for child outcomes. ☐ YES ☐ NO

Demonstrated through: _____

☐ Artifacts/samples of child's work

Demonstrated through: _____

**School-Age Children (61+ months)**

☐ Age Group Not Served

Portfolios demonstrate include at least three pieces of evidence:

☐ Yes ☐ No

List at least three pieces of evidence here:

1. _____
2. _____
3. _____

Goals/learning objectives are written and updated once per month for child outcomes. ☐ YES ☐ NO

Demonstrated through: _____

**Summer ONLY School-age only**

Portfolios include at least one piece of evidence every six weeks:

☐ Yes ☐ No

List least three pieces of evidence here:

1. _____
2. _____
3. _____

☐ Goals/learning objectives are written and updated for child outcomes. ☐ YES ☐ NO

Demonstrated through: _____

_____

Comments/areas for future work on child portfolios:

**B.3.2 Provider Uses Intentional Planning to Improve Child Outcomes**
**For 1 point**
Provider uses intentional planning to improve child outcomes. This includes the use of an individual child assessment tool.

**Early Childhood (birth to five years)**
Intentional planning means acting purposefully (based on an individual child assessment), with a goal/learning objective in mind and a plan for accomplishing it. Programs can demonstrate this through assessing individual children and using what is learned from the assessment to establish lesson plans and program areas where they aim to improve child outcomes and refine how they plan and implement activities based upon child assessments.

Authentic child assessment can be defined as focused observations which use reliable and valid, evidence-based methods to incorporate strength-based functional assessment in natural environments using natural supports. It uses everyday relationships, observations of growth and development, consideration of individual learning styles and differences, and utilization of all environments in which the child lives and learns.

Assessment is on-going, continuous, and not done on a fixed timeline. Assessments will bring about benefits for children, programs and families. They should not add undue burden to families or Providers.

**Periodic summarization (at least monthly) to monitor progress in the domains should be done to see what individual children have mastered** toward specific outcomes and expectations or what they may need to have continuing help with. Sample periodic summarization tools also called "assessment summaries" are documents that a Provider would use to track a child's or a small number of children's progress at meeting certain learning goals/learning objectives. The goals/learning objectives should be created by reviewing a child's assessment and determining where the child is currently and what the next learning objective is. In some assessments, the summary is made in an area within the assessment tool.

The training needed for assessment varies by tool. Providers must be trained on the assessment tool that they use to inform their practice and individualize instruction for children in their care. Training could include any of the following: reading a book; watching a video; or attending training by a PDAS-approved trainer or by other staff at the program. If there is no physical proof of the training (i.e. a certificate of attendance or similar artifact), the Consultant/Rater needs to ensure the person who took the training understands the training content and can explain how the training will influence their practice. If there is no physical proof of the training (i.e. a certificate of attendance or similar artifact), the Consultant/Rater, through interview, needs to ensure the person who took the training understands the training content and can explain how the training will influence their practice. **It is the provider's responsibility to demonstrate the connections between the child observations, lesson plans, goals/learning objectives, and the individualized child assessment tool that is used by the program. The Provider could refer to the Teaching Cycle as explained in the Wisconsin Model Early Learning Standards materials/training.**

In YoungStar, programs can earn a point when their curriculum/programming and assessments aligned with WMELS performance standards or developmental indicators for school-age children that are reflected in the learning experiences in the content areas of SACF. This alignment is meant to ensure child care programming is not narrowly focused on certain domains, or that lesser attention is paid to some domains. The WMELS or SACF are not checklists to evaluate a child's development and learning. Rather they guide the choice of assessment instruments and serves as a way to organize the data collected from those instruments. The Assessment and Alignment Review Tools are designed to help your program determine how well an assessment aligns with the domains and performance standards identified in the Wisconsin Model Early Learning Standards or the School Age Curricular framework.

An Assessment and the Wisconsin Model Early Learning Standards Alignment Review Tool is available at: https://dcf.wisconsin.gov/files/youngstar/pdf/wmelsassementalignment.pdf.
An Assessment and the School Age Curricular Framework Alignment Review Tool is available at: https://dcf.wisconsin.gov/files/youngstar/pdf/sacfassessmentalignment.pdf

Examples of assessment tools that may be used for children birth to five years:

- Assessment, Evaluation, and Programming Systems (AEPS) for Infants and Children (Vol. 3 & 4) (Requires quarterly assessment of each child)
- Creative Curriculum Child Assessment Tools (Quarterly)
- Family Child Care Curriculum Developmental Assessment with Guide (Three times per year)
- High Scope – COR Assessment (Requires quarterly assessment of each child)
- New Portage Guide (Requires quarterly assessment of each child)

Assessment tools used by the program must show that the following practices are included in the assessment process:

- demonstration that the assessment tool is ongoing (indicating specific dates the assessment tool has been used for a child versus check marks only),
- demonstration of use as a continuum[6] that incorporates a broader scope of development and learning for children,

Examples of other accepted tools:

- Six Simple Ways to Assess Young Children—Developmental Milestone Checklist. Conducted a minimum of three times per year and demonstrated use as a continuum.
- Syracuse University. Mid-State Early Childhood Direction Center. Developmental Checklists Birth to Five. Conducted a minimum of two times per year and demonstrated use as a continuum.
- The Redleaf Family Child Care Curriculum Developmental Assessment, Birth to Age 5. Revised Edition. Conducted a minimum of three times per year and demonstrated use as a continuum.
- **Others not previously reviewed and approved by DCF and the Consultant**. The tool will need to be aligned, by the program, to the WMELS Domains and Performance Standards using the Alignment Review Tool (birth through age five).

**NOTE:** The Ages and Stages Questionnaire-3 or S/E (Development Screener) and the CDC Milestone Moments will NOT be accepted as an assessment tool for YoungStar.

[6] A continuum spans the whole of the early childhood years and describes the progression of development and learning that children can be expected to know and do as they develop. There usually is an overlap in the age ranges, reflecting that the sequence of developmental skills will be achieved within a broad range of time.

**School-Age**

Assessments are tied to children's daily activities, including child-guided experiences (e.g., in learning areas or work on projects) and peer-to-peer interactions. Staff may record on-the-spot assessments whenever possible (i.e. observe, ask, listen in, check), using the information to shape their teaching, moment by moment with individual children. Surveys/evaluations are also a way to check in with children. School-age children should have the opportunity to provide input into programming and how they learn. Older children could do this by completing a questionnaire; younger school-age children may need assistance with a survey/evaluation.

Assessment tools/surveys for school-age children can be customized or adapted to suit the assessment goals/learning objectives of a program and implemented internally without assistance. It is not expected that all school-age programming would address similar outcomes. It is also expected that there can be valid outcomes for programs to achieve that may not be included in assessment/survey tools. Different indicators may be used for different age groups to ensure the outcomes are developmentally appropriate.

A well-constructed program with clear goals and experiences linked to those goals/learning objectives may achieve a wide range of youth outcomes. Youth programs operating during the non-school hours are important partners that work alongside families and schools to support learning and development. Some programs prioritize academics; others prioritize enrichment, recreation or leadership development; others combine together a combination of these. Most of these programs aim to develop cross-cutting skills that will help youth to be successful now and help ensure they are ready for college, work and life. Partnering with the classroom teacher from the child's school is an opportunity to receive external evaluations or insight into the child's work from school. External evaluations can be valuable when partnering to support children's development.

Examples of assessment tools that may be used for school-age children:

- Afterschool Youth Outcomes Inventory, PASE
- Creating Portfolios With Kids in Out-of-School Programs (Developmental Checklist for School-Age): http://www.newroads-consulting.com/store.html
- Personal Learning Plans
- Family, program, child surveys, questionnaires, or evaluations
- National Institute on Out-of-School Time (NIOST): Survey of Afterschool Youth Outcomes (SAYO)
- Collections of Youth Outcome Measure Tools

Assessment tools used by the program must show that the following practices are included in the assessment process:

- demonstration that the assessment tool is ongoing (indicating specific dates the assessment tool has been used for a child versus check marks only),
- demonstration of use as a continuum that incorporates a broader scope of development and learning for children,
- review/alignment of **all** assessment tools to the School Age Curricular Framework used by the program (for school age children).

Programs choosing to develop their own assessments can view the following YoungStar document: "Guidance for Choosing/Developing Assessments in School-Age Programs". It is located at: https://dcf.wisconsin.gov/files/youngstar/pdf/choosingassessmentssa.pdf.

**VERIFICATION FOR ALL AGES WITHIN THIS INDICATOR**

Program must be able to demonstrate that they do all of the following:

1. Assess individual children.(*using an assessment tool aligned to WMELS or SACF)*
   This can be shown by using assessment practices. Any and all the domains of the child's learning and development can be assessed. A program will gather information to determine the current

developmental level of the child by observing the child, using anecdotal notes, or collecting children's work, and then using development milestones checklists or a reliable assessment tool to put together the information on a collection form (assessment summary)[7] to document progress in relation to age-appropriate expectations. The goal is to gauge a child's abilities, attitudes and social skills, prior knowledge and understanding, and skills and habits in relation to what the program emphasizes. The Consultants/Rating Observer will verify that assessment of individual children is taking place by:

- Conducting an interview of the Provider to verify the following:
  - Individual program procedures for conducting assessments such as:
    - What is the process for documenting that children are moving toward their identified goals/learning objectives?
    - How many goals/learning objectives are set for each child each month?
    - Is there any identified focus for the observations/evidence collection?
    - Is the program's focus on a domain a month or on specific assessment indicators?
  - Modifications are being made for individual needs of children.
- Verifying the frequency of child assessment is **at least twice per year or the recommended frequency of the tool**.
- Summer School-age only: Verifying the frequency of child assessment is **at least every six weeks or the recommended frequency of the tool.**
- It is the provider's responsibility to demonstrate the connections between the child observations, lesson plans (if used), goals/learning objectives, and the individualized child assessment tool that is used by the program.
- Verifying the provider is using what is learned from the assessment process to inform the lesson plans (if used),

**NOTE:** Any and all the domains of the child's learning and development can be monitored for progress. Best practice shows that a program should assess the child on the schedule recommended by the assessment tool that is used. YoungStar requires programs to assess children at the frequency recommended by the tool. All children do not need to be assessed at the same time. For example, the Provider may choose to assess a few children per week on a rolling basis, making sure each child is assessed at least once per month. The information gathered may be put into portfolios but this is not required for this point. Again, the goal is to gauge a child's abilities, attitudes and social skills, prior knowledge and understanding and skills and habits in relation to what the program emphasizes. The process follows the WMELS "Teaching Cycle."

2. Use what is learned from the assessment process to establish lesson plans and program areas where they aim to improve child outcomes. This can be shown by using curriculum and environment to support the developmental level and goals/learning objectives for individual children, small groups of children and the larger group of children as a whole. This information should be indicated on the lesson plans and in the environment. Various learning areas can be identified on the lesson plan which will allow the Provider to provide structure for exploration with the materials and environment. Developmental goals/learning objectives that describe what the children will do through environment-based learning centers with curriculum that emerges from the children's interests are written in the planning framework or lesson plan. A lesson plan should include written small group, large group and individual children's goals/learning objectives. By writing down goals/learning objectives on a lesson plan/activity plan or individual child plan, it keeps focus on the purposes for activities and the ways that learning can be supported for children's development. Consultants/Raters will need to see a direct connection between

[7] An assessment summary is a document that a Lead Teacher or Provider would use to track a child's or a small number of children's progress at meeting certain goals/learning objectives. The goals/learning objectives should be created by reviewing a child's assessment and determining where the child is currently and what the next learning objective is. In some assessments, the summary is made in an area within the assessment tool.

assessment summaries and the goals/learning objectives identified on lesson plans on a sampling of portfolios. **If a program does not have a lesson plan** they can still earn this component but must have a way of indicating that they are documenting goals/learning objectives for individual children.

3. Plans and implements learning experiences based upon child assessments.
   This can be shown through implementation of the assessment process, lesson plan and interest areas/learning centers designed for the children. Learning opportunities and activities are guided by supportive interactions and relationships that are age appropriate, individually appropriate, and culturally appropriate. This will be reflected in the course of a series of lesson plans that are used to focus on goals/learning objectives for the children by using curriculum and the environment to design and create exploration, to support adult guidance, and allow information to be collected and documented for a collection/assessment summary for each child or groups of children.
   The Consultant/Rater will verify that the Provider can explain how they plan and implement learning experiences based upon child assessments:
   - Conducting an interview of the Provider about:
     - How they are supporting children being successful at the stage each child is at and not only the whole group of children
     - Modifications that are being made for individual needs of children and use of teacher strategies to support children's learning
   - Tracking through **consecutive four weeks** of lesson plans with specific children's goals/learning objectives.

To earn the point for this Indicator, the Provider must **use intentional planning for all children in regular attendance.**

**NOTE:** Assessments that are designed by the provider may be used if, in the opinion of the Consultant/Rater, they are appropriate. If the Consultant/Rater has any doubts or wants verification, he or she may send the assessment to DCF for review.

**B.3.2 Intentional planning to improve child outcomes**

Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/1

Child assessments (or inventories/surveys) performed at least twice per year or the frequency recommended by the tool for every child in regular attendance?

☐ Yes ☐ No

Which assessment(s) is/are used? _____

☐ Frequency verified

Comments: _____

_____

_____

Consultant/Rater verified that lesson plans and program use what is learned from the assessment process to establish goals/learning objectives for improving child outcomes?

☐ Yes ☐ No

Comments: _____

_____

_____

Consultant/Rater verified that the Provider uses information from individual child assessments to plan and implement learning experiences.

☐ Yes ☐ No

Comments: _____

_____

_____

**School-Age Children (5 years and older)**

☐ Age Group Not Served

Child assessments (or inventories/surveys) performed at least twice per year or the frequency recommended by the tool for every child in regular attendance?

☐ Yes ☐ No ☐ Summer only (assessments performed **at least once every six weeks**)

Which assessment(s) is/are used? _____

☐ Frequency verified

Comments: _____

_____

_____

How did the Consultant/Rater verify that the Provider is trained in the assessment they are using?

_____

_____

Comments/areas for future work on intentional planning:

**B.3.3 Program Implements Developmental Screening Practices**

**For 1 point**

Children birth to five years

Developmental screening is an intentional process that provides information about how a child is developing. A screening will sometimes suggest that more in-depth information be gathered to determine whether additional professional support is warranted. Best practices include using multiple sources of information and a reliable, valid, and standardized tool or procedure. Determining whether a child is on a typical developmental trajectory or whether a child needs additional services can be difficult.

When development does not proceed along a typical trajectory, identifying the need through developmental screening and intervening early increases the likelihood that development can proceed typically and that children and families experience favorable outcomes. Screening processes provide a way to gather high quality, valid, and reliable information about how a child is developing and provides a foundation for informed action to support healthy development and family functioning.

***Families are Partners in Children's Developmental Screening*** contains information on how programs can provide resources to providers for family engagement around developmental screening practices and can be found at: https://dcf.wisconsin.gov/youngstar/providers/resources in the Learning Environment and Curriculum section. The materials offer providers the "why" and "how" to engage families.

Provider demonstrates that she/he has received training on screening tools used in the program. Within 30 to 45 days of a child's enrollment, a completed developmental screener has been received from the family. The program provides the developmental screening opportunity annually or as recommended by the tool and assures appropriate referrals are made to appropriate resources. The developmental screener may be administered by a physician, a Head Start program, or another outside agency and if shared from the family to the program will be accepted for this indicator. If a program does not receive a completed screener from the family, the program must document which families have not returned it. Programs should consider adding a statement in their program policies about their developmental screening practices for children. A Readiness Checklist for family child care programs can be found at: https://dcf.wisconsin.gov/files/youngstar/pdf/asqfamilychecklist.pdf.

A waiver form can be kept in lieu of developmental screening and results should a parent decline developmental screening. The waiver should be kept in the child's portfolio. The waiver form is available at: https://dcf.wisconsin.gov/files/youngstar/pdf/samplescreeningwaiver.pdf

Additional information on selection of a screening tool can be found here: http://www.collaboratingpartners.com/documents/TipSheet2selectingascreeningtool.pdf and http://www.collaboratingpartners.com/screening-early-identification-howtoworksheets.php

Examples of screening tools that may be used include:

1. Ages and Stages Questionnaires
2. Parent Evaluation for Developmental Success (PEDS)

**NOTE:** For YoungStar purposes, the ASQ-SE should be used in concert with the ASQ-3. ASQ-SE alone does not meet the requirement.

School-Age

There are no commercial screeners for school-age children to use in afterschool programs. National youth development organizations have developed inventory tools to use with the children to give the staff and program an opportunity to plan for the interests and development of school-age children. An inventory is similar to a screening for early childhood programs, only it is more self-reported. Screeners that are used in early childhood programs are filled out by Providers and families to help families understand the child development and to inform program staff of the child's need for supportive services. During the school-age years, children are working on different tasks. They are at differing levels for each task: they may excel in one area and may be just beginning in another. Whatever task they are working on, school-age children thrive when staff tune into their needs and provide them with appropriate support, help and guidance. The YoungStar School-Age Enrollment Inventory has been adapted from the national youth organizations that support the use of such tools.

Examples of screening tools that may be used include:

- YoungStar Optional School-Age Enrollment Inventory (for school-age children, if enrolled)
- Parent Evaluation for Developmental Success (PEDS) (birth – 7 years, 11 months)

Additional information on selection of a screening tool can be found here: http://www.collaboratingpartners.com/documents/TipSheet2selectingascreeningtool.pdf, http://www.collaboratingpartners.com/documents/Healthy_Children_Blueprint_2ndeditionfinal.pdf and http://www.collaboratingpartners.com/screening-early-identification-howtoworksheets.php

**VERIFICATION**

To earn this point, screenings must be completed **for every child who is in regular attendance.** The training needed for each screening tool varies by screening tool but could include any of the following: reading a book; watching a video; or attending a training by a registered PDAS trainer or other trainer. If there is no physical proof of the training (i.e. a certificate of attendance or similar artifact), the Consultant/Rater needs to ensure the person who took the training understands the training content and can explain how the training will influence their practice.

Additional screening and early intervention resources are available at the Collaborating Partners website: http://www.collaboratingpartners.com/screening-early-identification-professionalresources.php

**B.3.3 Provider trained in developmental screenings**

| Indicator Met: ☐ Yes ☐ Not Met | Point(s) Earned: _____/1 |
|---|---|
| Screenings verified for every child in regular attendance? ☐ Yes ☐ No<br>Training verified? ☐ Yes ☐ No<br>How? _____<br>_____<br>_____<br>Comments/areas for future work on Provider training in developmental screening: | |

**B.3.4 Individual Child Outcomes Tracked**

**NOTE:** this point cannot be earned if program does not earn the points for Indicators B.3.1 and B.3.2 AND a program cannot earn this point in the first year if they have not already started tracking child outcomes.

**For 2 points**

Provider tracks individual child goals/learning objectives to demonstrate that provider training and child interactions improve children's individual outcomes. **Provider must be able to demonstrate at least six months of tracking child outcomes to earn the points for this indicator.**

Outcomes or standards include developmental domains, but also specify what information or facts children are expected to know. For outcomes or standards to strengthen instruction and boost achievement, they must be receptive to assessment. Outcome statements are written in ways that take into account the unique ways that children develop and learn. The program must be able to document child outcomes (the knowledge, skills, and dispositions children demonstrate).

Child outcomes describe the knowledge and skills children should acquire by the end of the year. Comprehensive child outcomes define the range of knowledge and skills that children should master. They can also extend beyond knowledge and skills, describing the kinds of habits, attitudes, and dispositions children are expected to develop as a result of group experiences.

Learning expectations, curriculum, and assessment should align. Once expectations for learning are agreed on, the curriculum should align with those expectations (curriculum should teach children the things they will be expected to have learned). Assessment tools should align with both outcomes and the curriculum, measuring what the outcomes specify and what the curriculum teaches.

Programs should use a cycle of:

- Assessment of children to learn where children are;
- Planning of goals/learning objectives for child outcomes;
- Implementation of those plans; and
- Review of child outcomes after implementation to learn which strategies worked to further the children's development.

An example of year-end outcomes that programs can track to is as follows:

Children demonstrate improved:

A. Positive social-emotional skills (including social relationships )
B. Acquisition and use of knowledge and skills (including language/communication and literacy)
C. Use of appropriate behaviors to meet their needs
D. Child relationship with parent

An example for school age children is:

School-Age children:

A. Demonstrate age-appropriate social skills
B. Demonstrate increased problem-solving skills
C. Demonstrate increased knowledge about healthy lifestyles
D. Acquire and gain new knowledge and skills.
E. Increased positive relationships with family members

Additional examples of year-end outcomes for early childhood and school age can be found in Appendix E. Examples of outcome tracking forms can be located in the Learning Environment and Curriculum section of this webpage: https://dcf.wisconsin.gov/youngstar/providers/resources. These forms can be used to track outcomes of the class or individual children. At the top of the sample form is a program's identified outcome. The outcomes chosen are linked to the WMELS. Child outcomes are defined as the benefits experienced as a result of supports provided for a child(ren). By using a systematic tracking system, the program can follow the movement of individual children or of all children in a program and be able to indicate whether the intended benefits or changes were experienced by the child(ren) and will help identify if progress has been made toward the specific outcome. It can also be used to inform the teacher about the progress the class is making as a whole and provide a picture of where additional supports are needed. In the same location, a blank template is available for programs to use to design a program tracking form for their own program.

**Summer School-age only: Programs must be able to demonstrate at least six weeks of tracking child outcomes to earn the points for this indicator. The program may show previous year's information combined with current year.** See indicator B.3.2 for examples of assessment tools that may be used. If an initial assessment has been done on the children in the group, and because of the timing of the rating, a follow up assessment has not been completed, the program may still earn the point by demonstrating past assessments.

**VERIFICATION**

**To earn this point, Provide must be able to demonstrate at least six months of tracking child outcomes for every child in regular attendance.**

**Summer School-age: Provider must be able to demonstrate at least six weeks of tracking child outcomes to earn the points for this indicator. The program may show previous year's information combined with current year.**

Consultants/Raters should ensure the Provider shows an understanding of child outcomes and can explain how individual child outcomes are tracked over the duration of a child's enrollment. Providers must be able to demonstrate they track child outcomes through portfolios and lesson plans. Consultant/Rater must request to see **the most recent consecutive four weeks** of lesson plans. The Provider must show that lesson plans are adapted to reflect goals/learning objectives from individual child assessments.

If an initial assessment has been done on the children in care, and because of the timing of the rating, a follow up assessment has not been completed for every child that year, the Provider may still earn the point by demonstrating past assessments. If the program is in the process of performing assessments for the first time and has not completed the first round of assessments, the program **MAY NOT** earn the point for assessments for their first YoungStar rating.

| **B.3.4 Individual child outcomes tracked** |
|---|
| Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/2<br>**NOTE:** this point cannot be earned if Provider does not earn the points for Indicators B.3.1 and B.3.2 AND they cannot earn this point in the first year if they have not already started tracking child outcomes. |
| How does the Provider show an understanding of child outcomes and the importance of tracking them throughout the child's enrollment?<br>_____ |

Are individual child outcomes tracked for every child in regular attendance?

☐ Yes ☐ No

Consultants/Raters should use the age grouping sections below to support this answer.

**Infants and Toddlers (Birth – 35 months)**

☐ Age Group Not Served

How did the program demonstrate **six months** of tracking individual child outcomes?

☐ Lesson Plans ☐ Portfolios ☐ Individual Child Assessments ☐ Other

**Preschoolers (36 – 60 months)**

☐ Age Group Not Served

How did the program demonstrate **six months** of tracking individual child outcomes?

☐ Lesson Plans ☐ Portfolios ☐ Individual Child Assessments ☐ Other

**School-Age Children (61+ months)**

☐ Age Group Not Served

How did the program demonstrate **six months** of tracking individual child outcomes?

☐ Summer only (three months of tracking individual child outcomes )

☐ Lesson Plans ☐ Portfolios ☐ Individual Child Assessments ☐ Other

Comments/areas for future work on tracking individual child outcomes:

**Total points earned for Indicator B.3.1-4 _____/4**

# C. Business and Professional Practices

## Business and Professional Practices: REQUIRED Points

**QUALITY INDICATOR**

C.1 Signed YoungStar Contract

**POINTS AVAILABLE: 0**

**C.1 Signed YoungStar Contract** **REQUIRED for 2, 3, 4, and 5 Stars**

**For 0 points**

Program must sign and hand in a YoungStar Contract to participate in YoungStar. They do not earn any points for doing this; it is just a prerequisite for participation. This contract is valid for two years.

**QUALITY INDICATOR**

C.2 Business Practices

**POINTS AVAILABLE: 3**

**C.2.1 Ongoing Yearly Budget, Budget Review, Record-Keeping /Taxes**

**REQUIRED for 3, 4, and 5 Stars**

**For 1 point**

The program does all of the following:

1. Develops an annual line-item budget which includes funding for at least one item in the program's Quality Improvement Plan
2. Reviews the budget annually and makes adjustments to future budgets if necessary
3. Demonstrates record-keeping practices that track income and expenses including meals and snacks served and hours worked caregiving vs. performing business and administrative tasks for the child care program
4. Completes timely and accurate tax documents

**VERIFICATION**

The information below describes how the Technical Consultant/Rater will verify the following four items for this indicator:

1. **Line-item Budget:** The program has an annual line-item operating budget which includes all of the following:
   a. Projected income and expenses for current year divided into line-items: this is to be a 12-month budget but does not necessarily need to follow the calendar year—they may use the state or federal fiscal years or some other time period. The Consultant/Rater needs to verify that the program has a budget for the current 12-month period using whatever fiscal year the program has chosen to use. For example, if the Provider is using a state fiscal year (July to June), and it is October 2015, Consultant/Rater would need to see the budget that runs from July 2014 to June 2015. The requirement is to show this for a 12-month period. This could be shown in one sheet that covers a 12-month span or could be broken down monthly or quarterly, depending on the program's preference.

   b. One line-item which includes funding for at least one item in the program's Quality Improvement Plan (QIP): this may be a line-item by itself or may be an item within a line-item. For example, a program may have WMELS training in their QIP and they may be shown within a line-item for "Training" or may be named "QIP line-item" explicitly.

2. **Budget Review:** The program reviews the budget annually and makes adjustments to future annual budgets if necessary. Providers should not continually update or change dollar amounts on their current budgets, but rather review them periodically and use the information to inform and create future budgets. This should be shown through the following:

a. The program has a report of actual income and expenses divided into line-items for the previous fiscal year and can demonstrate to the Consultant/Rater at least one area where the actual income and expenses from the previous year informed the annual budget for the current year. This may be shown as a separate document, an interview or as part of the annual budget document in the form of additional columns or notes.

3. **Record-Keeping Practices:** The program demonstrates record-keeping practices that track income and expenses including hours worked caregiving vs. performing business and administrative tasks for the child care program. All of the following must be verified for this indicator:

   a. **Tracking income and expenses:** Verification will be completed by the Consultant/Rater reviewing documents that demonstrate that the Provider is keeping track of income received and expenses paid within categories for the line-item budget or profit/loss statement. The Consultant/Rater needs to see evidence of **one month's worth of records**(however, note that extrapolating information from **one month** to determine *actual income received* for the whole year is not an accepted business practice).

   b. **Tracking Meals and Snacks:** Child and Adult Care Food Program (CACFP) claims **(last 2 months and an in-progress claim)** would satisfy this requirement. This supports good business practice as this information can be used to provide documentation for development of future budgets. Providers who provide meals and snacks and who are not on CACFP must provide records (Consultant/Rater will request **up to 3 months' worth**) documenting:

      - Menus
      - Meal/snack components (what was actually served if different from printed/posted menu)
      - Children served that meal/snack (programs not on CACFP will need to keep track of number of children served meal/snack to meet this requirement)
      - Date meal/snack was served
      - Time meal/snack was served (a meal "window" posted on a schedule is fine [i.e., LUNCH 11-11:30AM], as long as this is reasonably accurate to what is observed by Consultant/Rater.)

      **NOTE:** if children bring all meals and snacks from home, the number of children served does not need to be verified for this indicator..

   c. **Hours worked in the home:**[8] Verification will be completed by the Consultant/Rater reviewing documents that demonstrate hours worked in the home caring for children and for business hours worked in the home (those hours spent on business tasks *when children are not there* – menu planning, lesson planning, etc.).

      In each six-month period in a calendar year **one month** must be chosen for review – (ex. in February, last year's documentation could be adequate, but by July there would need to be at least **one month's documentation** for the current year.). If the Provider has not been in business for a full calendar year, at least **one month's documentation** for the current year is required. Any of the following would be acceptable documentation of hours worked in the home:

      - Sign-in/out record: License hours with adjustments documented for the days as needed, such as vacation or if closed early would be acceptable (these adjustments must be in writing per "written record" definition). License hours alone would **not** be acceptable documentation.
      - A *written* record which documents hours of work which support the business (business hours) but not direct care of children. Documentation must include:
        - the date

[8] **NOTE:** if the family child care provider does not live in the place where she/he cares for children, then the provider does not need to demonstrate tracking of hours worked in the home.

- activity done
- length of time spent on activity

A **weekly or monthly** schedule of business-supporting activities is acceptable (i.e., Provider always does payment paperwork Monday nights, or has a posted cleaning schedule for business (sanitize all toys on Monday night, deep clean bathroom on Tuesday, wash floors on Wednesday; etc.) An example of hours which could be documented: menu planning, cleaning child care space, writing the newsletter, calling families, organizing art materials. *This is not an exhaustive list.*

4. **Accurate Taxes:** The program completes timely and accurate tax documents. For a family child care Provider, the Consultant/Rater needs to see signed or electronically filed copies of all of the following:
   a. If the family child care Provider is a sole-proprietor or single-member LLC:
      - Copy of the Federal 1040 (including Schedule C)
   b. If the family child care Provider is a multi-member LLC:
      - Copy of last 4 quarterly 941's or 944's
      - Copy of last year's Federal Income Tax Return (Form 1065, Form 1120, Form 1120S or Form 990)
      - If they have employees: Copy of last year's State WT-7 OR W3 if they don't file WT-7 because the employees are exempt from paying taxes

**Accurate Taxes**

There are many different tax reports that child care programs need to file with the Federal and State Government. There are two categories of tax reports that you will need to verify that the child care program has filed. The first is payroll taxes if the program has employees. The second is income taxes. Income tax returns have confidential and sensitive information. The requirement is only to verify that the required income tax reports have been filed. Child care programs should blackout any social security numbers and amounts on the income tax returns. The payroll tax returns do not have sensitive data so there is no need to black out amounts on those returns.

**941/944:** There are Federal and State payroll tax reports that need to be filed. The Federal payroll taxes are reported on either Federal Form 941 or 944. These reports are filed quarterly. This return reports the amount of taxes withheld from employee's pay checks for Federal Tax, Social Security Tax and Medicare Tax. This return also includes the amount that the child care program owes for Social Security Tax and Medicare Tax. Verify that either the 941 or 944 has been filed for the previous quarter. If a program has been open for less than a year, they would need to show the 941/944s for the quarters they have been open. If the program is only open for a portion of the year, they would need to show 941/944s for the quarters of the year they are open.

**Federal Income Tax Return:** Which Federal income tax return filed depends upon the type of organization. Verify that one of these Federal Income Tax reports was filed for the previous year by looking at the signature page of the return. Confirm that it was signed and dated.

- A Partnership will file a Federal Form 1065
- A Limited Liability Company (LLC) will file either a Federal Form 1065 or 1120
- A Subchapter S or C Corporation will file a Federal Form 1120
- A Non-Profit Corporation will file a Federal Form 990.

**WT-7/WT-3:** If the program has employees, they need to file a WT-7 or WT-3. Most programs will have WT-7s. The amount withheld from employee's pay checks for State Tax is reported on the Wisconsin form WT-7 annually. Verify that the WT-7 was filed for the previous year. If the program has employees who are tax-exempt, they will file a WT-3 instead of or in addition to a WT-7.

**Tax Extensions:** If a program has filed for a tax extension for any one of the required tax forms and, because of this, cannot show the appropriate form, a copy of the extension along with the previous year's filing documents would be accepted for this point.

**Electronic Filing:** If a program files taxes electronically, a document that confirms electronic filing is required.

## Budget Definitions

**Actual Report of Income and Expenses:** A report of actual income and expenses that shows the same line-items as the budget, but with the real (not estimated) amounts in the document. This is often called an "Income Statement" or a "Profit and Loss Statement." Technical Consultant/Raters will make sure the budget is **not** a report of actual income and expenses, but an estimate of the year to come. The actual report of income and expenses of the previous year should be used by the program to inform budget planning for the coming year.
**Budget:** An annual operating budget is a line-item projection or estimate of income and expenses that the program will have for a 12-month period, either the calendar year or the program's fiscal year. The budget should reflect the business income/expenses as line-items separately from the owner's personal household income/expenses as line-items.
**Fixed vs. Variable:** Many budgets show the projected income and expenses as annual dollar amounts, separated into fixed and variable. Fixed income or expenses generally stay the same throughout the year. For example, the rent or house payment for the space used for the program is a fixed expense. Variable income or expenses change, and may increase or decrease depending on the number of children attending. Variable expenses can be budgeted by something other than a set yearly/monthly amount, such as a percentage of income or the cost per child. An example of a variable cost is food, which increases and decreases depending on enrollment. Tuition is an example of a variable income that increases or decreases as enrollment fluctuates.
**Line-Items:** Line-items are descriptions of income or expenses within a budget. For Providers who are at the 3 Star level, line-items may be general and broad. At the 4 and 5 Star level, Consultants should encourage Providers to get more detailed with the line-items they use in their budgets. There is no specific number and/or type of line-item required for this indicator outside the requirement for the QIP being present in one line-item. Line items used are decided by the program, based on their needs.

## What if a Program Doesn't Have a Budget?

- **If a new program opens and wants to create a budget**, the Provider can create a budget that includes current month (the month of the rating) and every month for the rest of the calendar year (Example: if it is August 2015, the starting month of the budget would be August 2015 and the ending month would be Dec 2015). The Consultant/Rater needs to see a projected budget for at least three months in advance. So, if it is October, November or December, the Provider will need to show budgets for the next three months, even if it goes into the next calendar year. In order to receive credit for "assessing the program's financial status" during this first budget period, the Provider would need to provide actual income and expense amounts for the months completed of the budget time span, current within a one month lapse. A budget must be created annually after the initial budget period is completed.

- **If an existing program would like to create a budget for the first time**, the Provider can create a budget which includes estimates of income and expenses for 6 months prior to the current month (the month of the rating) and 6 months forward, for a total of 12 months. In order to receive credit for "assessing the program's financial status" during this first budget period, the Provider would need to provide actual income and expense amounts for the first 6 months of the budgeted time span and use this to inform the second 6 months of their annual budget. A budget must be created annually after the initial budget period is completed.

- **If the program is currently using a budget**, the program must create a new annual budget each year. To satisfy the "yearly assessment of program financial status" the Provider must show that ACTUAL expenses/income for the past 12-month time frame informed the current annual budget.

**C.2.1 Ongoing yearly line-item budget, budget review, record-keeping and taxes**

Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/1

**All checkboxes below must be marked "Yes" to earn the point for this indicator.**

**Budget**

Does the program have a line-item budget for the current fiscal year?

☐ Yes ☐ No

Is there at least one line of the budget that reflects a goal from the Provider's Quality Improvement Plan?

☐ Yes ☐ No

Notes on budget: _____

_____

_____

**Budget Review**

Does the program have a report of actual income and expenses for the previous fiscal year that is used to inform the budget?

☐ Yes ☐ No

Can the program demonstrate at least one area where the actual income and/or expenses from the previous year informed the current annual budget?

☐ Yes ☐ No

Notes on budget review : _____

_____

_____

**Record-keeping**

Does the program track income received and expenses paid within a line-item budget or profit/loss statement?

☐ Yes ☐ No

Documentation provided: _____

_____

Does the program have a written record of the following?

☐ CACFP claims **(last 2 months submitted and in-progress claim would satisfy this)**

**OR**

☐ Providers not on CACFP must be able to provide records **(up to 3 months' worth)** documenting:

- menus
- meal/snack components (what was actually served if different from printed/posted menu)
- children served that meal/snack (programs not on CACFP will need to keep track of number of children served meal/snack to meet this requirement)
- date meal/snack was served
- time meal/snack was served (a meal "window" posted on a schedule is fine [i.e., LUNCH 11-11:30AM], as long as this is reasonably accurate to what is observed by Consultant/Rater.)

**NOTE:** if children bring all meals and snacks from home, this part of the indicator does not need to be verified.

Does the Provider track caregiving hours worked in the home?*

☐ Yes ☐ No

☐ Not Applicable: Provider does not live in the place where she/he provides care

Documentation provided: _____

_____

Does the Provider track business hours worked in the home?*

☐ Yes ☐ No

☐ Not Applicable: Provider does not live in the place where she/he provides care

Documentation provided: _____

_____

Notes on record keeping: _____
_____
_____

**Tax records**

Sole-Proprietor Family Child Care Provider or Single-Member LLC

Does the program have a signed or electronically filed copy of the most recent year's Federal 1040 (including Schedule C)?

☐ Yes ☐ No

Notes: _____
_____

Does the program have a signed or electronically filed copy of all of the following:

The last 4 quarterly 941's or 944's ☐ Yes ☐ No

Notes: _____
_____

Last year's Federal Income Tax Return (Form 1065, Form 1120, Form 1120S or Form 990) ☐ Yes ☐ No

Notes: _____
_____

If they have employees: Copy of last year's State WT-7 OR W3 if they don't file WT-7 because the employees are exempt from paying taxes.

☐ Yes ☐ No ☐ No employees

Notes: _____
_____

Comments/areas for future work on budget, budget review, taxes and/or record-keeping:

**C.2.2 Parent Handbook** **REQUIRED for 4 and 5 Stars**

**For 1 point**

Parent handbook must be written or typed and include policies around the following:

- **Vacation:** YoungStar does not outline the **content** of the policy, just that vacation is addressed.
- **Holidays:** YoungStar does not outline the **content** of the policy, just that holidays are addressed.
- **Provider time off:** Outlines the protocol for the Provider giving notice to families for time off.
- **Procedures for Provider sick days:** Outlines the protocol Provider will take when using a sick day.
- **Families' procedures for sick days:** Outlines protocol for families to follow if they need to utilize a sick day for their child enrolled in the program; includes Provider's expectations about picking up ill child.
- **Related family questions:** Outlines the procedures families should follow if they have questions about the program; the handbook may also provide answers for anticipated questions or address situations that have already come up (previous family questions) and now are a regular policy or procedure (for example, what happens if a family is late to pick up or pay tuition; how a Provider approaches toilet training; or who is responsible for payment for damages beyond normal wear and tear on materials or household furniture.)
- **Contracts with families for paid time off:** At this level, YoungStar does not specify **which** days off must be paid, only that the Provider has "5 days of paid time off." **Contracts are separate documents from handbooks,** though handbooks may further explain the paid time off. Contract must be signed and dated by Provider and financially responsible parties. It must be shown that the Provider keeps a copy with parent/guardian signature and that a copy is shared with parents for their records. One way

this can be shown is by having a Provider Copy and Parent/Guardian copy in the handbook packet. Providers can also have a written policy stating their procedure for keeping one copy and sharing the other with parents/guardians to meet this requirement.

The following language needs to be **in the contract:**

- Parent/Guardian acknowledgement of receiving, reading, and acknowledging handbook with parent/guardian initials or signature.
- The number of paid time off days per year the Provider is receiving with parent/guardian initials or signature.
- Location of page number within the handbook which explains where parents/guardians can read the 'time off' policy.
- Date of receiving this document

**NOTE:** Best practice would be if a Provider had a legally binding contract for this time off. However, at this time, this part of the indicator can be met if a Provider has a document signed by the family indicating the Provider will have paid time off during the year. For example, a Provider may have a page which 'pulls out' of their handbook, which families can sign stating that the family understands and has read the policies as the Provider has described them in the handbook.

**C.2.2 Parent handbook**

Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/1

Provider has a parent handbook that covers the following policies:

☐ Vacation Page: _____ ☐ Holidays Page: _____
☐ Provider paid time off Page: _____
☐ Procedures for Provider sick days Page: _____
☐ Families' procedures for sick days Page: _____
☐ Related family questions Page: _____

Provider has contract with families for paid time off ☐ Yes ☐ No

Comments/areas for future work on overall parent handbook:

**C.2.3 Written Policies to Reduce Risk/Program Financial Planning REQUIRED for 5 Stars For 1 point**

Program has written policies that reduce risks including posted information about emergency drills, emergency contact numbers and insurance coverage for various risks of doing business in a home setting. Priorities, budget and program planning are intentional and in-line with the program budget; procedures are in place for timely review of budget, and long term fiscal records are maintained and demonstrate sound financial planning. This quality indicator is based upon information in the Business Administration Scale.

Policies to Reduce Risk

**Program policies to reduce risk must be written or typed and must address at least two of the following:**

- Documentation of policies and procedures are in place that ensure the child care home and child care property are safe and free of hazards, including unobstructed access to fire extinguisher and working smoke alarms on each level of the home, and policies and procedures that minimize the spread of contagious disease (including universal precautions).

- Field trip parental authorization release forms are completed for each child participating in the program for each planned field trip, including **weekly** activities such as swimming or other reoccurring lessons, and whenever transportation services are used.
- Program policies in handbook or other documented material shared with families that clearly indicate that if a person who is suspected to be under the influence of alcohol or drugs (who is otherwise authorized to pick up the children) attempts to pick up the children, the Provider will suggest that the person not take the children and, if the suggestion is not followed, the Provider will call the local law enforcement authorities.
- Program policies in handbook or other documentation that discourages the release of children to any person who does not have an appropriate car seat or seat belt to transport children. If a Provider observes this behavior, they should use community resources to educate the families about proper car restraints for children. If the behavior continues, Provider should contact the local child welfare office.
- Emergency procedures are in place around fire, severe weather, natural disasters or power loss.
- Procedures for reducing the risk that a child is abused or neglected at the program (yearly training, written policies documenting Provider actions if they suspect abuse, mandated reporter procedures, etc.)

**Program must post emergency drill records, drill routes for the past year and local emergency services contact information**. "Posted" means it must be easily visible to a visitor, not posted in a non-child care room or place where a visitor would not have easy access to seeing it. Having these inside a cupboard that is unlocked is acceptable as long as families are informed of the location upon enrollment.

**Program must have liability insurance to provide coverage for accidents and lawsuits**. Consultant/Rater must see copy of policy to verify this.

Program Financial Planning

**Program planning is intentional and in-line with the program budget.** Provider's identified priorities are present **and** financially supported in budget. (Examples: Provider writes in handbook: "We believe sustainable food is important" and Provider then budgets additional money for organic food; Provider has identified improving outdoor play space in her QIP and then budgets money to support that plan; or lesson plans include field trips funded by program and budget has line item budgeted for field trips.)

**Program has procedures for a review of the budget every six months.** In addition to the annual review (once every 12 months) in indicator C.2.1, "timely" review for this indicator includes a review at the half-way point of the program's fiscal year (i.e. 6 months), which would allow for more accurate financial awareness. Line items needed to support identified priorities must be present. The review process is defined as comparing **actual** income and expenses to **budgeted** projections.

**Long term fiscal records are maintained.** These records would include receipts for business purchases, credit and debit card monthly statements, bank statements, bank deposit slips, calendar notations (showing hours worked or business trips), child attendance records, mileage records, photographs, records indicating how many hours you used your home for business, and so on. At least three of these, but not all of them, must be available for review.

IRS does not describe *how* records must be maintained, just that they are. Best practice: records are organized by year. Can be in long-term storage, but the **Provider must have access to the current year and previous year for the review window**. IRS recommends keeping fiscal records for 7 years (standard) plus 3 years (audit period extension) to equal 10 years total; tax returns (both state and federal) are to be kept forever.

**Program demonstrates sound financial planning.** This indicator can be satisfied by meeting two of five practices listed below. In reviewing tax forms, please follow proper YoungStar tax form protocol.

- Shows a profit three of last five years (if in business for at least five years); amount of profit not specified or important. Profit or loss is shown on 1040, line 12 or Schedule C (Profit of Loss From Business), line 31.
- Provider claims at least three expenses for the business on tax form 1040 Schedule C, lines 8-27.
- Within the past three years of operation, the Provider has increased at least one type of child care fee. Fees include private pay weekly/hourly price, registration fee, late payment fees, materials fee, etc. Establishing a new fee would earn credit here as "increased a fee."
- A qualified tax preparer is consulted with **yearly** to assure taxes are paid as required and reporting requirements are met. "Consults with" does not require that Provider's taxes are prepared by or filed by qualified tax preparer.
- Two written policies (or documented practices) to ensure adequate income is being earned; please write the policies found in gray box below:
    - Charging Insufficient Funds fee if a check is bounced
    - Requiring families to pay in cash after bounced checks; number of bounced checks which would trigger cash-only payment specified by Provider
    - Charging a late payment fee if family pays after tuition is due
    - Policy which requires payment before care is provided
    - Policy which links lack of timely payment with refusal of care for child until payment made
    - Policy which links lack of timely tuition payment with termination
    - Tuition or fees owed is reported to families on an official form on a timely basis
    - Provider has clear policies and procedures on good accounting and record keeping practice, which includes but not limited to:
        - Timely notification to parents when payment for service is due;
        - Indicate paid amount and outstanding balance on invoice;
        - Provide itemized receipt of payment associated with the period of care for the child(ren) and any out of pocket payment, if applicable.
    - Provider has clear policies on what is included in their services and communicates such policies to parents. For example, the child care service does not include registration fees, field trip fees, or miscellaneous expenses such as diapers, wipes, etc.
    - Late or missing tuition or fees and repayment plans are identified
    - Families are given the option of directly depositing payments electronically
    -

| **C.2.3 Policies to reduce risk** | |
|---|---|
| Indicator Met: ☐ Yes ☐ Not Met | Point(s) Earned: _____/1 |
| Program has at least two policies to reduce risk (see list on page 42). Note policy and page<br>1. _____<br>2. _____<br>Does the program have emergency numbers posted?<br>Location: _____<br><br>Does the program have emergency drill records posted?<br>Location: _____<br><br>Does the program have liability insurance?<br>☐ Yes Verified through: _____<br>☐ No<br><br>Is intentional planning reflected in budget priorities? | |

☐ Yes Verified through: _____
☐ No

Does the program have procedures for a review of the budget **every six months**?
☐ Yes Verified through: _____
☐ No

Does the program maintain long-term fiscal records?
☐ Yes Verified through: _____
☐ No

Does the program demonstrate sound financial planning? This can be demonstrated through use of two of the five policies list on page 42. Consultants and Rating Observers can use their judgment if additional policies qualify for this point.
☐ Yes Policy 1: _____
Policy 2: _____
☐ No
Comments/areas for future work on policies to reduce risk:

**Total points earned for Indicator C.2.1-3 _____/3**

## Business and Professional Practices: OPTIONAL Points

**QUALITY INDICATOR**
C.3.1-5 Professional Development

**POINTS AVAILABLE: 1**

**C.3.1-5: Professional development**
**1 point is awarded if TWO or more of the following practices are evident**

- C.3.1—Provider has a Professional Development Plan (PDP) created that identifies annual goals: The PDP must be written or typed and must include Provider's professional development, not just program development. This could include participation in T.E.A.C.H. or access to other funds to support completion of education or training. Goals identified must be able to be accomplished in 12 months (i.e., "Earn Associate's degree" would not likely be an annual goal, unless Provider is almost finished with program. "Earn 6 credits" may be more likely an annual goal.) **NOTE:** Provider's long term goals may be documented on the QIP but then the Provider must also document *annual* goals.
- C.3.2—Written copy of policies and procedures (including job descriptions) for employees, substitute teachers and/or volunteers : Written policies and procedures must include:
    - A written job description is available for all teaching staff
    - A written process for hiring and/or volunteering is available
    - Written personnel policies are available
    - Written program policies are available to employees/volunteers
- C.3.3—Provider and staff (if applicable), program board and advisory committee (if applicable), and families are able to access accurate and timely information on program finances: Provider can produce the following accurate and timely information about their finances when requested by the following persons/entities:
    - **Board and/or Advisory Committee:** Any financial information asked for from the Board/Advisory Committee including but not limited to an accurate and timely budget; tax records; insurance payments and claims for staff and Provider; and receipts for purchases of materials or services for the program.

- **Provider:** Any financial information that the employee's job description necessitates which may include but not be limited to budget; payroll; insurance payments and claims; worker compensation; and staff salaries. (This indicator will require some discretion from the Consultant/Rater as the information necessary for this person to do their job will change depending on the person's job description.)

- **Assistant Provider or other staff member:** Information including but not limited to the staff member's own payroll; insurance (if applicable) (staff may want to verify they the employer's portion of the insurance has been paid); worker's compensation (if applicable); and employer contributions toward professional development (if applicable).

- **Families:** Information regarding any financial transactions or agreements between the Provider and the family including but not limited to payment receipts; child care subsidy (Wisconsin Shares) payment receipts (if applicable); and written agreements about payment to Provider for time off for Provider or sick days for children (if applicable).

- C.3.4—Provider has active membership in a professional association focused on Early Childhood Education (ECE) or School-Age care: The Provider plays an active role in a professional ECE or School-Age association. The purpose of this indicator is for Providers to show their commitment to the field of early childhood beyond program-based responsibilities. This may include service or leadership in an early childhood professional organization similar to what is listed in the evaluation criteria. The ideal is to strengthen and to promote cooperation among professionals and agencies and interdisciplinary collaboration among professions concerned with addressing issues of well-being of young children, accessibility to high-quality programs, their families, and educators. Proof of membership can be membership cards, letters and/or invoices with dates of membership. Active membership means that they are current members who attend two meetings per year: either regular meeting of the association or of committees/groups/teams per year (in person or by phone or web conference). Meeting schedules, agendas, notes/minutes of the meetings will provide proof of active participation. ECE and school-age associations may include:
    - Associations may include Black Child Development Institute (BCDI)
    - National Association for the Education of Young Children (NAEYC)
    - Wisconsin Early Childhood Association (WECA)
    - Local Area Early Childhood for the Education of Young Children (AEYC)
    - National Association for Child Care Professionals (NACCP)
    - North American Montessori Teachers Association (NAMTA)
    - Wisconsin Child Care Administrator's Association (WCCAA)
    - Wisconsin Afterschool Association (WAA) or the National Afterschool Association (NAA)

  If the Provider belongs to more than one organization and attend a total of two meetings across multiple organizations (for example: 1 WFCCA meeting and 1 Local AEYC meeting) per year, this would meet the requirement for this indicator.

  Other organizations may be approved upon DCF review. If Providers would like to submit their organization for consideration, they should contact their Technical Consultant or complete the **Application for an Organization to be recognized as a Professional Association by YoungStar** which is available online at: https://dcf.wisconsin.gov/files/youngstar/pdf/recognizedorganizationapp.pdf

- C.3.5—Access to professional development materials on-site: The program has at least 10 books, CD's, electronic/online resources and/or other PD materials on-site that are available to Provider/staff on a variety of topics.

## C.3 Professional development

Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/1

At least two Indicators in C.3 must be verified to earn this point. Place a checkmark in the boxes that correspond to the Indicators that were verified.

☐ **C.3.1 Provider has Professional Development Plan**

*Twelve-month goals of Professional Development Plan (list up to three):*

1. _____
2. _____
3. _____

☐ **C.3.2 Provider has written copy of employment policies and procedures**

☐ **C.3.3 Proper entities have access to appropriate financial information as outline above**

☐ **Board and/or Advisory Committee:**

How was this verified?

_____

_____

☐ **Provider:**

How was this verified? _____

_____

☐ **Assistant Teacher or other staff member:**

How was this verified? _____

_____

☐ **Families:**

How was this verified? _____

_____

Notes on C.3.3: _____

_____

_____

☐ **C.3.4 Membership in a professional association**

Does the Provider belong to an Early Childhood or School-Age professional association?

☐ Yes ☐ No

If Yes, which association(s)? _____

How did the Consultant/Rater verify that the Provider is a member? (invoice, membership card, letter, etc.)

_____

How did the Consultant/Rater verify that the Provider is an active member? (meeting notes, agendas, etc.)

_____

☐ **C.3.5 Professional development materials**

Does the program have at least 10 books, DVD's, current magazines **(within the last 12 months)**, CD's electronic/online resources, and/or other professional development material available to Provider/staff?

☐ Yes ☐ No

If Yes, what is available? _____

_____

_____

Notes on professional development materials: _____

_____

_____

Comments/areas for future work on overall professional development:

**Total points earned for Indicator C.3.1-5 _____/1**

**QUALITY INDICATOR**
C.4.1-4 Provider Benefits

**POINTS AVAILABLE: 1**

**C.4.1-3: Provider benefits**

**1 point is awarded if TWO or more of the following practices are evident**

- **C.4.1—Provider has health insurance for self and dependent children:** Documentation must be provided that demonstrates *current* access to health insurance and *previous* access demonstrated **from past 12 months**. Family Providers may be enrolled in BadgerCare or BadgerCare Plus and must provide same documentation. Badger Care sends verification letters when participants are renewed, so current access could be documented if they are on BadgerCare longer than 12 months.

  Verification beyond an insurance card is needed unless the insurance card has an expiration date on it. Technical Consultants and Rating Observers are not to call the insurance company to verify.

  Documentation could include proof of payment of either premium or co-payment. This can be achieved by seeing and of the following from approximately 12 months ago and one from the most recent months:

  1) A payroll stub or electronic stub with an insurance contribution from 12 months ago AND from the most recent pay period (all other information can be blocked if the Provider wants)
  2) An explanation of benefits (EOB) from a doctor/insurance co-pay showing what was paid by insurance (any other information can be blocked off) from 12 months ago AND from the most recent pay period
  3) A bill from a doctor showing that the child care Provider paid a co-payment (this would indicate insurance covered the rest) from 12 months ago AND from the most recent pay period
  4) A profit and loss statement showing expenditures for health insurance
  5) A letter from the insurance company verifying the coverage for the past 12 months and forward.

  **NOTE:** The Provider can mix and match the proof in numbers 1, 2 and 3 to demonstrate this quality indicator. For example, the provider could show a payroll stub from 12 months ago and a bill from a doctor showing a co-payment from last month. Also, supplemental insurance such as Aflac is NOT an acceptable health or life insurance benefit for the YoungStar criteria.

  ***Any medical information on these forms of documentation such as diagnosis codes, etc. may be blacked out.***

- **C.4.2—Provider contracts with families to have a minimum of 10 days off per year, 5 of these being paid:** These days can be a mix of holidays, sick leave, personal days, professional development days, etc. These 10 days are a requirement for the Provider only; 10 days are **not** required for each staff person. Days may be considered paid if the amount paid per month remains constant, even if the Provider is closed (i.e., holiday, personal day, or professional development day, etc.) – this payment structure must be reflected in the contract for the current contract year (i.e., this must be explained to families). Language needs to be in the contract to indicate the Provider will take 10 days off per year and be paid for 5 of the days off. Contract must be signed by Provider and financially responsible parties. To receive credit for this indicator, a provider can update their policy mid-year and make it effective for all new families. Existing families would be required to complete a new contract at the end of their existing contract year.

- **C.4.3—Provider has contributed to a retirement plan during the past year:** Contribution must be made in the Provider's name; contributions to a spouse's plan would not earn credit for this indicator but if the plan is in both the Provider and the spouse's name, this would be acceptable. Contribution must be made to a formal retirement plan – a savings account or "rainy day fund" would not suffice.

Documentation could include: (mark documentation verified; only **one** needed)

- **Statement from retirement plan/financial planning agency** must show date of deposit. The amount can be blacked out.
- **Print out from computer documenting online contribution** must show date of deposit. The amount can be blacked out.
- **Bank statement containing transaction** must show name of retirement plan/ financial planning agency and date of payment. The amount can be blacked out.
- **A profit and loss statement** showing expenditures for retirement plan.

**C.4 Provider benefits**

Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/1

At least two Indicators in C.4 must be verified to earn this point. Place a checkmark in the boxes that correspond to the Indicators that were verified.

☐ **C.4.1 Access to health insurance for Provider and dependent children**

*Does the Provider have health insurance for self and dependent children?*

*Verified through seeing one of the following from approximately 12 months ago and one from the most recent months:*

- ☐ A payroll stub or electronic stub with an insurance contribution (all other information can be blocked if the Provider wants);
- ☐ An explanation of benefits from a doctor/insurance co-pay showing what was paid by insurance;
- ☐ A bill from a doctor showing that the child care Provider paid a co-payment (this would indicate insurance covered the rest).
- ☐ A profit and loss statement

OR

- ☐ A letter from the insurance company verifying the coverage for the past 12 months and forward.

☐ **C.4.2 Contract with families for 10 days off per year, 5 of the 10 are paid**

*Verified through (parent handbook, letter, etc.):* _____

_____

_____

☐ **C.4.3 Provider has contributed to retirement plan in last 12 months**

*Verified through (financial statement, print out, bank statement, profit/loss statement):*

_____

_____

_____

Comments/areas for future work on overall Provider benefits:

**Total points earned for Indicator C.4.1-3 _____/1**

## QUALITY INDICATOR

C.5.1-5 Family Engagement

**POINTS AVAILABLE: 1 or 2**

**REQUIRED for 3, 4 and 5 Stars**

Programs are required to earn at least one point for 3 Stars and two points to earn a 4 or 5 Star rating.

Because families are a child's first and most important teachers, it is essential for child care programs to have a vested interest in connecting with the families of the children that attend their program on a number of different levels. Understanding how to effectively engage families is an essential piece to building meaningful relationships.

The family engagement criteria consist of five categories with at least three activities in each category. Within each of these five categories there are two tiers; Tier A and Tier B. The five categories are:

1. Transition
2. Family involvement (engagement)
3. Family communication strategies
4. Family support strategies
5. Family/community connection strategies.

**For 1 point**

To earn one point, programs must provide documentation of meeting the requirements of five activities from either tier in at least two separate categories.

For example, a program could earn one point for completing any of the following:

- two activities in the Family Involvement category and three activities in the Transition category, **or**
- the program could earn the point by completing three activities in Tier A in the Transitions category and two activities in Tier B in the Family Communication Strategies category.

**For 2 points**

To earn two points, programs must provide documentation of meeting the requirements of ten activities in at least three separate categories. At least five of the ten activities need to be at the Tier B level.

For example, a program would earn two points if they completed all of the following:

- Three activities in the Family Involvement category in Tier A
- Two activities in the Transitions category in Tier A, and
- Five activities in the Family Support Strategies category in Tier B

| Points Available | Activities | Categories | Tier Level |
|---|---|---|---|
| 1 | 5 | 2 | Tier A or B |
| 2 | 10 | 3 | At least 5 activities **must** be from Tier B |

**NOTE:** Verification periods are stated as 12 months. If a program operates for less than 12 months, the requirements are pro-rated.

## Transition

Transition is an ongoing process to ensure that children and families have appropriate information and support whenever there is a change in their child's placement. Transition activities may occur when children enter a child care program, or go to another program or on to kindergarten. To ensure a smooth transition of information between current and future placements, family involvement will be encouraged throughout the process, as the families are the primary advocates for their children.[9]

| C.5.1 | Transition: Tier A | | |
|---|---|---|---|
| | **Activity** | **Example** | **Verification** |
| a.1 ☐ | The program has a written policy that describes what the program does to support **children** and families during individual daily | The Family CC has a written policy that describes what the program does to support children and families during daily activities and transitions over a period of time. Daily activities could include: | The policy is available for verification by the Rater. Page #_____ |

[9] This paragraph is from the Lane County Head Start Policy and Procedure manual on transitions (1304.41 (c) (3) https://www.hsolc.org/node/1443.

| | | | |
|---|---|---|---|
| | activity transitions **within** the program. | naptime, lunch/snack, or specific "fun" activity. | |
| a.2 ☐ | The program has a written policy stating that the program will transfer any child's record to the new setting at the family's request and with the family's written consent. | The program will transfer any child's records to a new setting upon request with consent from the family to the new setting. | The policy is available for verification by the Rater.<br>Page #_____ |
| a.3 ☐ | The program has a written policy encouraging the opportunity for the child and family to visit the program prior to regular attendance. | The program encourages children and families to visit the program prior to regular attendance and during attendance. | The policy is available for verification by the Rater.<br>Page #_____ |
| a.4 ☐ | The program has a written policy stating that primary caregiving is provided by one or two consistent staff members who lead the group every day AND can provide one other piece of evidence. | The program has a written policy stating that they believe it is best for children that they remain with the same consistent provider throughout the year. Examples of evidence could be a teacher's schedule, time sheets (if program specific), or a bulletin board. | The policy **AND** at least one other form of documentation are available for verification by the Rater.<br>Page #_____ |
| a.5 ☐ | The program has a written policy stating they have intentional, age-appropriate activities for children to prepare them for the transition to a new setting or educational setting over the course of at least three months. | **Example**: When moving to a new educational setting: The children receive information, registration support, and visits during 4K "open house" in the fall. The children attend Child Development Days with the school district each spring. | The program provides the Rater with documentation of a policy showing that the program is planning for/preparing for the transition process three months prior to the transition occurring.<br>Page #_____ |

| **C.5.1** | **Transition: Tier B** | | |
|---|---|---|---|
| | **Activity** | **Example** | **Verification** |
| b.1 ☐ | The program has a written policy and provides documentation of children remaining with the same provider for at least | The Family CC designs their program around continuity of care.<br>Evidence would be 12 months of attendance sheets, individual child assessments, anecdotal notes, or portfolio | The policy **AND** at least one other form of documentation are available for verification by the Rater.<br>Page #_____<br><br>The documentation provided must be for all |

| | | | |
|---|---|---|---|
| | 12 months. This supports looping/continuity of care for young children in child care. | entries. | children in regular attendance. |
| b.2 ☐ | The program provides documentation of following the program's transitioning policies and procedures and provides evidence that demonstrates how the program transitioned **specific children** within the program. | Example: The program has a note in Billy's portfolio that says Billy loves a tractor and that he plays with it every day. The note says that when Billy went from the Teddy Bear room to the Tiger room, the tractor transitioned with him. Parents were informed of the process for Billy ahead of time. Follow up review was done after 1 week in new environment. | The program will provide the Rater with three pieces of documentation that the program has followed its policy on transitions for at least two children in the last year. If the program has not experienced any transitions in the last year, the Rater can look back up to 24 months. If no transitions occurred within the last 24 months, the program is not eligible for this option.<br><br>The documentation **MUST** be child specific activities to accommodate each child's personality and needs.<br><br>Child 1 documentation:<br>1._____<br>2._____<br>3._____<br><br>Child 2 documentation:<br>1._____<br>2._____<br>3._____ |
| b.3 ☐ | The program provides documents of a "face to face" meeting with all families during the first 45 days of <u>transitioning into</u> the program. | The program has signed documentation by both program staff (teacher, director or administrator) and one person from the family. | The program will provide the Rater with one piece of documentation that the meeting occurred for at least half of children entering the program for the first time within the last year. If the program has not experienced any transitions in the last year, the Rater can look back up to 24 months. If no transitions occurred within the last 24 months, the program is not eligible for this option.<br>If a family refuses to meet, a signed refusal form is acceptable.<br>Documentation provided:_____<br><br>Waivers: Yes No How Many? ____ |

| | | | |
|---|---|---|---|
| b.4 ☐ | The program meets with and supports all children and their families transitioning out of the program including when children transition to another educational setting. | The program has signed documentation by both provider and one person from the family.<br><br>Example: The meeting could take place during an exit interview or parent/teacher conferences (face to face). | The program will provide the Rater with one piece of documentation that the meeting occurred for at least two children within the last 12 months.<br>If a family refuses to meet, a signed refusal form is acceptable.<br><br>Child 1 documentation:<br>_____<br>Child 2 documentation:<br>_____ |
| b.5 ☐ | The program has a policy describing a system in which a new family is paired with a more experienced family to help the new family engage in the child care program and larger community setting. | Evidence would be a letter describing the match between two families, a volunteer sign-up buddy sheet, bulletin board, pictures of events, entries in the child's file, newsletter article, or the program acknowledges the partnerships among families with an end of the year celebration. | The policy **AND** at least one other piece of documentation that the policy was followed for at least two families within the last 12 months is available for the Rater to verify.<br><br>Any documentation/evidence of a mutual agreement between families.<br>Page #_____<br><br>Documentation/evidence of a mutual agreement between families:<br>_____ |

## Family Involvement and Engagement

Family Involvement is the participation of families in the systems and activities of the program in ways that support them as the primary educators, nurturers and advocates for individual children and for all children enrolled in the program. Family involvement refers to opportunities for family participation in a variety of program activities that support child and adult development, including policy and program decision making.

Family Engagement is ongoing, goal-directed relationships between staff and families that are mutual, culturally responsive, and that support what is best for children and families both individually and collectively. Staff and families share responsibility for the learning and development of children, the progress toward outcomes for children and families, and for parent involvement in the program.

| **C.5.2** | **Family Involvement/Engagement: Tier A** | | |
|---|---|---|---|
| | **Activity** | **Example** | **Verification** |
| a.1 ☐ | The program has a family handbook that describes the program's mission statement, educational philosophy, and expectations for families. | | The handbook is available for verification by the Rater and has each of the following elements:<br>Mission Statement: Page #_____<br>Educational Philosophy: Page #_____<br>Expectations for Families: Page # _____ |
| a.2 ☐ | The program has at least three different types of opportunities for | Evidence could be sign-up sheets, event flyers, pictures of the event, or non-profit donation letter. | The program will provide the Rater with documentation that the program has participated in at least three types of activities within the last 12 months. |

| | | | |
|---|---|---|---|
| | families to participate in the child care program per year (helpers, field trips, donated items, family functions). | | 1. _____<br>2. _____<br>3. _____ |
| a.3 ☐ | The program provides information monthly to families about child development, parenting or adult self-improvement conferences, workshops or trainings through bulletin boards, newsletters, brochures, social media, etc. | Evidence could be: Handouts, flyers, brochures or a reading list. | The program will provide the Rater with documentation that information has been shared monthly for the three months prior to the verification.<br><br>1. _____<br>2. _____<br>3. _____ |
| a.4 ☐ | The program has at least three pictures, three books, and three learning materials that reflect diversity accessible to children. Each of the following diversity categories must be represented at least once: race, abilities, age, culture and gender in non-stereotyping roles. | The program will provide evidence of the items and categories represented.<br><br>Evidence could be posters, books in programs, dolls, pictures, skin tone paints or crayons, block people, or pictures on puzzles. | The Rater can visibly observe three pictures, three books and three other learning materials from any of the categories, for every child in regular attendance. |

| **C.5.2** | **Family Involvement/Engagement: Tier B** | | |
|---|---|---|---|
| | **Activity** | **Example** | **Verification** |
| b.1 ☐ | The program hosts at least two annual group activities for enrolled families. The activities should be intentional and developmentally appropriate for children. | Evidence could be invitations, flyers, photographs of the activities, or a newsletter article. Examples of activities could include gallery walk in child care, winter literacy carnival, or a healthy kids day where the activities are developmentally appropriate for the children. | The program will provide the Rater with documentation that at least two activities were offered to families in the last 12 months. (C.5.5)<br><br>1. _____<br><br>2. _____ |
| b.2 ☐ | The program provides and encourages at least | Evidence could be a flyer or invitation and sign-in sheet from a parent learning night, | The program will provide the Rater with documentation of at least two educational opportunities offered in the last 12 months. |

| | | | |
|---|---|---|---|
| | two educational opportunities for families per year (child development, parenting, health and wellness curriculum, early literacy, Early Learning Standards). | a book club, or teacher-led learning activities. | 1. _____<br><br>2. _____ |
| b.3 ☐ | The program hosts and provides documentation of at least two activities per year that incorporate the cultures of both the enrolled families and the local or global community per year. | Evidence could be invitations to the event or interview of provider on how it relates to their enrolled families. | The program will provide the Rater with documentation of at least two of the activities offered in the last 12 months.<br><br>1. _____<br><br>2. _____ |
| b.4 ☐ | The program has documentation of activities that includes diversity as a regular part of daily routines and play activities (ethnic foods for meals/snacks; music and songs from different cultures). The program should also encourage families to share family customs with children. | Evidence could be menu items specific to ethnicity, music diversity, or some teacher/director interview. | The program will provide the Rater with at least three pieces of evidence from activities that occurred in the last 12 months that incorporated diversity as a regular part of daily activities.<br><br>1. _____<br>2. _____<br>3. _____ |

## Family Communication Strategies

Family Communication Strategies are the foundation to begin building meaningful relationships with the families that attend child care programs. One of the easiest ways to avoid miscommunication, support families, and eliminate negative biases is to know how to effectively communicate with families.

| **C.5.3** | **Family Communication Strategies: Tier A** | | |
|---|---|---|---|
| | **Activity** | **Example** | **Verification** |
| a.1 ☐ | The program uses a communication system that uses families' preferred method of communication. | An example of evidence could be a question on the intake form on the family's communication preference: text message, phone call, in writing or email. | The program provides the Rater with documentation of the preferred communication means of at least five families for group centers and half of the families enrolled for family programs.<br><br>Documentation<br>_____ |

| | | | |
|---|---|---|---|
| a.2 ☐ | The program has a written policy that is available to families that details the program's philosophy. The materials for families are provided in their native language or resources are made available to families so that they can understand the materials. If materials in another language are not provided, program will have a written policy stating how materials and resources will be made available to families. | The Family CC philosophy, materials and resources in another language are not available. However, Family CC program's policy indicates how or where the resources will be provided to families who speak other languages. | This is verified through the program having a written policy stating how materials and resources will be provided to families who speak other languages (C.1.5).<br><br>Program Philosophy<br>Where _____<br>Page # _____<br><br>Resources:<br>_____<br>_____ |
| a.3 ☐ | The program offers at least two family conferences per year for all children in regular attendance that have been enrolled for at least 12 months. The program should provide documentation of at least two conferences per year including dated agendas and additional notes from the meeting for each child. Additional parent conferences are available by request or as needed. | | The program will provide the Rater with documentation of two dated conference agendas with any additional notes from the meeting for half the children in regular attendance, for last 12 months. (C.5.3)<br><br>Sign-up sheet or notes on calendar/ planner is not enough to show that the meeting actually occurred; only that it was planned.<br><br>If a family refuses to meet, a signed refusal form is acceptable.<br><br>Conference 1 Documentation:<br>_____<br><br>Conference 2 Documentation:<br>_____ |
| a.4 ☐ | When an assessment tool for a child is completed, the program communicates the information with the family. | Evidence could be the assessment, meeting notes, plan of action, or next steps. | The program will provide the Rater with the completed assessment, and documentation of the meeting with the families for half of the children in regular attendance.<br><br>If a family refuses to meet, a signed refusal form is acceptable.<br>Documentation provided:<br>_____ |

| | | | |
|---|---|---|---|
| a.5 ☐ | The program intentionally interacts daily with each child's family about individual child's day-to-day activities. The program has documentation of at least three types of communication with families on their individual child's activities, development and progress. | Evidence could be day to day communication forms, emailing photos and videos, text messages, sharing a daily activity log, and other non-traditional ways. | The program will provide the Rater with documentation of at least three types of communication in the last 12 months. The communication must be specific to the child (C.5.6).<br><br>1. _____<br>2. _____<br>3. _____ |
| a.6 ☐ | The program has documentation of frequent, on-going communication between staff and families. For this indicator, the program should ensure general information about the program is communicated to families. Three types of communication from the last 12 months must be documented. | This could be changes at the center, changes in staffing, changes in procedures, new things happening, or family events upcoming -- the large picture of the culture at the center.<br>Evidence could be notes, emails, listserv, and social media specific for that program, newsletters, phone call logs, text messages and logs of face-to-face conversations. | The program will provide the Rater with documentation of at least three types of communication methods in the last 12 months (C.5.4).<br><br>1. _____<br>2. _____<br>3. _____ |

| **C.5.3** | **Family Communication Strategies: Tier B** | | |
|---|---|---|---|
| | **Activity** | **Examples** | **Verification** |
| b.1 ☐ | The program has a written policy available to families explaining how their input on program policies and procedures will be gathered. Families are given the opportunity to participate in advisory committee, board membership or other committees. | The program collects input from families could be through surveys, suggestion box or parent meetings. | The program will provide the Rater with the policy for verification.<br><br>Documentation<br>_____<br><br>Policy Page# _____<br><br>**NOTE:** If the program uses family surveys and has a process for using the results of the survey to inform their practice, and notify families about the changes made as a result of the surveys, the program can earn the credit for this indicator. Family surveys alone (without follow up) do not meet this requirement. If changes to programming or policies were made as a result of a survey and that change can be documented and verified, that |

| | | | |
|---|---|---|---|
| | | | would meet the intent of this indicator (C.5.2). |
| b.2 ☐ | When developmental screening is completed, by both the family and the provider and findings are discussed with the families. | Evidence could be the results of the developmental screening, meeting notes, plan of action, or next steps.<br><br>A screener could be completed by another professional and the results shared with program.<br>If the family has an alternative screener the program MUST use identical screener during the family discussion. | The program will provide the Rater with at least one completed screening tool and documentation of the meeting with the families for 50% of the children in regular attendance, for the last 12 months.<br><br>If a family refuses to meet, a signed refusal form is acceptable.<br><br>Documentation Provided:<br>_____<br>_____ |
| b.3 ☐ | The program provides at least two opportunities per year to engage fathers/male role models in a variety of ways to support these roles. Activities may include: leadership opportunities, volunteering, etc. to connect with their child at various ages and stages of development | Evidence could be flyers, sign-up sheets, or pictures of activities or events. | The program provides the Rater with documentation of at least two father /male role model specific engagement activities from the last 12 months.<br><br>1. _____<br><br>2. _____ |

**Family Support Strategies**

Families that receive support in areas of need, especially during challenging time which allows for the family to interact with their children in a way that enhances their physical, emotional, social, and educational development.

| **C.5.4** | **Family Support Strategies: Tier A** | | |
|---|---|---|---|
| | **Activity** | **Example** | **Verification** |
| a.1 ☐ | The program has a written policy that acknowledges families' cultures and values the family's rights to make decisions for their children, and outlines the programs method of gathering information about families. | Examples of how the program gathers information could be regular communication documented in the child's daily activities log, intake form, or a survey.<br><br>The policy could include: information about routine care items, feeding, sleeping, and toileting. | The policy is available for verification by the Rater.<br>Page #_____ |

| | | | |
|---|---|---|---|
| a.2 ☐ | The program provides families **quarterly** with child-specific, home-based activities, and ideas based on child's talents and opportunities for growth for every child in regular attendance. | Evidence could be tool kits, reading lists, letter to the families, literacy bag or take home bags that are specific to the individual child (activities around literacy, math, science, or physical activity). | The program provides the Rater with documentation of three activities provided to the families in the last 12 months for 50% the children in regular attendance.<br><br>1. _____<br>2. _____<br>3. _____ |
| a.3 ☐ | The program has a **dual purpose space** where staff and families can meet. | An example of the policy could be that the program reserves a time to speak to the family at the family's request or as needed.<br><br>An example of a dual-purpose space could be a both as staff resource room and be utilized for family conversations or could be used as a mother's room to support breastfeeding mothers. A restroom wound not count for dual-purpose. | The Rater can visibly observe this within the program or view the written policy in the family handbook.<br><br>Policy: _____<br>or<br>Observation: _____ |
| a.4 ☐ | The program supports families in contributing to a newsletter, parent discussion board, Facebook page that is specific to that child care program that is disseminated to families and staff of the program. | An example of evidence could be an article in the program's newsletter written by a family member.<br><br>Examples of family contributions could be recipes, arts and craft ideas, or community events and activities. | The program provides the Rater with documentation of families contributing to the program's newsletter, discussion board, Facebook page or some similar method of mass communication.<br><br>How documented:<br>_____<br>_____ |
| a.5 ☐ | The program provides the families with at least two pieces of information about health and safety per year. This could include information around practices on SIDS reduction, breastfeeding, Shaken Baby Syndrome, Active Early, Healthy Bites, etc. | This could include information around practices on SIDS reduction, breastfeeding, Shaken Baby Syndrome, Active Early, Healthy Bites, information about product recalls, etc.<br><br>Evidence could be brochures, flyers, magazine articles, posters, newsletter articles, or Healthy Bites home edition. | The program provides the Rater with two pieces of documentation on health and safety in the last 12 months.<br><br>1. _____<br>2. _____ |

| C.5.4 | Family Support Strategies: Tier B | | |
|---|---|---|---|
| | **Activity** | **Example** | **Verification** |
| b.1 ☐ | The program provides families **monthly** with child-specific, home-based activities, based upon the individual child's talents and opportunities for growth for every child in regular attendance (activities around literacy, math, science, or physical activity). | Evidence could be pulling items from the resource library specific to the individual children, or addressing things that are on an Individual Education Plan (IEP) or the Individual Family Serviced Plan (IFSP). | The program provides the Rater with documentation for half the children in regular attendance in the last 12 months.<br><br>Documentation provided:<br>_____ |
| b.2 ☐ | The program has a **dedicated space** where provider and families can meet confidentially. | A conference room with a sign-up sheet that is completed with provider, family, date and time of the meeting; language posted on the door, an "in progress" sign, or reserving a time outside of care. | The Rater can visibly observe this within the program.<br><br>Space provided:<br>_____<br><br>For family programs to meet this indicator the program has to have a written policy outlining their plan for meeting with families. |
| b.3 ☐ | The program has a dedicated space that supports breastfeeding mothers. | Examples: the program can provide a breastfeeding mother with **at least:** A private room, an electrical outlet, and chair, a small table, a waste basket, a sink nearby with running water, and a refrigerator or storage space for a small cooler nearby. A restroom does not count. | The Rater must be able to visibly observe **at least:** A private room, an electrical outlet, and chair, a small table, a waste basket, a sink nearby with running water, and a refrigerator or storage space for a small cooler nearby in order within the program for this option.<br><br>Space provided: _____<br>_____ |
| b.4 ☐ | The program works with families to implement at least two strategies to create consistency between home practices and the child care program's culturally/linguistically appropriate practices. | A form created by the program for this specific use, an added question on the intake form or a survey about what happens in the home. The information gathered is used in the child care settings in lesson plans, child's file, place on the form for actions steps, or through teacher/director interview. | The program provides the Rater with documentation of how the program gathered the information from the families about home practices **AND** then how the program used that information to create consistency for the children.<br>The Rater's judgment should be used, and they have the ability to be flexible.<br><br>1. _____<br>2._____ |
| b.5 ☐ | Program offers library services for families to check out books, toys, videos and/or resource materials on parenting **AND** | Evidence could be books, toys, videos and/or resource materials on parenting **AND** appropriate child development.<br><br>The materials could come | The Rater can visibly observe at least 20 books, toys, videos or resources that can be checked out this within the program.<br><br>Examples:<br>_____ |

| | | | |
|---|---|---|---|
| | appropriate child development. | from school library, CCIC, CCR&R, or book mobile. | _____ |
| b.6 ☐ | Program completes the Engaging Families Around the Wisconsin Model Early Learning Standards training (WMELS). The program must complete one section of the training per year.[10] | The program provides a sign-in sheet and agenda or handout as documentation of the event. The program must be specific about which tip sheet the event was derived from. | Sign-in sheet and agenda or program materials such as PowerPoint slides, WMELS tips sheets or handouts that were given as part of the presentation.<br><br>Documentation of training:<br>_____ |

**Family and Community Connection Strategies**

By developing a strong relationship with communities and community service providers, early childhood programs can effectively connect families with what they need (Strengthening Families).

| **C.5.5 Family and Community Connection Strategies: Tier A** | | | |
|---|---|---|---|
| | **Activity** | **Example** | **Verification** |
| a.1 ☐ | The program demonstrates that they are a part of sponsoring or an active participant in relevant, local community events at least twice per year. | Evidence could be pictures of the event, event board, sign-up sheet, or flyer. | The program provides the Rater with documentation of at least two events in the last 12 months<br><br>The program provides evidence that the events took place and whether they sponsored the event or were actively participating.<br><br>1. _____<br>2. _____ |
| a.2 ☐ | The program invites community programs to share their areas of expertise with families and the community at least twice per year (librarian, local artists, police, story tellers, etc.). | Evidence could be pictures of the community program and the families, handouts that were given during or after the event, invite letter to families or to a specific community member or program, art work by children during or after and that showcases the event. | The program provides the Rater with documentation of at least two events in the last 12 months.<br><br>1. _____<br><br>2. _____ |
| a.3 ☐ | The program relays at least three of the following to families per year: best practices, new research, and/or policy changes at local, state or national levels that affect early | Evidence could be newspaper articles, legislation, magazine articles, data board, or teacher-led learning activities based on best practices. | The program provides the Rater with documentation that at least three pieces of information was shared with the families in the last 12 months.<br><br>1. _____<br>2. _____<br>3._____ |

[10] Materials for the Engaging Families Around the Wisconsin Model Early Learning Standards training can be found at: http://www.collaboratingpartners.com/wmels-family-training.php.

| | | | |
|---|---|---|---|
| | care and education services to families. | | |
| a.4 ☐ | The program maintains at least five resources and referral linkages to crisis services, food pantries, domestic violence services, shelters, respite care for children, alcohol and substance abuse services, senior center, Aging and Disability Resource Centers, etc. | Examples of specific resources could be a resource list, maps, phone number, brochures, informational posters, specific names of professionals and their titles, or business cards of professionals/organizations in the community. | The program provides the Rater with the referral list and the list has at least five different resources on it.<br><br>1. _____<br>2. _____<br>3._____<br>4._____<br>5._____ |

| **C.5.5** | **Family and Community Connection Strategies: Tier B** | | |
|---|---|---|---|
| | **Activity** | **Example** | **Verification** |
| b.1 ☐ | The program has cultivated at least three working relationships with public and community-based services (health, education, and social services). | Evidence could be that the program has a protocol in place, a system for providing a "warm handoff", or the director is a member of a community taskforce (early childhood or school-age, or family support). | The program provides the Rater with documentation of at least three specific relationships within the community.<br><br>Verified by interview with director.<br>1._____<br>2._____<br>3._____ |
| b.2 ☐ | The program collaborates with at least two community agencies that bring the program staff, children, and families together in a way that enhances program and family involvement in the community. | Evidence could be event flyers, pictures of the event, community calendar, sign- up sheets, or attendance logs.<br><br>An example of a collaboration event could be taking part in the town parade. | The program provides the Rater with documentation of a specific collaboration event.<br><br>1._____<br><br>2._____ |

| **C.5.1-5 Family Engagement** | |
|---|---|
| Indicator Met: ☐ Yes ☐ Not Met | Point(s) Earned: _____/2 |
| Indicators in C.5 must be verified to earn one point or two points.<br>**To earn one point, programs must provide documentation of meeting the requirements of five activities from either tier in at least two separate categories.**<br><br>**To earn two points, programs must provide documentation of meeting the requirements of ten activities in at least three separate categories. At least five of the ten activities need to be at the Tier B level. Record the idenitifcation number of the activities verified in each section.** | |

| Categories | Tier A | Tier B |
|---|---|---|
| C.5.1 Transitions | | |
| C.5.2 Family Involvement /Engagement | | |
| C.5.3 Family Communication Strategies | | |
| C.5.4 Family Support Strategies | | |
| C.5.5 Family and Community Connections | | |

Comments/areas for future work on overall family engagement:

**Total points earned for Indicator C.5.1-5 _____/2**

# D. Health and Well-being

## Health and Well-being: REQUIRED Points

**QUALITY INDICATOR**

D.1 Health and Well-being

**POINTS AVAILABLE: 1**

**D.1.1 Program supports healthy nutrition and/or physical activity policies and practices**

**REQUIRED for 3, 4 and 5 Star programs**

The intent of this indicator is for programs to improve nutrition and/or physical activity policies and practices through the use of a self-assessment and continuous quality improvement cycle.

**To earn this point,** programs must demonstrate all of the following:

1. Program uses one of the following self-assessment tools for quality improvement in the area of nutrition and/or physical activity:
   - Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)
     - Go NAP SACC Self-Assessments – Centers[11]
       - Go NAP SACC Child Nutrition Self-Assessment
       - Go NAP SACC Breastfeeding & Infant Feeding Self-Assessment
       - Go NAP SACC Infant & Child Physical Activity Self-Assessment **and** Outdoor Play & Learning Self-Assessment
     - Go NAP SACC Self-Assessments – Family Child Care Programs[12]
       - Go NAP SACC FCCH Breastfeeding & Infant Feeding Self-Assessment
       - Go NAP SACC FCCH Child Nutrition Self-Assessment
       - Go NAP SACC FCCH Infant & Child Physical Activity Self-Assessment **and** Outdoor Play & Learning Self-Assessment
   - Out of School Nutrition and Physical Activity Initiative (OSNAP) - School Age Programs[13] http://osnap.org/tools/practice-assessment/introduction/
   - Wisconsin Youth Gardening Self-Assessment https://dcf.wisconsin.gov/youngstar/providers/resources

   The program must use a self-assessment tool that matches the ages of children in care. If there are children of all ages in care, the program should choose the tool that matches the ages of the majority of children in care. The program cannot use the YoungStar Evaluation Criteria or the rating results from the previous year as their self-assessment. The program may choose to use more than one self-assessment if they want to work on multiple areas of nutrition and/or physical activity quality improvement that a single self-assessment tool does not cover. The program must identify the date(s) the assessment process was completed in the last 12 months and who was involved in the process.

2. Program has developed a Quality Improvement Plan (QIP) based upon the results of the chosen nutrition and/or physical activity self-assessment. The QIP must have been developed within the past 12 months and coincide with the completion of the self-assessment mentioned above. The QIP must include all of the following:

---

[11] Ward D, Morris E, McWilliams C, Vaughn A, Erinosho T, Mazzuca S, Hanson P, Ammerman A, Neelon S, Sommers J, Ball S. (2014). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd Edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill.

[12] Ward D, Morris E, McWilliams C, Vaughn A, Erinosho T, Mazzuca S, Hanson P, Ammerman A, Neelon S, Sommers J, Ball S. (2014). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, Family Child Care Edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill.

[13] This work was supported by Prevention Research Center cooperative agreement number 1U48DP001946 from the Centers for Disease Control and Prevention, including the Nutrition and Obesity Policy Research and Evaluation Network, as well as support from the Donald and Sue Pritzker Nutrition and Fitness Initiative and the Robert Wood Johnson Foundation (#66284).

- **At least three goals** for nutrition and/or physical activity
- Action steps to be taken to meet the identified goals
- Timeline for completion of the goals
- Persons responsible for accomplishing the goals

3. Program has policies and procedures on-site to address children's allergies and dietary restrictions. This requirement applies even if there are no children in care with allergies or dietary restrictions.

4. If the program allows meals, snacks or beverages to be brought from home, the program has a policy which states the program will supplement the meals, snacks and beverages if they do not meet the guidelines established by the Child and Adult Care Food Program (CACFP).

Programs are encouraged to utilize *Healthy Bites*, *Active Early*, *Got Dirt* and *Ten Steps to Breastfeeding Friendly Child Care Centers* to inform their practices in this area of quality improvement. Free copies of these texts are available at local YoungStar offices or on the YoungStar website in the Provider Resources section.

## VERIFICATION

The Consultant/Rater will verify that an approved self-assessment has been completed within the past 12 months. The Consultant/Rater will verify that the self-assessment has been reviewed.

The Consultant/Rater will verify that a complete nutrition and/or physical activity-focused QIP has been completed. The Consultant/Rater will verify that the QIP was developed within the past 12 months to coincide with the self-assessment mentioned above.

The Consultant/Rater will verify that the program has policies and procedures on-site that address children's allergies and dietary restrictions. The Consultant/Rater will verify this by specific document and page numbers of the written policy and procedures.

The Consultant/Rater will verify that the program has a policy which states the program will supplement meals, snacks and beverages if they do not meet the CACFP Guidelines. The Consultant/Rater will verify this through review of the policy.

**D.1.1 Program supports healthy nutrition and/or physical activity policies and practices**

Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/1

Consultant/Rater verified the following:

Self-assessment(s) used: _____
Date of self-assessment(s): _____
Who completed the self-assessment(s)? _____
Did at least 75% of Lead Teachers and the Director review and contribute to the self-assessment(s)?
☐ YES
☐ NO
Date of QIP: _____
Who completed the QIP? _____
What goals have been identified for quality improvement in nutrition and/or physical activity practices over the next 12 months (three are required to earn this point but more may be listed)?

1. _____
2. _____
3. _____

Does the program have policies and procedures on-site to address children's allergies and dietary restrictions?
☐ YES

☐ NO

Where are the policies and procedures located: _____

Does the program have a policy that addresses how meals, snacks and beverages brought from home must meet the CACFP guidelines, and how supplements will be provided as needed?

☐ YES

☐ NO

Where is the policy located: _____

Comments/areas for future work on nutrition and/or physical activity environment and/or education:

**Total points earned for Indicator D.1.1 _____/1**

## Health and Well-being: OPTIONAL Points

**QUALITY INDICATOR**

D.1.2-4 Health and Well-being

**POINTS AVAILABLE: 4**

**D.1.2 Program supports physical skill development and healthy physical activity.**

**For 1 point**

The intent of this indicator is to improve physical activity practices through the environment used by the children to demonstrate that individual children are supported by best practice in physical activity and physical skill development. Pro-ration of the time requirements will be allowed for programs that operate less than 8 hours per day. See Appendix F for pro-rating times. Programs are encouraged to utilize *Active Early* to inform their practices in this area of quality improvement.

To earn this point, programs must demonstrate all of the following (based on the age groups served):

- Children birth -35 months of age (infants and toddlers) : Program provides free play which is unrestricted and allows for daily active exploration and physical activity. Children will be provided with physical activity and active exploration for 45 minutes daily. Half of this time is teacher-led and half is child-initiated and can be in 5 – 10 minute increments. Children are provided with zero minutes of screen time while attending the program. Unrestricted free time[14] for children to explore their physical movement must be available indoors and outdoors, weather permitting.
- Children 36 – 60 months of age: Program provides children 36 months – 60 months a total of 90 minutes minimum of physical activity and active exploration daily. Half of this time is teacher-led and half is child-initiated. Children are provided with less than 30 minutes of screen time per week while at the program. Unrestricted free time for children to explore their physical movement must be available indoors and outside, weather permitting.
- Children 5 years and older in school: Program provides children with a total of 90 minutes minimum of physical activity and active exploration daily. Half or this time is teacher-led and half is child-initiated. School-age children are provided with less than 60 minutes of screen time per day while at the program. Unrestricted free time for children to explore their physical movement must be available indoors and outdoors, weather permitting.

[14] Unrestricted free time should be unobstructed where possible and should include safe activities for the space the children are using for the physical activity free time. If inclement weather prohibits outside time, equivalent time indoors for physical activity will be available. Definition of inclement weather or weather permitting follows licensing standards from Wisconsin Administrative Code.

## VERIFICATION

To earn the point for this indicator, program must follow the guidelines outlined above. Consultant/Rater must verify learning experiences through observations, lesson plans for the past 4 weeks, daily schedules or by interview. The Consultant/Rater must also verify the screen time policy

**D.1.2 Program Supports Physical Skill Development and Healthy Physical Activity**

Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/1

Consultant/Rater verified the following:

**Infants/Toddlers (Birth – 35 months)**

Practice verified: _____

Physical activity is provided for infants and toddlers which includes **all** of the following:

- Children birth – 35 months are provided with 45 minutes of physical activity and active exploration daily. Half of this time is teacher-led and half child initiated. Children provided with opportunities to freely explore their environment and materials outside of restrictive devices.
- Children are provided with 0 minutes of screen time.
- Children are provided unrestricted free time to explore their physical movement both indoors and outdoors daily (weather permitting).

☐ YES Verified through one or more of the following:

_____Observation
_____ Lesson Plans (4 weeks)
_____ Daily Schedule
_____ Interview

Does the program have a policy that addresses how screen time is used?

☐ YES
☐ NO

Where is the policy located: _____ Page # _____

☐ NO

_____Not Applicable because this age group is not served

Comments: _____

_____

**Preschool (36 months – 60 months)**

Practice verified: _____

Physical activity is provided for children which includes **all** of the following:

- Children 36 – 60 months are provided with 90 minutes of physical activity and active exploration daily. Half of this time is teacher-led and half child initiated.
- Children are provided with less than 30 minutes of screen time per week. This can be demonstrated through any of the following:
  - Program schedule
  - Lesson plans for the past 4 weeks demonstrating this
  - Program policy prohibiting more than 30 minutes of screen time per week for 36 months to 5 year olds
- Children are provided unrestricted free time to explore their physical movement both indoors and outdoors daily (weather permitting).

☐ YES Verified through one or more of the following:

_____Observation
_____ Lesson Plans (4 weeks)

_____ Daily Schedule
_____ Interview

Does the program have a policy that addresses how screen time is used?

☐ YES
☐ NO

Where is the policy located: _____ Page # _____

☐ NO

_____Not Applicable because this age group is not served

Comments:

_____

_____

**School-Age (61+ months)**

Practice verified: _____

Physical activity is provided for school-age which includes **all** of the following:

- School-age children are provided with 90 minutes of physical activity and active exploration daily. Half of this time is teacher-led and half child initiated.
- School-age children are provided with less than 60 minutes of screen time per day. This can be demonstrated through any of the following:
  - Program schedule
  - Lesson plans for the past 4 weeks demonstrating this
  - Program policy prohibiting more than 60 minutes of screen time per day for school-agers
- School-age children are provided unrestricted free time to explore their physical movement both indoors and outdoors daily (weather permitting).

☐ YES Verified through one or more of the following:

_____Observation
_____ Lesson Plans (4 weeks)
_____ Daily Schedule
_____ Interview

Does the program have a policy that addresses how screen time is used?

☐ YES
☐ NO

Where is the policy located: _____ Page # _____

☐ NO

_____Not Applicable because this age group is not served

Comments: _____

_____

Comments/areas for future work on physical skill development and physical activity:

**D.1.3 Social Emotional/WI Pyramid Model/Inclusion Training**

**For 2 points**

Provider has completed one of the following **Registry-verified** trainings/equivalencies:

- 3 credits of inclusion training; (for example: a course from the Inclusion Credential)
- the Wisconsin Pyramid Model for Social and Emotional Competence Infant Toddler and Preschool Modules (24 hours);
- 15 or more hours of training in Positive Behavior Intervention and Supports (PBIS);
- 15 or more hours of Guiding Children's Behavior in School-Age Care;
- 12 or more hours of training in Tribes® TLC; or
- 15 or more hours of YoungStar-approved non-credit training on inclusive practices, serving children with disabilities, and children with special health needs.

**NOTES:**

- Wisconsin Pyramid Model Training—delivered in multiple formats by Approved Trainers including: two or more full-day workshop training sessions, or eight-week series training. The total number of hours for this training is 24. Each of these training pathways meets the requirements of Social Emotional content delivery. When the individual has completed the full Wisconsin Pyramid Model Training and the Approved Trainer verifies this within the Registry the Provider's training requirement is met.
- Non-credit training—must meet one or more of the Wisconsin State Personnel Development Grant priorities (see Appendix B for definition). Consultants/Raters do not need to verify that the training meets these guidelines; The Registry does this.

**VERIFICATION**

Verified by The Registry.

| **D.1.3 Social Emotional/WI Pyramid Model/Inclusion Training** | |
|---|---|
| Indicator Met: ☐ Yes ☐ Not Met<br>**VERIFIED BY THE REGISTRY** | Point(s) Earned: _____/2 |
| Comments/areas for future work: | |

**D.1.4 Strengthening Families or Darkness to Light Training**

**For ratings occurring on or after January 1, 2016,** YoungStar will no longer accept Department-approved Child Abuse and Neglect Prevention (CANP) training to meet the requirements of indicator D.1.4. Programs that earned a point for D.1.4 due to having Provider with CANP training will no longer earn that point when they are rated in the 2016 rating year.

**NOTE: Online training offered for Strengthening Families Through Early Care and Education (Wisconsin) is accepted for YoungStar beginning October 2016. Online training offered for Darkness to Light is not accepted for YoungStar.**

**For 1 point**

- Provider is trained in protective factors around working with a family through the:
  - Strengthening Families Through Early Care and Education: Building Protective Factors with Families,
  - Family Services Credential,[15]
  - Touchpoints Birth to Three: Your Child's Emotional and Behavior Development,
  - Darkness to Light training (administered by a PDAS Approved Trainer),
  - Course 10-307-167 ECE: Health, Safety, and Nutrition from the WTCS, or
  - Department-approved equivalent that demonstrates knowledge of protective factors.

**VERIFICATION**

Verified by The Registry.

| **D.1.4 Strengthening Families or Darkness to Light Training** | |
|---|---|
| Indicator Met: ☐ Yes ☐ Not Met | Point(s) Earned: _____/1<br>**VERIFIED BY THE REGISTRY** |
| Comments/areas for future work: | |

| **Total points earned for Indicator D.1.2-4 _____/4** |
|---|

[15] See **Appendix A** for a definition of the Family Service Credential.

# Required Quality Indicators for YoungStar Levels

Family Child Care

| | ☆☆<br>**0-10 Points** | ☆☆☆<br>**11-22 Points** | ☆☆☆☆<br>**23-32 Points** | ☆☆☆☆☆<br>**33-40 Points** |
|---|---|---|---|---|
| **All programs must be in Regulatory Compliance to earn two or more stars.** | | | | |
| **Education** | N/A | Provider with Registry Level 9 | Provider with Registry Level 10 | Provider with Registry Level 12 |
| **Environment and Curriculum** | N/A | Indicator B.1.1: Self-Assessment | Indicator B.1.1: Self-Assessment<br><br>Indicator B.4.1: Environment Rating Scale (ERS) average score of 4 | Indicator B.1.1: Self-Assessment<br><br>Indicator B.4.2: ERS average score of 5 |
| **Business and Professional Practices**<br><br>***NOTE:*** *All programs must sign a YoungStar Contract to participate in YoungStar* | N/A | Indicator C.2.1: Ongoing yearly budget, budget review, record-keeping and accurate tax record<br><br>Indicator C.5.1-5 Family Engagement 1 point is required | Indicator C.2.1: Ongoing yearly budget, budget review, record-keeping and accurate tax record<br><br>Indicator C.2.2: Written copy of parent handbook<br><br>Indicator C.5.1-5 Family Engagement 2 points are required | Indicator C.2.1: Ongoing yearly budget, budget review, record-keeping and accurate tax record<br><br>Indicator C.2.2: Written copy of parent handbook<br><br>Indicator C.2.3: Written policies to reduce risk<br><br>Indicator C.5.1-5 Family Engagement 2 points are required |
| **Child Health and Well-being** | | Indicator D.1.1: Program supports healthy nutrition and/or physical activity policies and practices | Indicator D.1.1: Program supports healthy nutrition and/or physical activity policies and practices | Indicator D.1.1: Program supports healthy nutrition and/or physical activity policies and practices |
| **Additional Optional Points Needed** | | **3 or more points** | **4 or more points** | **10 or more points** |

# Appendix A

This document outlines the criteria for Self-Assessment and Quality Improvement Plans when the program/Provider has their own format or template for Self-Assessment or Quality Improvement Plan. Programs can use a variety of different tools that lead to a written quality improvement plan. The program must demonstrate effort to assess key elements of program quality that are linked to higher quality care and have developed a plan to improve in areas identified. The quality improvement plan is developed in accordance with authentic quality improvement tools. For YoungStar purposes, the following must be identified.

**What is a Self-Assessment?**
Self-assessment tools help programs become better aware of important indicators of quality demonstrated within their own program. It is not a test that a Provider can pass or fail. Instead, it is a tool that supports an intentional review of program policies and delivery of services. The focus is on improvement. For YoungStar, the program is responsible for completing a Self-Assessment on:

- space and furnishings,
- personal care routines,
- literacy and language components,
- activities that engage children,
- promoting acceptance of diversity,
- provisions for children with disabilities
- interactions among children and children and staff
- program structure, and
- business and professional practices

Items in a Self-Assessment tool should represent high quality standards that are above and beyond what are included in the licensing/certification standards.

**What is a Quality Improvement Plan (QIP)?**
The QIP provides the framework for a program's quality improvement work; it outlines the tasks the program needs to complete in order to meet the YoungStar level they are working to achieve.

**Develop a Quality Improvement Plan**
Developing a Quality Improvement Plan is an important step in the YoungStar process for programs to begin their quality improvement journey. The Quality Improvement Plan will serve as a guide for how your program will spend funds, prioritize staff time, determine curriculum and instructional practices, and choose staff development. The areas of quality improvement for consideration might include:

- Credit-based Education Qualifications
- Professional Development (credit or non-credit based)
- Environments – indoor and outdoor
- Curriculum
- Health and Well-being
- Business and Professional Practices
- Family Engagement
- Inclusive Practices
- Wisconsin Pyramid Model for Social and Emotional Development for Young Children
- Strengthening Families approach to Child Abuse and Neglect Prevention

The Provider will identify and prioritize areas of need based upon the results of the program's Self-Assessment. The Provider or team will then identify steps to be taken, resources needed, timelines for completion, and evidence of

change. If a Technical Consultant is available, the Provider or team is encouraged to work with the Technical Consultant to develop a Quality Improvement Plan. A QIP for YoungStar will address the following:

- Aims or desired outcomes
- Barriers or challenges
- Tasks that will need to be completed
- Responsible party/parties
- Resources that are in hand or resources that are needed
- Measurement – How will the team know if the aim is achieved?
- Timelines or benchmarks for completion
- Test of the plan
  - Is the plan worth doing?
  - Are there concrete and specific measures?
  - Will the plan improve outcomes for children, families, staff or the program?
  - Are the outcomes inclusive of all, culturally competent and developmentally appropriate?

**Verify and Maintain Continuous Program Quality**

Each family child care program will need to annually review their Quality Improvement Plan based upon the annual Self-Assessment to determine progress and to adjust goals/learning objectives. Significant changes would include changing location or site of the program, or new employee. Programs are encouraged to continually examine the data from the Quality Improvement Plan as well as progress of the children to address continuous quality improvement. A sample Quality Improvement Plan is available from the local YoungStar office and on the YoungStar website at: https://dcf.wisconsin.gov/files/youngstar/pdf/samplebqipgeneral.pdf.

**Other Definitions**

- **Authentic Assessment:** The authentic assessment can be defined as focused observations which use reliable and valid evidence-based methods to incorporate strength-based functional assessment in natural environments using natural supports. They use everyday relationships, observations of growth and development; consideration of individual learning styles and differences; and utilization of all environments in which the child lives and learns.

  Assessment is on-going, continuous, and not done on a fixed timeline. Assessments will bring about benefits for children, programs and families. They will not add undue burden to families, Providers or local and state administrators.

- **Family Services Credential:** The Family Service Credential is a comprehensive, competency and credit based training experience, designed to support direct service staff in their work with children and families. The content is structured into four modules and designed to support staff in the refinement of skills and strategies to incorporate the core values of being family centered, relationship focused, strengths based, ecological and reflective. The training content corresponds to the Head Start Performance Standards, and the Focus Group Recommendations of September 1999 for Federal Competency Goals and Indicators for Head Start Staff working with families. For more information, contact Ruth Chvojicek, CESA 5, 1-800-862-3725 ext. 245 or chvojicekr@cesa5.org.

# Appendix B

**Wisconsin State Personnel Development Grant priorities:**

1. Legal Rules and Regulations in Wisconsin (Example: Individualized Family Service Plan (IFSP)/Individual Education Program (IEP), Least Restrictive Environment, Disability Descriptions and Eligibility Criteria).
2. Collaboration related to Children with Disabilities and their Families (Example: Working across program areas, working within multidisciplinary teams, team decision-making).
3. Evidence-based Practices (Example: Screening, assessment, inclusion strategies, caring for children with special health care needs).

**Wisconsin Mandated Reporter Online Training (for licensing requirements only)**
The Wisconsin Mandated Reporter Online Training is available for programs to take online at http://wcwpds.wisc.edu/related-training/mandated-reporter/. It will be counted as a registered training if entered by the program into the Registry. For information on how to do this, contact The Registry: http://www.the-registry.org

**SCAN-MRT**
SCAN-MRT trainings held prior to January 1, 2014 will continue to meet the requirement for Indicator D.1.4.

# Appendix C

**Registry Program Profiles**
The Registry Program Profile (also called an Organizational Profile) is a place for programs to store information about education and training. The information entered into these Organizational Profiles is automatically used to determine a program's star rating in YoungStar and reimbursement amounts in Wisconsin Shares. By signing a YoungStar Contract, programs agree to keep their Program Profiles accurate and up-to-date. Programs may be subject to Wisconsin Shares program violations if the Program Profile is not kept up-to-date at all times. A couple of suggestions for monitoring this Registry are to set a monthly calendar reminder or add an item to the program hiring/orientation checklist. Check out the document at the link below for tips on keeping Program Profiles updated.

Information about maintaining your Registry Program Profile is available here:
https://dcf.wisconsin.gov/files/youngstar/pdf/keep-program-profile-updated.pdf

# Appendix D

The Teaching Cycle is cyclical and includes the following:

**Assessment:** ongoing gathering of information to determine what the child can do and what the child is ready to learn. This includes data collection through ongoing observations, anecdotal notes, developmental screening information, work samples, children's journaling excerpts, etc. It also includes use of an individual child assessment tool. Programs are able to assess individual children and by developing appropriate activities in lesson plans and appropriate environments, they can refine the planning, goal setting and implementation process where they aim to improve child outcomes.

Evaluation Criteria Indicators that include assessment:

B.3.1 Individual child portfolios
B.3.2 Program Uses Intentional Planning to Improve Child Outcomes
B.3.3 Provider Implements Developmental Screening Practices
B.3.4 Individual Child Outcomes Tracked

**Planning and Curriculum Goals/Learning objectives:** deciding what should be done to promote development and what we want children to learn. This includes planning and identifying the curriculum materials, the teaching strategies that will be used for individual children and groups of children, and identifying materials in the environment that are necessary to support the developmental level and goals/learning objectives of the children.

Evaluation Criteria Indicators that include planning and curriculum goals/learning objectives:

B.2.2 Curriculum/Programming aligned with WMELS or SACF.

**Implementation:** providing meaningful, experiential activities that support individual and group goals/learning objectives guided by supportive interaction and relationship and is to be intentional. Providers will consider how learning opportunities and activities are guided by supportive interactions and relationships. Providers are to also consider how the learning opportunities and activities are age appropriate, individually appropriate, and culturally appropriate.

Evaluation Criteria Indicators that include implementation:

B.3.2 Program Uses Intentional Planning to Improve Child Outcomes

It is all of the above that determines whether what actually happens in a family child care environment is or is not developmentally appropriate. In this decision-making process, keep in mind the desired outcomes for children's learning and development. NAEYC states that in the core of developmentally appropriate practice, it is important to understand that:

- knowledge must inform decision making,
- goals/learning objectives must be challenging and achievable and
- teaching must be intentional to be effective.

**A Note on Child Goals/Learning objectives**

By writing individual children's goals/learning objectives, a program can capture data for tracking and evaluating the achievement of goals/learning objectives by individual children. Outcomes are designed to best capture what a program aims to accomplish, in this case what a program aims to accomplish for children enrolled in the program. Use of outcomes allows a program to select a specific outcome that they hope to achieve and to determine to what extent they have achieved it.

By using children's goals/learning objectives and tracking them, Providers are able to be more intentional about the goals/learning objectives that are written for children to help all children in the program achieve outcomes that have been determined.
The following are **examples** of child outcomes. Programs may develop other outcomes that capture the unique aims of the program. The outcomes used should reflect the program's philosophy and goals.
Early Childhood -Children:

- Demonstrate that children and their families communicate.
- Demonstrate positive social-emotional skills (including social relationships).
- Acquire and gain knowledge and skills as indicated in the five domains of WMELS.

School-Age Children:

- Demonstrate age-appropriate social skills.
- Demonstrate problem-solving skills.
- Demonstrate knowledge about healthy lifestyles.
- Acquire and gain knowledge and skills

## Appendix E

## Scoring Child Outcomes in Summer-Only School-Age Classrooms

For scoring B.2.2: For programs that have not yet been open for four weeks, the rater would need to see lesson plans for the weeks that they have been opened. Those lesson plans must meet the requirements for WMELS/SACF alignment, with developmentally appropriate expectations for the children in the classroom. Expectations for school-agers can be determined by the Framework used (WMELS/SACF) and/or by the curriculum/assessment used by the program. Individual child assessment is not required to earn this point.

For scoring B.3.1: Requirements for portfolios are somewhat flexible, based on age and attendance. Please pay close attention to the verification language of the evaluation criteria. If a child is enrolled more than six days, a portfolio must be created and must have at least one piece of evidence or observation in it. This means, at a minimum, the portfolios must be updated with a piece of evidence or observation **at least once every six weeks.** The item could include an interest survey, an artifact, anecdotal note or observation, or an activity summary survey.

For scoring B.3.2: Individual child assessment is required to earn this point. For school-age children, a survey is acceptable as a form of assessment. Please review page 24 of the evaluation criteria for information about school-age assessments. Since much of this indicator can be scored based on interview, the provider must be prepared to explain the program's process for using the information gathered from the assessments/surveys of school-age children to plan/implement/refine experiences to improve the outcomes for the enrolled school-age children. For children who attend only during summer months, the provider must be able to demonstrate (either by documentation from prior summer or written program policy) that school-age children are assessed once every six weeks.

For scoring B.3.3: Programs will follow the indicator as described.

For scoring B.3.4: Individual child assessment **and** use of portfolios are both required to earn this point. **Provider must be able to demonstrate at least six weeks of tracking child outcomes to earn the points for this**

**indicator. The provider may show previous year's information combined with current year.** The most recent lesson plans for the weeks that the classroom has been opened for the current year (up to four weeks) will be reviewed, and the teacher must be prepared to explain the process used to track child outcomes through portfolios, lesson plans, and individual assessments/surveys.

## Appendix F

### D.1.2 Pro-ration Time for Physical Activity for Children 36 Months and Older

| | |
|---|---|
| Program open more than 8 hours per day | 90 minutes |
| Program open for 6 hours but not more than 8 hours per day | 65 minutes |
| Program open for 4 hours but not more than 6 hours per day | 45 minutes |
| Program open for 2 hours but not more than 4 hours per day | 23 minutes |
| Program open for less than 2 hours per day | 15 minutes |
| Program with a split schedule daily | Minutes can be split |

# Score Sheet for Rating Family Providers

**Anniversary Date of the Program:** _____
**Name of Program:** _____
**Provider and Location Numbers:** _____
**Name of Provider:** _____
**Name of Consultant/Rater:** _____**Date:** _____

| Quality Indicator | Points Available | Points Earned | Verification | | |
|---|---|---|---|---|---|
| | | | Conslt. Initials | Provider Initials | Date Verif. |
| **A. Education and Training of Provider**<br>***NOTE:*** *Consultant/Rater is responsible for verifying educational information for points in YoungStar through case management. This section is included on the score sheet so that programs can get a picture of total points earned.* | | | | | |
| A.1 Provider | 14 | | **Registry Verified** | | |
| **Subtotal for section A** | **14** | | | | |
| **B. Learning Environment and Curriculum**<br>***NOTE:*** *Consultant/Rater is responsible for verifying educational information for points in YoungStar through case management.* | | | | | |
| B.1.1 Self-Assessment *(required for 3, 4 and 5 Stars)* | 1 | | | | |
| B.1.2 Quality Improvement Plan | 1 | | | | |
| B.1.3 Developmentally Appropriate Practices | 1 | | | | |
| B.2.1 WMELS/ School-Age Curricular Framework training | 1 | | **Registry Verified** | | |
| B.2.2 Curriculum aligned with WMELS/ School-Age Curricular Framework | 1 | | | | |
| B.3.1 Individual child portfolios | 1 | | | | |
| B.3.2 Intentional planning to improve child outcomes | 1 | | | | |
| B.3.3 Program Implements Developmental Screening Practices | 1 | | | | |
| B.3.4 Individual outcomes tracked | 2 | | | | |
| B.4.1 ERS average score of 4 *(required for 4 Stars)* | 3 | **N/A for Technical Ratings** | | | |
| B.4.2 ERS average score of 5 *(required for 5 Stars)* | 4 | | | | |
| **Subtotal for section B** | **14** | | | | |
| **C. Business and Professional Practices** | | | | | |
| C.1 Signed YoungStar contract *(required for all programs participating in YoungStar)* | 0 | -- | -- | -- | -- |
| C.2.1 Ongoing yearly budget/budget review/record-keeping/accurate taxes *(required for 3, 4 and 5 Stars)* | 1 | | | | |
| C.2.2 Parent handbook *(required for 4 and 5 Stars)* | 1 | | | | |
| C.2.3 Written policies to reduce risk/Program financial planning *(required for 5 Stars)* | 1 | | | | |
| C.3.1 Professional development plan Y N | 1 point if two or more practices | | | | |
| C.3.2 Written copy of employment policies Y N | | | | | |
| C.3.3 Access to accurate financial information Y N | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| C.3.4 Membership in a professional association Y N | are evident | | | | |
| C.3.5 Access to professional development resources Y N | | | | | |
| C.4.1 Access to health insurance Y N | 1 point if two or more practices are evident | | | | |
| C.4.2 Contracted time off (10 days per year) Y N | | | | | |
| C.4.3 Retirement contribution Y N | | | | | |
| C.5. Family Engagement *(1 point required for 3 Stars; 2 points required for 4 and 5 Stars)* | 1 or 2 points | | | | |
| **Subtotal for section C** | **7** | | | | |
| **D. Health and Well-being** ***NOTE:*** *Consultant/Rater is responsible for verifying educational information for points in YoungStar through case management. This section is included on the score sheet so that programs can get a picture of total points earned.* | | | | | |
| D.1.1 Program supports healthy nutrition and/or physical activity policies and practices *(required for 3, 4 and 5 Stars)* | 1 | | | | |
| D.1.2 Program supports physical skill development and healthy physical activity. | 1 | | | | |
| D.1.3 Pyramid Model/Inclusion training | 2 | | **Registry Verified** | | |
| D.1.4 Strengthening Families/ Darkness to Light training | 1 point if one of the two practices are evident | | **Registry Verified** | | |
| **Subtotal for section** | **5** | | | | |
| | | | | | |
| **TOTALS** | **40** | | | | |

The Consultant/Rater has reviewed these indicators with me and I agree to the point levels earned in each category.

Provider Signature: _____ Date: _____

Consultant/Rater Signature: _____ Date: _____