

NAEYC Accreditation Criteria Kindergarten

NAEYC Accreditation Criterion: Relationships	
1.A.	<i>Building Positive Relationships among Teachers and Families</i>
1.A.01	Teachers work in partnership with families, establishing and maintaining regular, ongoing two-way communication. (u)
1.A.02	Teachers gain information about the ways families define their own race, religion, home language, culture and family structure. (u)
1.A.03	Teachers communicate with family members on an ongoing basis to learn about children's individual needs and ensure a smooth transition between home and program. (u)
1.A.04	Teachers are sensitive to family concerns and reassure family members who are concerned about leaving children in non-family care. (u)
1.A.05	Teachers share information with families about classroom rules, expectations, and routines not only at enrollment but also as needed throughout the year. (u)
1.B	<i>Building Positive Relationships between Teachers and Children</i>
1.B.01	Teaching staff foster children's emotional well-being by demonstrating respect for children and creating a positive emotional climate as reflected in behaviors such as frequent social conversations, joint laughter, and affection. (u)
1.B.02	Teaching staff express warmth through behaviors such as physical affection, eye contact, tone of voice and smiles. (u)
1.B.03	Teaching staff are consistent and predictable in their physical and emotional care of all children. (u)
1.B.04	Teaching staff encourage and recognize children's work and accomplishments. (u)
1.B.05	Teaching staff function as secure bases for children. They respond promptly in developmentally appropriate ways to children positive initiations, negative emotions and feelings of hurt and fear by providing comfort, support and assistance. (u)
1.B.06	Teaching staff encourage children's appropriate expression of emotions, both positive and negative. (u)
1.B.07	Teaching staff evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to differing abilities, temperaments, activity levels and cognitive and social development. (u)
1.B.08	Teaching staff support children's competent and self-reliant exploration and use of classroom materials. (u)
1.B.09	Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion. (This is a required criterion.) (u)
1.B.10	Teaching staff never use threats or derogatory remarks and neither withholds nor threatens to withhold food as a form of discipline. (u)
1.B.15	Teaching staff talk frequently with children and listen to children with attention and respect. They respond to children's questions and requests, use strategies to communicate effectively and build relationships with every child and engage regularly in meaningful and extended conversations with each child.
1.C.	<i>Helping Children Make Friends</i>
1.C.02	Teaching staff support children's development of friendships and provide opportunities for children to play with and learn from each other.
1.C.03	Teaching staff support children as they practice social skills and build friendships by helping them enter into, sustain and enhance play.
1.C.04	Teaching staff assist children in resolving conflicts by helping them identify feelings, describe problems and try alternative solutions.
1.C.05	Teaching staff guides children who bully, isolate, or hurt other children to learn and follow the rules of the classroom.
1.C.06	Teaching staff facilitate positive peer interaction for children who are socially reserved or withdrawn and for those who are bullied or excluded.

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1.D	<i>Creating a Predictable, Consistent, and Harmonious Classroom</i>
1.D.01	Teaching staff counter potential bias and discrimination by: *treating all children with equal respect and consideration *initiating activities and discussions that build positive self identity and teach the valuing of differences *intervening when children tease or reject others *providing models and visual images of adult roles, differing abilities and ethnic or cultural backgrounds that counter stereotypical limitations *avoiding stereotypes in language references
1.D.02	Teachers provide children opportunities to develop the classroom community through participation in decision making about classroom rules, plans and activities.
1.D.03	Teaching staff anticipate and take steps to prevent potential behavior problems.
1.D.04	Teachers help children talk about their own and others' emotions. They provide opportunities for children to explore a wide range of feelings and the different ways that those feelings can be expressed.
1.D.05	Teaching staff promote pro-social behavior by interacting in a respectful manner with all staff and children. They *model turn taking and sharing as well as caring behaviors *help children negotiate their interactions with one another and with shared materials *engage children in the care of their classroom *ensure that each child has an opportunity to contribute to the group *encourage children to listen to one another *encourage and help children to provide comfort when others are sad or distressed *use narration and description of ongoing interactions to identify pro-social behaviors
1.E	<i>Addressing Challenging Behaviors</i>
1.E.01	For children with persistent, serious, challenging behavior, teachers, families and other professionals work as a team to develop and implement an individualized plan that supports the child's inclusion and success.
1.E.02	Teachers observe children who have challenging behavior. They identify events, activities, interactions and other contextual factors that predict challenging behavior and may contribute to the child's use of challenging behavior.
1.E.03	Rather than focus solely on reducing the challenging behavior, teachers focus on *teaching the child social, communication and emotional regulation skills and *using environmental modifications, activity modifications, adult or peer support, and other teaching strategies to support the child's appropriate behavior
1.E.04	Teaching staff respond to a child's challenging behavior, including physical aggression, in a manner that *provides for the safety of the child *provides for the safety of others in the classroom *is calm *is respectful to the child *provides the child with information on acceptable behavior
1.F	<i>Promoting Self-Regulation</i>
1.F.01	Teaching staff actively teach children social, communication, emotional regulation skills.
1.F.02	Teaching staff help children manage their behavior by guiding and supporting children to *persist when frustrated *play cooperatively with other children *use language to communicate needs *learn turn taking *gain control of physical impulses *express negative emotions in ways that do not harm others or themselves *use problem-solving techniques *learn about self and others

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NAEYC Accreditation Criterion: Curriculum	
2.A	<i>Curriculum: Essential Characteristics</i>
2.A.01	The program has a written statement of philosophy and uses one or more written curricula or curriculum frameworks consistent with its philosophy that address central aspects of child development. (u)
2.A.02	A clearly stated curriculum or curriculum framework provides a coherent focus for planning children's experiences. It allows for adaptations and modifications to ensure access to the curriculum for all children. (u)
2.A.03	The curriculum guides teachers' development and intentional implementation of learning opportunities consistent with the program's goals and objectives. (u)
2.A.04	The curriculum can be implemented in a manner that reflects responsiveness to family home values, beliefs, experiences and language. (u)
2.A.05	Curriculum goals and objectives guide teachers' ongoing assessment of children's progress. (u)
2.A.06	The curriculum guides teachers to integrate assessment information with curriculum goals to support individualized learning. (u)
2.A.07	The curriculum guides the development of a daily schedule that is predictable yet flexible and responsive to individual needs of the children. The schedule: *provides time and support for transitions *includes both indoor and outdoor experiences *is responsive to a child's need to rest or be active. (u)
2.A.08	Materials and equipment used to implement the curriculum reflect the lives of the children and families as well as the diversity found in society, including gender, age, language and abilities. Materials and equipment: *provide for children's safety while being appropriately challenging *encourage exploration, experimentation and discovery *promote action and interaction *are organized to support independent use *are rotated to reflect changing curriculum and accommodate new interests and skill levels *are rich in variety *accommodate children's special needs (u)
2.A.10	The curriculum guides teachers to incorporate content, concepts and activities that foster social, emotional, physical, language and cognitive development and integrate key areas of content including literacy, mathematics, science, technology, creative expression and the arts, health and safety, and social studies.
2.A.11	The schedule provides children learning opportunities, experiences and projects that extend over the course of several days and incorporates time for: play, self-initiated learning, creative expression, large-group, small-group and child initiated activity.
2.A.12	The curriculum guides teachers to plan for children's engagement in play (including dramatic play and blocks) that is integrated into classroom topics of study.

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2.B	<i>Area of Development: Social-Emotional</i>
2.B.01	Children have varied opportunities to engage throughout the day with teaching staff who are attentive and responsive to them, facilitate their social competence and facilitate their ability to learn through interacting with others. (u)
2.B.02	Children have varied opportunities to recognize and name their own and others' feelings. (u)
2.B.03	Children have varied opportunities to learn the skills needed to regulate their emotions, behavior and attention. (u)
2.B.04	Children have varied opportunities to develop a sense of competence and positive attitudes toward learning, such as persistence, engagement, curiosity and mastery. (u)
2.B.05	Children have varied opportunities to develop skills for entering into social groups, developing friendships, learning to help, and other pro-social behavior.
2.B.06	Children have varied opportunities to develop vocabulary through conversations, experiences, field trips and books.
2.B.07	Children are provided varied opportunities and materials that encourage them to engage in discussions with one another.

2.C	<i>Area of Development: Physical</i>
2.C.03	Children are provided varied opportunities and materials that support fine-motor development.
2.C.04	Children have varied opportunities and are provided equipment to engage in large motor experiences that: *stimulate a variety of skills *enhance sensory-motor integration *develop controlled movement (balance, strength, coordination) *enable children with varying abilities to have large-motor experiences similar to those of their peers *range from familiar to new and challenging *help them learn physical games with rules and structure
2.D	<i>Area of Development: Language</i>
2.D.01	Children are provided with opportunities for language acquisition that align with the program philosophy, consider family perspectives and consider community perspectives. (u)
2.D.02	Children are provided opportunities to experience oral and written communication in a language their family uses or understands. (u)
2.D.03	Children have varied opportunities to develop competence in verbal and nonverbal communication by responding to questions, communicating needs, thoughts and experiences, and describing things and events. (u)
2.D.04	Children have varied opportunities to develop vocabulary through conversations, experiences, field trips and books. (u)
2.D.05	Children who are non-verbal are provided alternative communication strategies.
2.D.06	Children have varied opportunities and materials that encourage them to have discussions to solve problems that are both interpersonal and related to the physical world.
2.D.07	Children are provided varied opportunities and materials that encourage them to engage in discussions with one another.

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2.E	<i>Curriculum Content: Area for Cognitive Development – Early Literacy</i>
2.E.03	<p>Children have opportunities to become familiar with print. They are actively involved in making sense of print, and they have opportunities to become familiar with, recognize, and to use print that is accessible throughout the classroom:</p> <ul style="list-style-type: none"> *items belonging to a child are labeled with his/her name *materials are labeled *print is used to describe some rules and routines *teaching staff help children recognize print and connect it to spoken words.
2.E.04	<p>Children have varied opportunities to:</p> <ul style="list-style-type: none"> *be read books in an engaging manner in group or individualized settings at least twice a day in full-day programs and once a day in half-day programs *be read to regularly in individualized ways including one-to-one or in small Groups of 2-6 children *explore books on their own and have places that are conducive to the quiet enjoyment of books *have access to various types of books, including storybooks, factual books, books with rhymes, alphabet books and wordless books *be read the same book on repeated occasions *retell and reenact events in storybooks *engage in conversations that help them understand the content of the book *be assisted in linking books to other aspects of the curriculum *identify the parts of books and differentiate print from pictures
2.E.05	<p>Children have multiple and varied opportunities to write.</p> <ul style="list-style-type: none"> *writing materials and activities are readily available in art, dramatic play and other learning centers *various types of writing are supported including scribbling, letter-like marks, and developmental spelling *children have daily opportunities to write or dictate their ideas *children are provided needed assistance in writing the words and messages they are trying to communicate *children are given the support they need to write on their own, including access to the alphabet and to printed words about topics of current interest both of which are made available at eye level or on laminated cards *children see teaching staff model functional use of writing and are helped to discuss the many ways writing is used in daily life.
2.E.06	<p>Children are regularly provided multiple and varied opportunities to develop phonological awareness:</p> <ul style="list-style-type: none"> *Children are encouraged to play with the sounds of language, including syllables, word families and phonemes, using rhymes, poems, songs and finger plays *Children are helped to identify letters and the sounds they represent *Children are helped to recognize and produce words that have the same beginning or ending sounds *Children's self-initiated efforts to write letters that represent the sounds of Words are supported
2.E.07	Children are given opportunities to recognize and write letters.
2.E.08	Children have access to books and writing materials throughout the classroom.
2.E.09	Children have varied opportunities to learn to read familiar words, sentences and simple books.
2.E.10	Children are encouraged to identify phonemes in words through varied activities, including writing and games.
2.E.11	Each child is encouraged to write independently each day.

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2.F.	<i>Curriculum content Area for Cognitive Development: Early Mathematics</i>
2.F.02	Children are provided varied opportunities and materials to build understanding of numbers, number names and their relationship to object quantities and to symbols.
2.F.03	Children are provided varied opportunities and materials to categorize by one or two attributes such as shape, size and color.
2.F.04	Children are provided varied opportunities and materials that encourage them to integrate mathematical terms into everyday conversation.
2.F.06	Children are provided varied opportunities and materials to understand basic concepts of geometry by, for example, naming and recognizing two and three dimensional shapes and recognizing how figures are composed of different shapes.
2.F.07	Children are provided varied opportunities to build an understanding of time in the context of their lives, schedules and routines.
2.F.08	Children are provided varied opportunities and materials that help them recognize and name repeating patterns.
2.F.09	Children are provided varied opportunities and materials to use standard and nonstandard units of measurement and to assign numerical values to measurements.
2.F.10	Children are provided varied opportunities and materials to create, represent, discuss and extend repeating and growing patterns.
2.F.11	Children are provided varied opportunities and materials that encourage them to use written mathematical representations in everyday experiences.
2.F.12	Children are provided varied opportunities and materials to use numerical symbols and to explore operations on quantities, such as adding, taking away, and dividing into equal and unequal values.
2.F.13	Children are provided varied opportunities and materials that introduce them to conventional tools for understanding time such as a calendar and a clock.
2.G	<i>Curriculum Content Area for Cognitive Development: Science</i>
2.G.02	Children are provided varied opportunities and materials to learn key content and principles of science such as: *the difference between living and nonliving things (e.g., plants vs. rocks) and life cycles of various organisms (e.g., butterflies, humans) *earth and sky (e.g., seasons; weather; geologic features; light and shadow; sun, moon, and stars) *structure and property of matter (e.g., characteristics that include concepts Like hard and soft, floating and sinking) and behavior of materials (e.g., Transformation of liquids and solids by dissolving or melting).
2.G.03	Children are provided varied opportunities and materials that encourage them to use the five senses to observe, explore and experiment with scientific phenomena.
2.G.04	Children are provided varied opportunities and materials to use simple tools to observe objects and scientific phenomena.
2.G.05	Children are provided varied opportunities and materials to collect data and to represent and document their findings (e.g., through drawing or graphing).
2.G.06	Children are provided varied opportunities and materials that encourage them to think, question, and reason about observed and inferred phenomena.
2.G.07	Children are provided varied opportunities and materials that encourage them to discuss scientific concept in everyday conversation.
2.G.08	Children are provided varied opportunities and materials that help them learn and use scientific terminology and vocabulary associated with the content areas.

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2.H.	<i>Curriculum Content Area for Cognitive Development: Technology</i>
2.H.01	The use of passive media such as television, film, videotapes, and audiotapes is limited to developmentally appropriate programming.
2.H.02	All children have opportunities to access technology (e.g., tape recorders, microscopes and computers) that they can use by themselves, collaboratively with peers and with teaching staff or a parent.
2.H.03	Technology is used to extend learning within the classroom and integrate and enrich the curriculum.
2.J.	<i>Curriculum Content Area for Cognitive Development: Creative Expression and Appreciation for the Arts</i>
2.J.01	Children are provided varied opportunities to gain an appreciation of art, music, drama, and dance in ways that reflect cultural diversity. (u)
2.J.04	Children are provided varied opportunities to learn new concepts and vocabulary related to art, music, drama and dance.
2.J.05	Children are provided varied opportunities to develop and widen their repertoire of skills that support artistic expression (e.g., cutting, gluing and caring for tools).
2.J.06	Children are provided many and varied open-ended opportunities and materials to express themselves creatively through music, drama, dance and two and three dimensional art.
2.J.07	Children have opportunities to respond to the art of other children and adults
2.K.	<i>Curriculum Content Area for Cognitive Development: Health and Safety</i>
2.K.01	Children are provided varied opportunities and materials that encourage good health practices such as serving and feeding themselves, rest, good nutrition, exercise, hand washing and tooth brushing.
2.K.02	Children are provided varied opportunities and materials to help them learn about nutrition including identifying sources of food and recognizing, preparing, eating and valuing healthy foods.
2.K.03	Children are provided varied opportunities and materials that increase their awareness of safety rules in their classroom, home and community.
2.K.04	Children have opportunities to practice safety procedures.
2.K.05	Children are provided opportunities to discuss, ask questions, and express fears about visiting the doctor, clinic, hospital, or dentist; getting shots; and taking medicine.
2.L.	<i>Curriculum Area for Cognitive Development: Creative Expression and Appreciation for the Arts</i>
2.L.01	Children are provided varied learning opportunities that foster positive identity and an emerging sense of self and others.
2.L.02	Children are offered opportunities to become a part of the classroom community so that each child feels accepted and gains a sense of belonging.
2.L.03	Children are provided varied opportunities and materials to build their understanding of diversity in culture, family structure, ability, language, age and gender in non-stereotypical ways.
2.L.04	Children are provided opportunities and materials to explore social roles in the family and workplace through play.
2.L.05	Children are provided varied opportunities and materials to learn about the community in which they live.
2.L.06	Children have varied opportunities to engage in discussions about fairness, friendship, responsibility, authority and differences.
2.L.07	Children are provided varied opportunities and materials to learn about physical characteristics of their local environment as a foundation for learning geography
2.L.08	Children are provided varied opportunities and materials to learn how people affect their environment in positive and negative ways.
2.L.09	Children are provided varied opportunities and materials that allow them to contribute to the well-being of their classroom and the community, including care for the social and physical environments in which they live.

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2.L.10	Children are provided opportunities and materials that build a foundation for understanding economic concepts.
2.L.11	Kindergartners are provided opportunities and materials that help them link learning about their hometown, their state, the United States and their country of origin to previous learning, as a foundation for learning geography, history and social studies.

NAEYC Accreditation Criterion: Teaching	
3.A.	<i>Designing Enriched Learning Environments</i>
3.A.01	Teaching staff, program staff, or both work as a team to implement daily teaching and learning activities, including IFSP's, IEP's and other individual plans as needed.
3.A.02	Teachers design an environment that protects children's health and safety at all times.
3.A.03	Teaching staff support children's needs for physical movement, sensory stimulation, fresh air, rest, and nourishment.
3.A.04	Teachers organize space and select materials in all content and developmental areas to stimulate exploration, experimentation, discover and conceptual learning.
3.A.05	Teachers work to prevent challenging or disruptive behaviors through *environmental design *schedules that meet the needs and abilities of children *effective transitions *engaging activities
3.A.06	Teachers create classroom displays that help children reflect on and extend their learning. They ensure that children's recent works predominate in classroom displays and that some displays are at children's eye level.
3.A.07	Teaching staff and children work together to arrange classroom materials in predictable ways so children know where to find things and where to put them away.
3.B	<i>Creating Caring Communities for Learning</i>
3.B.01	Teaching staff's daily interactions demonstrate their knowledge of *the children they teach *the children's families *the social, linguistic and cultural context in which the children live
3.B.02	Teaching staff create and maintain a setting in which children of differing abilities can progress, with guidance, toward increasing levels of autonomy, responsibility and empathy
3.B.03	Teaching staff develop individual relationships with children by providing care that is responsive, attentive, consistent, comforting, supportive and culturally sensitive
3.B.04	Teaching staff are active in identifying and countering any teaching practices, curriculum approaches, or materials that are degrading with respect to gender, sexual orientation, age, language, ability, race, religion, family structure, background or culture
3.B.05	Teachers help individual children learn socially appropriate behavior by providing guidance that is consistent with the child's level of development.
3.B.06	Teachers manage behavior and implement classroom rules and expectations in a manner that is consistent and predictable.
3.B.07	Teachers' responses to challenging, unpredictable or unusual behavior are informed by their knowledge of children's home and classroom life.
3.B.08	Teachers notice patterns in children's challenging behaviors to provide thoughtful, consistent and individualized responses.
3.B.11	Teaching staff create a climate of mutual respect for children by being interested in their ideas, experiences and products.
3.B.12	Teachers address challenging behavior by: *assessing the function of the child's behavior *convening families and professionals to develop individualized plans to address behavior *using positive behavior support strategies.
3.B.13	Teachers provide children opportunities to affect what happens in the classroom through participation in decision making about issues concerning classroom behavior plans and activities.

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3.C	<i>Supervising Children</i>
3.C.01	Teaching staff supervise by positioning themselves to see as many children as possible
3.C.04	Teaching staff supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight.
3.C.05	Teaching staff allow kindergarten children who are doing tasks in a safe environment to be out of the teacher's sight and sound supervision for a short period of time. Teachers check on children if those children do not return promptly to the group or if the adult at a child's destination does not confirm the child's arrival.
3.D	<i>Using Time, Grouping, and Routines to Achieve Learning Goals</i>
3.D.01	Teachers provide time daily for indoor and outdoor activities (except when conditions pose a health risk as defined by local health officials).
3.D.02	Teaching staff use routine care to facilitate children's self-awareness, language, and social interaction.
3.D.03	Teachers provide time and materials daily for children to select their own activities
3.D.04	Teaching staff offer children opportunities to interact with children of various ages.
3.D.05	Teachers plan for children to revisit experiences and materials over periods of days, weeks and months.
3.D.08	Teaching staff coach and support children as they learn to participate in daily cleanup and maintenance of the classroom.
3.D.09	Teaching staff help children follow a predictable but flexible daily routine by providing time and support for transitions.
3.D.10	Teachers organize time and space on a daily basis to allow children to work or play individually and in pairs, to come together in small groups and to engage as a whole group.
3.D.11	Teachers create opportunities for children to engage in group projects and to learn from one another.
3.D.12	Adults sit and eat with children and engage them in conversation at snack and meal times.
3.E	<i>Responding to Children's Interests and Needs</i>
3.E.01	Teaching staff reorganize the environment when necessary to help children explore new concepts and topics, sustain their activities and extend their learning.
3.E.02	Teachers scaffold children's learning by: *modifying the schedule *intentionally arranging the equipment and *making themselves available to children
3.E.03	Teachers use children's interest in and curiosity about the world to engage them with new content and developmental skills.
3.E.04	Teachers use their knowledge of individual children to modify strategies and materials to enhance children's learning
3.E.05	Teachers use the needs and interests of infants to influence schedules, routines and learning experiences.
3.E.07	Teaching staff actively seek to understand infants' needs and desires by recognizing and responding to their nonverbal cues and by using simple language.
3.E.08	Teachers use their knowledge of children's social relationships, interests, ideas and skills to tailor learning opportunities for groups and individuals
3.E.09	Throughout the day, teaching staff actively seek out children's ideas and discern how they understand things by observing, talking with, and listening to them.

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3.F	<i>Making Learning Meaningful for All Children</i>
3.F.01	Teachers use curriculum in all content and developmental areas as a flexible framework for teaching and to support the development of daily plans and learning experiences
3.F.02	Play is planned for each day
3.F.03	Teachers and families work together to help children participate successfully in the early childhood setting when professional values and practices differ from family values and practices
3.F.04	Teaching staff help children understand spoken language by using pictures, familiar objects, body language and physical cues.
3.F.05	Teaching staff support the development and maintenance of children's home language whenever possible.
3.F.06	Teachers offer children opportunities to engage in classroom experiences with members of their families.
3.F.07	Teaching staff use varied vocabulary and engage in sustained conversations with children about their experiences.
3.G.	<i>Using Instruction to Deepen Children's Understanding and Build Their Skills and Knowledge</i>
3.G.01	Teachers have and use a variety of teaching strategies that include a broad range of approaches and responses.
3.G.02	Teachers use multiple sources to: *identify what children have learned *adapt curriculum and teaching to meet children's needs and interests *foster children's curiosity *extend children's engagement *support self-initiated learning
3.G.03	As children learn and acquire new skills, teachers use their knowledge of children's abilities to fine-tune their teaching support. Teachers adjust challenges as children gain competence and understanding.
3.G.04	Teaching staff help children enter into and sustain play.
3.G.05	Teachers support and challenge children's learning during interactions or activities that are teacher initiated and child initiated.
3.G.07	Teachers use their knowledge of content to pose problems and ask questions that stimulate children's thinking. Teachers help children express their ideas and build on the meaning of their experiences.
3.G.08	Teacher's help children identify and use prior knowledge. They provide experiences that extend and challenge children's current understandings.
3.G.09	Teachers engage in collaborative inquiry with individual children and small groups of children.
3.G.10	Teaching staff join children in learning centers to extend and deepen children's learning. They observe children, engage children in conversations, and position themselves at eye level with the children.
3.G.11	Teachers are able to determine the different components of a task and break it into meaningful and achievable parts.
3.G.12	Teachers promote children's engagement and learning by responding to their need for and interest in practicing emerging skills, and by enhancing and expanding activities that children choose to engage in repeatedly.
3.G.13	Teachers promote children's engagement and learning by guiding them in acquiring specific skills and by explicitly teaching those skills.
3.G.14	Teachers demonstrate their knowledge of content and developmental areas by creating experiences that engage children in purposeful and meaningful learning related to key curriculum concepts.

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NAEYC Accreditation Criterion: Assessment	
4.A	<i>Creating an Assessment Plan</i>
4.A.01	Programs conduct assessments as an integral part of the program. Programs use assessments to support children's learning, using a variety of methods such as observations, checklists, rating scales and individually administered tests. (u)
4.A.02	The program has a written plan for assessment that describes assessment purposes, procedures and uses of the results. The plan also includes: *conditions under which children will be assessed *timelines associated with assessments that occur throughout the year *procedures to keep individual child records confidential *ways to involve families in planning and implementing assessments *methods to effectively communicate assessment information to families (u)
4.A.03	The program's written assessment plan includes the multiple purposes and uses of assessment including: *arranging for developmental screening and referral for diagnostic assessment when indicated *identifying children's interests and needs *describing the developmental progress and learning of children *improving curriculum and adapting teaching practices and the environment *planning program improvement *communicating with families (u)
4.B	<i>Using Appropriate Assessment Methods</i>
4.B.01	Programs use a variety of assessment methods that are sensitive to and informed by family culture, experiences, children's abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children. (u)
4.B.02	Assessments obtain information on all areas of children's development and learning, including cognitive skills, language, social-emotional development, approaches to learning, health, and physical development (including self-help skills). (u)
4.B.03	Norm-referenced and standardized tests are used primarily when seeking information on eligibility for special services or when collecting information for overall program effectiveness. When formal assessments are used, they are combined with informal methods such as observation, checklists, rating scales and work sampling. (u)
4.B.04	If the program uses published instruments, it evaluates information from the publisher about the standardization sample, standardization procedures, scoring, reliability, and validity to ensure that the results obtained with the instruments are valid for the program's purposes. (u)
4.B.05	Staff-developed assessment methods *are aligned with curriculum goals *provide an accurate picture of all children's abilities and progress *are appropriate and valid for their stated purposes *provide meaningful and stable results for all learners, including English-language learners and children with special needs *provide teachers with clear ideas for curriculum development and daily planning *are regularly reviewed to be certain that they are providing the needed information (u)
4.B.06	Staff shares an understanding of the purposes, values, and uses of assessment in their program and can explain these to others. (u)

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4.C	<i>Identifying Children's Interests and Needs and Describing Children's Progress</i>
4.C.01	All children receive developmental screening that includes: *the timely screening of all children within 3 months of program entry *screening instruments that meet professional standards for standardization, reliability and validity *screening instruments that have normative scores available on a population relevant for the child being screened *screening of children's health status and their sensory, language, cognitive, gross-motor, fine-motor and social-emotional development *a plan for evaluating the effectiveness of the screening program *using the results to make referrals to appropriate professionals, when needed, and ensuring that the referrals are followed up (This criterion is an Emerging Practice) (u)
4.C.02	Teachers assess the developmental progress of each child across all developmental areas, using a variety of instruments and multiple data sources that address the program's curriculum areas. Staff with diverse expertise and skills collects information across the full range of children's experiences. (u)
4.C.03	Teachers refer to curriculum goals and developmental expectations when interpreting assessment data. (u)
4.D	<i>Adapting Curriculum, Individualizing Teaching, and Informing Program Development</i>
4.D.01	Teachers or others who know the children and are able to observe their strengths, interests, and needs on an ongoing basis conduct assessments to inform classroom instruction and to make sound decisions about individual and group curriculum content, teaching approaches, and personal interactions. (u)
4.D.02	Teaching teams meet at least weekly to interpret and use assessment results to align curriculum and teaching practices to the interests and needs of the children. (This criterion is an Emerging Practice) (u)
4.D.03	Teachers interact with children to assess their strengths and needs to inform curriculum development and individualize teaching. (u)
4.D.04	Teachers and other professionals associated with the program use assessment methods and information to design goals for individual children as well as to guide curriculum planning and monitor progress. (u)
4.D.07	Teachers talk and interact with individual children and encourage their use of language to inform assessment of children's strengths, interests, and needs.
4.D.08	Teachers observe and document children's work, play, behaviors, and interactions to assess progress. They use the information gathered to plan and modify the curriculum and their teaching.
4.E	<i>Communicating with Families and Involving Families in the Assessment Process</i>
4.E.01	Families have ongoing opportunities to share the results of observations from home to contribute to the assessment process. (u)
4.E.02	Family members are provided information, either verbally or in writing, about their child's development and learning on at least a quarterly basis, with written reports at least two times a year. (u)
4.E.03	Teachers, families, and relevant specialists have regular opportunities to participate in two-way communication conferences to discuss each child's progress, accomplishments, difficulty in the classroom and at home as well as to plan learning activities. (u)
4.E.04	Staff works to achieve consensus with families about assessment methods that will best meet the child's needs. (u)
4.E.05	Communication with families about their child's assessments is sensitive to family values, culture, identity and home language. (u)

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4.E.06	<p>The program staff provide families with information about the choice, use, scoring, and interpretation of screening and assessment methods that includes:</p> <ul style="list-style-type: none"> *the purpose and use for which an assessment is designed and its programmatic purpose and use *the interpretations of the results and their meaning in terms of future learning opportunities for their child *the way teaching staff or others have been trained to use assessment procedures and interpret results as well as the conditions under which the child will be assessed *access to or information about the specific instruments used. (u)
4.E.07	<p>The program staff provide families with a full explanation of confidentiality by:</p> <ul style="list-style-type: none"> *listing the categories of individuals who will have access to individual child screening and assessment results as well as the reasons for their access *sharing regulations governing access to files and familial rights *describing the procedures used to keep individual child records confidential *explaining how and why children's individual screening results and assessment information will be represented, used and interpreted. (u)

NAEYC Accreditation Criterion: Health	
5.A.	<i>Promoting and Protecting Children's Health and Controlling Infectious Disease</i>
5.A.01	<p>The program maintains current health records for each child:</p> <ul style="list-style-type: none"> *Within six weeks after a child begins the program, and as age-appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the web sites of the American Academy of Pediatrics, the Centers for Disease Control of the United States Public Health Service and the Academy of Family Practice. *When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which parents are using religious exemption. <p><u>Child health records include</u></p> <ul style="list-style-type: none"> *current information about any health insurance coverage required for treatment in an emergency *results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results. *current emergency contact information for each child, which is kept up to date by a specified method during the year. *names of individuals authorized by the family to have access to health information about the child. *instructions for any of the child's special health needs such as allergies or chronic illness *supporting evidence for cases in which a child is under-immunized because of a medical condition (documented) or the family's beliefs. Staff implements a plan to exclude the child promptly if a vaccine-preventable disease to which the children are susceptible occurs in the program.
5.A.02	<p>The program has and implements a written agreement with a health consultant who is either a licensed pediatric health professional or a health professional with specific training in health consultation for early childhood programs.</p> <ul style="list-style-type: none"> *The health consultant visits at least two times a year and as needed. Where infants and toddlers/twos are in care, the health consultant visits the program at least four times a year and as needed *The health consultant observes program practices and reviews and makes recommendations about the program's practices and written health policies to ensure health promotion and prevention of infection and injury. The consultation addresses physical, social-emotional, nutritional and oral health, including the care and exclusion of ill children. *Unless the program participates in the USDA's Child and Adult Care Food Program, at least

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	<p>two times a year a registered dietician or pediatric public health nutritionist evaluated the menus for nutritional content; portion sizes; nationally recommended limits on juice, sugar, sodium and saturated fats; food service operations; special feeding needs to be met by the program; and procedures used for food brought from home.</p> <p>*The program documents compliance and implements corrections according to the recommendations of the consultant(s).</p>
5.A.03	<p>At least one staff member who has a certificate showing satisfactory completion of first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with each group of children. When the program includes swimming and wading and when a child in the group has a special health condition that might require CPR, one staff person who has successfully completed training in CPR is present in the program at all times.</p>

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5.A.04	<p>The program follows these practices in the event of illness:</p> <p>*If an illness prevents the child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children or if a child's condition is suspected to be contagious and requires exclusion as identified by public health authorities, then the child is made comfortable in a location where she or he is supervised by a familiar caregiver. If the child is suspected of having a contagious disease, then until she or he can be picked up by the family, the child is located where new individuals will not be exposed.</p> <p>*The program immediately notifies the parent, legal guardian, or other person authorized by the parent when a child has any sign or symptom that requires exclusion from the program.</p> <p>*The program that allows ill children or staff to remain in the program implements plans that have been reviewed by a health professional about what level and types of illness require exclusion, how care is provided for those who are ill but who are not excluded and when it is necessary to require consultation and documentation from a health care provider for an ill child or staff member.</p>
5.A.05	<p>Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability and control measures that are being implemented at the program and that families should implement at home. The program has documentation that has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.</p>
5.A.06	<p>Children of all ages have daily opportunities for outdoor play. When outdoor opportunities for large-motor activities are not possible because of conditions, the program provides similar activities inside. Indoor equipment for large-motor activities meets national safety standards and is supervised at the same level as outdoor equipment.</p>
5.A.07	<p>To protect against cold, heat, sun injury and insect-borne disease, the program ensures that</p> <p>*Children wear clothing that is dry and layered for warmth in cold weather</p> <p>*Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF-15 or higher that is applied to exposed skin.</p>
5.A.08	<p>For children who are unable to use the toilet consistently, the program makes sure that</p> <p>*Staff use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit their use.</p> <p>*For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit</p> <p>*Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag and sent home that day for laundering.</p> <p>*Staff check children for signs that diapers or pull-ups are wet or contain feces at least every two-hours when children are awake and when children awaken.</p> <p>*Diapers are changed when wet or soiled.</p> <p>*Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility</p> <p>*Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. For kindergartners, the program may use an underclothing changing area designated for and used only by this age group.</p> <p>*At all times, caregivers have a hand on the child when the child is being changed on an elevated surface.</p> <p>*In the changing area, staff post and follow changing procedures. These procedures are used to evaluate teaching staff that change diapers.</p> <p>*Surfaces used for changing and on which changing materials are placed are not used for other</p>

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	<p>purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding.</p> <p>*Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device.</p> <p>*Containers are kept closed and are not accessible to children</p> <p>*Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.</p>
5.A.09	<p>The program follows these practices regarding hand washing:</p> <p>*Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored.</p> <p>*Hand washing is required by all staff, volunteers, and children when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others</p> <p>*Staff assists children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.</p> <p><u>Children and adults wash their hands:</u></p> <p>*on arrival for the day</p> <p>*after diapering or using the toilet</p> <p>*after handling body fluids</p> <p>*before meals and snacks, before preparing or serving food, or after handling an raw food that requires cooking</p> <p>*after playing in water that is shared by two or more people</p> <p>*after handling pets and other animals or any materials such as sand, dirt or surfaces that might be contaminated by contact with animals</p> <p>*when moving from one group to another that involves contact with infants and toddlers/twos</p> <p>Adults also wash their hands:</p> <p>*before and after feeding a child</p> <p>*before and after administering medication</p> <p>*after assisting a child with toileting</p> <p>*after handling garbage or cleaning</p> <p>Proper hand-washing procedures are followed by adults and children and include:</p> <p>*using liquid soap and running water</p> <p>*rubbing hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer, and avoiding touching the faucet with just-washed hands.</p> <p>Except when handling blood or body fluids that might contain blood, wearing gloves is an optional supplement, but not a substitute, for hand-washing situation listed above.</p> <p>*Staff wear gloves when contamination with blood may occur</p> <p>*Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material</p> <p>*In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks before using them to prepare food.</p>
5.A.10	<p>Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed with each group of children, the water is drained. Alternately, fresh potable water flows freely through the water play table and out through a drain in the table.</p>
5.A.11	<p>Safeguards are used with all medications for children:</p> <p>*Staff administers both prescription and over-the-counter medications to a child only if the child's record documents that the parent or legal guardian has given the program written permission.</p> <p>*The child's record includes instructions from the licensed health provider who has prescribed or recommended medication for that child; alternatively, the licensed health provider's office may give instructions by telephone to the staff.</p> <p>*Any administrator or teaching staff who administers medication has specific training and a</p>

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	<p>written performance evaluation updated annually by a health professional on the practice of the five right practices of medical administration: 1-verifying that the right child receives the 2-right medication 3-in the right dose 4-at the right time 5-by the right method with documentation of each right each time the medication is given. The person giving the medication signs documentations of items 1-5 above. Teaching staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedure by the prescribing health care provider. *Medications are labeled with the child's first and last names, the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider, the expiration date of the medication, the manufacturer's instructions or the original prescription label that details the name and strength of the medication and instructions on how to administer and store it. *All medications are kept in a locked container.</p>
5.A.16	At least once daily in a program where children older than one year receive two or more meals, teaching staff provide an opportunity for tooth brushing and gum cleaning to remove food and plaque.
5.B	<i>Ensuring Children's Nutritional Well-Being</i>
5.B.01	If the program provides food for meals and snacks, the food is prepared, served and stored in accordance with the USDA CACFP guidelines.
5.B.02	<p>Staff take steps to ensure the safety of food brought from home: *They work with families to ensure that foods brought from home meet the USDA's CACFP food guidelines. *All foods and beverages brought from home are labeled with the child's name and the date. *Staff makes sure that food requiring refrigeration stays cold until served. *Food is provided to supplement food brought from home if necessary. *Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers.</p>
5.B.03	The program takes steps to ensure food safety in its provision of meals and snacks. Staff discards foods with expired dates. The program documents compliance and any corrections that it has made according to the recommendations of the program's health consultant, nutritional consultant, or a sanitarian that reflect considerations of federal and other applicable food standards.
5.B.05	For each child with special health care needs or food allergies or special nutrition needs, the child's health provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The program protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.
5.B.06	Clean sanitary drinking water is made available to children throughout the day.
5.B.07	Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.
5.B.15	The program prepares written menus, posts them where families can see them, and has copies available for families. Menus are kept on file for review by the consultant.
5.B.16	The program serves meals and snacks at regularly established times. Meals and snacks are at least 2 hours apart but not more than 3 hours apart.

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5.C.	<i>Maintaining a Healthful Environment</i>
5.C.01	The routine frequency of cleaning and sanitizing all surfaces in the facility is as indicated in the Cleaning and Sanitation Frequency Table. Ventilation and sanitation, rather than sprays, air freshening chemicals, or deodorizers, control odors in inhabited areas of the facility and in custodial closets.
5.C.02	Procedures for standard precautions are used and include the following: *surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized *Staff use barriers and techniques that minimize contact of mucous membranes or of openings in skin with potentially infectious body fluids and that reduce the spread of infectious disease *When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing *After cleaning, staff sanitize nonporous surfaces by using the procedure for sanitizing designated changing surfaces described in the Cleaning and Sanitation Frequency Table *Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning *Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.
5.C.03	A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion is either to be washed by hand using water and detergent, then rinsed, sanitized, and air dried or washed and dried in a mechanical dishwasher before it can be used by another child.
5.C.04	Staff maintains areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.
5.C.05	Classroom pets or visiting animals appear to be in good health. Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized and that the animal is suitable for contact with children. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Program staff makes sure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk for salmonella infection.

NAEYC Accreditation Criterion: Teachers	
6.A	<i>Preparation, Knowledge and Skills of Teaching Staff</i>
6.A.01	All teaching staff knows and uses ethical guidelines in their conduct as members of the early childhood profession.
6.A.02	When working with children, all teaching staff demonstrate the ability to: *interact with children without using physical punishment or any form of psychological abuse *recognize health and safety hazards and protect children from harm *encourage and provide children with a variety of opportunities for learning *encourage and provide children with a variety of social experiences *adapt and respond to changing and challenging conditions in ways that enhance program quality *communicate with children and families
6.A.03	Before working alone with children, new teaching staff are given an initial orientation that introduces them to fundamental aspects of program operation including: *program philosophy, values and goals *expectations for ethical conduct *health, safety, and emergency procedures *individual needs of children they will be teaching or caring for *accepted guidance and classroom management techniques *daily activities and routines of the program *child abuse and neglect reporting procedures *NAEYC Early Childhood Program Standards

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	<p>*regulatory requirements <i>Follow-up training expands on the initial orientation.</i></p>
6.A.04	<p>Substitutes, volunteers, and other adults are given a preliminary orientation that introduces them to fundamental aspects of program operation before they begin working with children. The orientation includes health, safety, and emergency procedures; accepted guidance and classroom management techniques; child abuse and neglect reporting procedures; and regulatory requirements. These adults work with children under the direct supervision of qualified teaching staff. <i>Follow-up training expands on the initial orientation.</i></p>
6.A.05	<p>All teachers have a minimum of an associate's degree' or equivalent. At least 75% of teachers have a minimum of a baccalaureate degree or equivalent in early childhood education, or early childhood special education that encompasses child development and learning of children birth through kindergarten; family and community relationships; observing, documenting, and assessing young children; teaching and learning; and professional practices and development.</p>
6.A.06	<p>Assistant teachers-teacher aides (staff who implement program activities under direct supervision) have a high school diploma or GED and *50% of assistant teachers-teacher aides have at least a Child Development Associate Credential (CDA) or equivalent *100% of assistant teachers-teacher aides who do not have at least a CDA, are enrolled in a program, and are demonstrating progress toward the CDA or equivalent. College-level course work is from regionally accredited institutions of higher education and may include distance learning or online coursework. If there is only one assistant teacher-teacher aide, then either of the requirements can be met.</p>
6.A.07	<p>All teaching staff have specialized college-level course work and/or professional development training that prepares them to work with children and families of diverse races, cultures, and languages. Specialized college-level course work may include core courses that cover these topics or courses addressing these topics specifically. Teaching staff adapt their teaching in response to children's differences.</p>
6.A.08	<p>All teaching staff have specialized course work or professional development training in the program's curriculum, and in communication and collaboration skills that prepare them to participate as a member of a team.</p>

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6.A.09	All teaching staff that supervise or mentor other staff members have specialized college-level course work or professional development training and preparation in adult supervision, mentoring, and leadership development. Specialized college-level course work may include core courses that cover these topics or courses addressing these topics specifically.
6.A.10	All teachers and assistant teachers/teacher aides have specialized college-level course work or professional training in knowledge and skills relevant to the specific ages or the special circumstances/specific needs of children they teach. Specialized college-level course work may include core courses that cover these topics or courses addressing these topics specifically.
6.A.11	All teachers and assistant teachers/teacher aides have specialized professional development training in how to accurately use the program's assessment procedures for assessment of child progress and program quality. Their training is used to adapt classroom practices and curriculum activities.
6.A.12	All teachers and assistant teachers/teacher aides have specialized college-level course work or professional development training that prepares them to work with children who have special needs. The course work or training may include core courses that cover these topics or courses addressing these topics specifically. The course work and training includes: *family centered practice *atypical development and common health problems *IDEA and other applicable laws *children's and families' rights under these laws *roles and responsibilities related to the IEP/IFSP *strategies for modifying and adapting curriculum, schedules, materials, and instruction to meet individual needs *the referral and assessment process *community supports and resources
6.B	<i>Teachers' Dispositions and Professional Commitment</i>
6.B.01	All teaching staff evaluates and improves their own performance based on ongoing reflection and feedback from supervisors, peers and families. They add to their knowledge and increase their ability to put knowledge into practice. They develop an annual individualized professional development plan with their supervisor and use it to inform their continuous professional development.
6.B.02	All teaching staff continuously strengthens their leadership skills and relationships with others and works to improve the conditions of children and families within their programs, the local community or region and beyond. Teaching staff participate in informal or formal ways in local, state or regional public-awareness activities related to early care by joining groups, attending meetings or sharing information with others both at and outside the program.

NAEYC Accreditation Criterion: Families	
7.A	<i>Knowing and Understanding the Program's Families</i>
7.A.01	As a part of orientation and ongoing staff development, new and existing program staff develops skills and knowledge to work effectively with diverse families. (u)
7.A.02	Program staff uses a variety of formal and informal strategies to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds. (u)
7.A.03	Program staff actively uses information about families to adapt the program environment, curriculum and teaching methods to the families they serve. (u)
7.A.04	To better understand the cultural backgrounds of children, families, and the community, program staff participates in community cultural events, concerts, storytelling activities, or other events and performances designed for children and their families. (This criterion is an Emerging Practice) (u)
7.A.05	Program staff provides support and information to family members legally responsible for the care and well-being of a child. (u)
7.A.06	Program staff establishes intentional practices designed to foster strong reciprocal

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	relationships with families from the first contact and maintain them over time. (u)
7.A.07	Program staff ensures that all families, regardless of family structure; socioeconomic, racial, religious, and cultural backgrounds; gender; abilities; or preferred language are included in all aspects of the program, including volunteer opportunities. These opportunities consider each family's interests and skills and the needs of program staff. (u)
7.A.08	Program staff engages with families to learn from their knowledge of their child's interests, approaches to learning, and the child's developmental needs, and to learn about their concerns and goals for their children. This information is incorporated into ongoing classroom planning. (u)
7.A.09	Program staff uses a variety of formal and informal methods to communicate with families about the program philosophy and curriculum objectives, including educational goals and effective strategies that can be used by families to promote their children's learning. Staff uses a variety of methods such as new family orientations, small group meetings, individual conversations, and written questionnaires, which help staff, get input from families about curriculum activities throughout the year. (u)
7.A.10	The program works with families on shared child care giving issues, including routine separations, special needs, the food being served and consumed and daily care issues. (u)
7.A.11	Families may visit any area of the facility at any time during the program's regular hours of operation as specified by the procedures of the facility. (u)
7.A.12	The program facilitates opportunities for families to meet with one another on a formal and informal basis, work together on projects to support the program, and learn from and provide support for each other. (u)
7.A.13	The program's governing or advisory groups include families as members and active participants. Staff or other families in the program encourage and support family members in taking on leadership roles. (u)
7.A.14	Program staff and families work together to plan events. Families' schedules and availability are considered as part of this planning. (u)

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7.B	<i>Sharing Information Between Staff and Families</i>
7.B.01	Program staff uses a variety of mechanisms such as family conferences or home visits to promote dialogue with families. The program staff asks adults to translate or interpret communications as needed. (u)
7.B.02	The program compiles and provides program information to families in a language the family can understand. This information includes program policies and operating procedures. (u)
7.B.03	Program staff informs families about the program's systems for formally and informally assessing children's progress. This information includes the purposes of the assessment, the procedures used for assessment, procedures for gathering family input and information, the timing of assessments, the way assessment results or information will be shared with families, and ways the program will use the information. (u)
7.B.04	When program staff suspects that a child has a developmental delay or other special need, this possibility is communicated to families in a sensitive, supportive, and confidential manner and is provided with documentation and explanation for the concern suggested next steps and information about resources for assessment. (u)
7.B.05	Program staff communicates with families on a daily basis regarding infants' and toddlers'/twos' activities and developmental milestones, shared care giving issues, and other information that affects the well-being and development of their children. Where in-person communication is not possible, program staff communicates through established alternative means.
7.B.06	Program staff communicates with families on at least a weekly basis regarding children's activities and developmental milestones, shared care giving issues, and other information that affects the well-being and development of their children. Where in-person communication is not possible, program staff communicates through established alternative means.

7.C	<i>Nurturing Families as Advocates for Their Children</i>
7.C.01	Program staff encourages families to regularly contribute to decisions about their child's goals and plans for activities and services. (u)
7.C.02	Program staff encourages families to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff then incorporates into classroom practice. (u)
7.C.03	Program staff encourages and supports families to make the primary decisions about services that their children need, and they encourage families to advocate obtaining needed services.(u)
7.C.04	Program staff uses a variety of techniques to negotiate difficulties that arise in their interactions with family members. Program staff makes arrangements to use these techniques in a language the family can understand. (u)
7.C.05	Program staff provides families with information about programs and services form other organizations. Staff supports and encourages families' efforts to negotiate health, mental health, assessment and educational services for their children. (This is an Emerging Practice) (u)
7.C.06	Program staff uses established linkages with other early education programs and local elementary schools to help families prepare for and manage their children's transitions between programs, including special education programs. Staff provides information to families that can assist them in communicating with other programs. (u)
7.C.07	To help families with their transitions to other programs or schools, staff provides basic general information on enrollment procedures and practices, visiting opportunities, and program options. (u)
7.C.08	Before sharing information about a child with other relevant providers, agencies, or other programs, staff obtains written consent from the family. (u)

NAEYC Accreditation Criterion: Community Relationships	
8.A.	<i>Linking with the Community</i>
8.A.01	Program staff maintains a current list of child and family support services available in the community based on the pattern of needs they observe among families and based on what

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	families request. They share the list with families and assist them in locating, contacting, and using community resources that support children's and families' well-being and development. (u)
8.A.02	Program staff develops partnerships and professional relationships with agencies, consultants, and organizations in the community that further the program's capacity to meet the needs and interests of the children and families that they serve. (u)
8.A.03	Program staff is familiar with family support services and specialized consultants who are able to provide culturally and linguistically appropriate services. They use this knowledge to suggest and guide families to these services as appropriate. (u)
8.A.04	Program staff encourages continuity of services for children by communicating with other agencies and programs to achieve mutually desired outcomes for children and to guide collaborative work. (u)
8.A.05	Program staff identifies and establish relationships with specialized consultants who can assist all children's and families' full participation in the program. This assistance includes support for children with disabilities, behavioral challenges or other special needs. (u)
8.A.06	Program staff advocates for the program and its families by creating awareness of the program's needs among community councils, service agencies, and local governmental entities. (This criterion is an Emerging Practice) (u)
8.A.07	Program staff includes information gathered from stakeholders in planning for continuous improvement, building stakeholder involvement in the program, and broadening community support for the program. (This criterion is an Emerging Practice) (u)
8.B	<i>Accessing Community Resources</i>
8.B.01	Program staff uses their knowledge of the community and the families it serves as an integral part of the curriculum and children's learning experiences. (u)
8.B.02	Program staff connects with and uses their community's urban, suburban, rural or tribal cultural resources. (u)
8.B.03	Program staff informs families about community events sponsored by local organizations, such as museum exhibits, concerts, storytelling, and thereafter intended for children. (u)
8.B.04	Program staff invites members of the performing and visual arts community, such as musical performers, coordinators of traveling museum exhibits, local artists, and community residents, to share their interests and talents with the children. (u)
8.B.05	The program engages with other community organizations and groups to cosponsor or participate in cultural events to enrich the experience of children and families in the program. (u)

(u) indicates criteria that is universal to groups from infant/toddler – kindergarten

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8.C.	<i>Acting as a Citizen in the Neighborhood and the Early Childhood Community</i>
8.C.01	Program staff is encouraged to participate in local, state, or national early childhood organizations by joining and attending meetings and conferences. Program staff is also encouraged to participate regularly in local, state or regional public-awareness activities related to early care and education. (u)
8.C.02	The program encourages staff to participate in joint and collaborative training activities or events (u)
8.C.03	The program encourages staff and families to work together to participate in and support community improvement or advocacy projects. (u)
8.C.04	Program leadership builds mutual relationships and communicates regularly with close neighbors, informing them about the program, seeking out their perspectives, involving them in the program as appropriate, and cooperating with them on neighborhood interests and needs. (u)
8.C.05	Program staff are encouraged and given the opportunity to participate in community or statewide interagency councils or service integration efforts. (u)
8.C.06	Program leadership is knowledgeable about how policy changes at local, state, tribal, or national levels affect the services and resources available for children and their families. (u)

NAEYC Accreditation Criterion: Physical Environment	
9.A.	<i>Indoor and Outdoor Equipment, Materials and Furnishings</i>
9.A.01	The following furnishings are available: *equipment and furnishings for diaper changing and changing soiled underwear or other clothing that are located away from food preparation areas *hand-washing sinks within arm's length of diaper changing tables *a chair with a back and seating height that allows the child to sit with his/her feet on the floor or ground (for each child over the age of one year). (u)
9.A.02	Individual space is provided for each child's belongings. (u)
9.A.03	Non-disposable materials are durable and in good repair. Equipment, materials and furnishings are available that provide access for children with disabilities to the program's curriculum and activities. (u)
9.A.04	A variety of age- and developmentally appropriate materials and equipment are available indoors and outdoors for children throughout the day. This equipment includes: *dramatic play equipment *sensory materials such as sand, water, play dough, paint and blocks *materials that support curriculum goals and objectives in literacy, math, science, social studies and other content areas *gross-motor equipment for activities such as pulling up; walking, climbing in, on and over; moving through, around and under; pushing; pulling; and riding. (u)
9.A.05	The indoor environment is designed so staff can supervise children by sight and sound at all times without relying on artificial monitoring devices. In semiprivate areas, it is always possible for both children and adults to be observed by an adult from outside the area. (u)
9.A.06	When climbers, climbing gyms, slides, and other play units are part of the indoor environment, the program provides safety surfacing that is rated and installed in the fall zone as recommended by the manufacturer for the fall height of the play equipment. Furnishings such as lofts are constructed to prevent falls (e.g., with appropriate barriers), or safety surfacing is installed in the fall zone. (u)
9.A.07	Staff organizes and groups materials on low, open shelves to encourage children to use them independently. Staff rotates and adapts materials to promote learning and extend children's play opportunities. (u)
9.A.08	Materials and equipment are available to facilitate focused individual play or play with peers, in sufficient quantities to occupy each child in activities that meet his or her interests. (u)
9.A.09	Program staff arranges the environment to be welcoming and accessible . A welcoming and accessible environment contains elements such as: *multicultural materials that promote appreciation for diversity while being respectful of the cultural traditions, values and beliefs of families being served *clearly defined places where families can gather information regarding the daily schedule and upcoming events *clearly defined places where families sign in, sign out, and gather information about their child's day *places for displaying children's work

(u) indicates criteria that is universal to groups from infant/toddler – kindergarten

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	*features that moderate visual and auditory stimulation (u)
9.A.10	The indoor environment includes washable, soft elements that allow groups of children or adults and children to sit in close proximity for conversations or comforting. (u)
9.A.11	Clear pathways are available for children to move from one area to another without disturbing other children's work and play.
9.A.12	Indoor space is designed and arranged to: *accommodate children individually, in small groups, and in a large group *divide space into areas that are supplied with materials organized in a manner to support children's play and learning *provide semiprivate areas where children can play or work alone or with a friend *provide children with disabilities full access (making adaptations as necessary) to the curriculum and activities in the indoor space. (u)
9.A.13	Staff selects and uses materials, equipment and furnishings to support the curriculum meet program goals and foster the achievement of desired outcomes for children. (u)

(u) indicates criteria that is universal to groups from infant/toddler – kindergarten

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9.B	<i>Outdoor Environmental Design</i>
9.B.01	Outdoor play areas, designed with equipment that is age and developmentally appropriate and that is located in clearly defined spaces with semiprivate areas where children can play alone or with a friend, accommodate: *motor experiences such as running, climbing, balancing, riding, jumping, crawling, scooting or swinging *activities such as dramatic play, block building, manipulative play or art activities *exploration of the natural environment, including a variety of natural and manufactured surfaces, and areas with natural materials such as nonpoisonous plants, shrubs and trees. (u)
9.B.02	Program staff provides an outdoor play area that is protected by fences or by natural barriers to prevent access to streets and to avoid other dangers, such as pits, water hazards or wells. (u)
9.B.03	The outdoor play area is arranged so that staff can supervise children by sight and sound. (u)
9.B.04	The program provides at least 75 square feet of outside play space for each child playing outside at any one time. The total amount of required play space is based on a maximum of one-third of the total center enrollment being outside at a time. (u)
9.B.05	Sandboxes that are part of a program facility are: *constructed to allow for drainage *covered when not in use *cleaned of foreign matter on a regular basis *staff replaces sand as often as necessary to keep the sand clean. (u)
9.B.06	The outdoor play area protects children from: *injury from falls (resilient surfacing should extend 6 feet beyond the limits of stationary equipment) *catch points, sharp points, and protruding hardware *entrapment (openings should measure less than 3.5 inches or more than 9 inches) *tripping hazards *excessive wind and direct sunlight. (u)
9.B.07	The findings of an assessment by a Certified Playground Safety Inspector are documented and available on-site. The assessment documents: *that play equipment is safe, protecting against death or permanently disabling injury for children from 2 years through kindergarten *that, through remedial action, the program has corrected any unsafe conditions where applicable *that an inspection and maintenance program has been established and is performed on a regular basis to ensure ongoing safety *that the outdoor play area accommodates abilities, needs and interests of each age group the program serves. (u) (This criterion is an Emerging Practice)
9.C.	<i>Building and Physical Design</i>
9.C.01	There is a minimum of 35 square feet of usable space per child in each of the primary indoor activity areas. (The primary activity area does not include diaper stations, cribs, large structures that cannot be removed or moved aside easily, toilets, any sick-child area, staff rooms, corridors, hallways, stairways, closets, lockers or cubbies, laundry rooms, janitor rooms, furnace rooms, storage areas, and built-in shelving. Specialty areas such as computer rooms, reading rooms and lunchrooms, where children are expected to remain seated for short periods of time may be excluded from the minimum space requirement). (u)
9.C.02	The work environment for staff, including classrooms and staff rooms, is comfortable and clean and is in good repair. The work environment includes: *a place for adults to take a break from children *an adult-sized bathroom *a secure place for staff to store their personal belongings *an administrative area for planning or preparing materials that is separated from children's areas. (u)
9.C.03	Facilities meet Americans with Disabilities Act (ADA) accessibility requirements. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play space, and all classroom and therapy areas. (u)
9.C.04	The program provides children who attend for more than two hours at a time natural light in at least some of the indoor areas occupied during the course of the day. (u)
9.C.05	Toilets, drinking water and hand-washing facilities are within 40 feet of the indoor areas that children use. The hand-washing sinks are accessible to staff and children (step stools are available if needed). (u)

(u) indicates criteria that is universal to groups from infant/toddler – kindergarten

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9.C.06	The routine frequency of cleaning and sanitation in the facility is carried out as indicated in the Cleaning and Sanitation Frequency Table. Staff cleans and sanitizes toilet seats, handles and bowls, doorknobs, or cubicle handles and floors either daily or immediately if visibly soiled. Staff cleans and sanitizes potty chairs, if in use, after each child's use. (u)
9.C.07	The building is well maintained. Walls, floors, furnishings, the outdoor play area, and equipment are kept in good repair and are safe, with no sharp edges, splinters, protruding or rusty nails, or missing parts. (u)
9.C.08	Program staff protects children and adults from hazards, including electrical shock, burns or scalding, slipping, tripping or falling. Floor coverings are secured to keep staff and children from tripping or slipping. The program excludes baby walkers. (u)
9.C.09	Program staff makes sure that stairwells and corridors are well lighted. There is emergency lighting with unobstructed and visible paths for entering and exiting as well as clearly marked regular and emergency exits. (u)
9.C.10	Fully equipped first-aid kits are readily available and maintained for each group of children. Staff takes at least one kit to the outdoor play areas as well as on field trips and outings away from the site. (u)
9.C.11	*Fully working fire extinguisher, fire alarms and carbon monoxide detectors are installed in each classroom and are tagged and serviced annually. *Smoke detectors, fire alarms and carbon monoxide detectors are tested monthly, and a written log of testing dates and battery changes is maintained and available. (u)
9.C.12	Any body of water, including swimming pools, built-in wading pools, ponds, and irrigation ditches is enclosed by a fence at least 4 feet in height, with any gates childproofed to prevent entry by unattended children. To prevent drowning accidents, staff supervise all children by sight and sound in all areas with access to water in tubs, pails and water tables. (u)
9.C.13	Areas that have been recently painted, carpeted, tiled or otherwise renovated are ventilated before they are used by children. (u)
9.C.14	Vehicles that programs use are held to school bus standards or are multifunctional school activity buses. These vehicles are labeled with the program's name and phone number. Program vehicles maintenance is performed according to manufacturers' recommended maintenance schedule. Documentation of maintenance is available on site for each vehicle, showing date of regular and at least quarterly inspections and preventative maintenance. Staff carries out daily pre-trip inspections of vehicles and corrects any unsafe conditions, including unsatisfactory air pressure in tires. (u)
9.C.15	Staff use vehicles and approved child and adult safety-restraint devices in accordance with the manufacturer's instructions, and they use the restraints at all times when transporting children. (u)
9.D	<i>Environmental Health</i>
9.D.01	Documentary evidence, available on site, indicates that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazard from friable material. Evidence exists that the program has taken remedial or containment action to prevent exposure to children and adults if warranted by the assessment. (u)
9.D.02	When the water supply source is a well or other private source (i.e., not served by a public supply), on-site documentary evidence verifies that the local regulatory health authority has determined the water to be safe for human consumption. (u)
9.D.03	Program staff protects children and adults from exposure to high levels of air pollution from smog or heavy traffic by limiting outdoor and physical activity as a precaution during smog or other air pollution alerts. (u)
9.D.04	The program has taken measures in all rooms occupied by children to control noise levels so normal conversation can be heard without raising one's voice. (u)
9.D.05	All rooms that children use are heated, cooled, and ventilated to maintain room temperature and humidity level. The maintenance staff or contractor certifies that facility systems are maintained in compliance with national standards for facility use by children. (u)
9.D.06	The facility and outdoor play areas are entirely smoke free. No smoking is permitted in the presence of children. (u)
9.D.07	Areas used by staff or children who have allergies to dust mites or to components of furnishings or to components of furnishings or supplies are maintained by the program according to the recommendations of health professionals. (u)

(u) indicates criteria that is universal to groups from infant/toddler – kindergarten

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9.D.08	The program maintains facilities so they are free from harmful animals, insect pests, and poisonous plants. Pesticides and herbicides, if used, are applied according to the manufacturer's instructions when children are not at the facility and in a manner that prevents skin contact, inhalation and other exposure to children. The program uses the techniques known as Integrated Pest Management (IPM) so the least hazardous means are used to control pests and unwanted vegetation. (u)
9.D.09	Toxic substances (used only as directed by the manufacturer) are: *stored in original labeled container *kept in a locked room or cabinet, inaccessible to children, and away from medications and foods *matches and lighters are not accessible, and gasoline and other flammable materials are stored (when needed) in a separate building. (u)

NAEYC Accreditation Criterion: Leadership and Management	
10.A.	Leadership
10.A.01	The program has a well-articulated mission and philosophy of program excellence that guide its operation. The goals and objectives relate to the mission, philosophy, and all program operations and include child and family desired outcomes. (u)
10.A.02	*has at least 24 credit-bearing hours of specialized college-level course work in early childhood education, child development, elementary education, or early childhood special education that encompasses child development and children's learning from birth through kindergarten; family and community relationships; the practices of observing, documenting, and assessing young children; teaching and learning processes; and professional practices and development OR *documents that a plan is in place to meet the above indicators within five years OR *can provide documentation of having achieved a combination of relevant formal education and experience as specified in table 2, Alternative Pathways to Achieve Qualifications as a Program Administrator. (This is a required criterion)
10.A.03	The program administrator demonstrates commitment to a high level of continuing professional competence and an ability to promote teamwork. (u)
10.A.04	The program, regardless of its size or funding auspices, has a designated program administrator with the educational qualifications detailed in Criterion 10.A.02. When a program has a <i>total enrollment of fewer than 60</i> full-time equivalent (FTE) children, employs fewer than 8 FTE staff, or both, *a program may have a part-time administrator or an administrator who fulfills a dual role *In multi-site programs, the sites may share an off-site administrator when a program has a <i>total enrollment of 60 or more</i> FTE children, employs 8 or more FTE staff or both, *a program has a full-time administrator, or *at multi-site programs, individual facilities have on-site a full-time administrator or full-time manager under the direct supervision of an individual who meets the qualifications outlined for program administrator. Note: when more than one person share administrative responsibilities, at least one person must meet the qualifications detailed in criterion 10.A.02. This person is considered the designated administrator, and her or his contributions will be included in the assessment of criteria within the Leadership topic area. (u)
10.A.05	The program administrator provides leadership to staff to implement the program mission. (u)
10.A.06	The program administrator responds proactively to changing conditions to enhance program quality. (u)
10.A.07	The program administrator and other program leaders systematically support an organizational climate that fosters trust, collaboration, and inclusion. (u)
10.B.	Management Policies and Procedures
10.B.01	Policies detail staff responsibilities, planning time, and training and resources, address the importance of families and professionals across disciplines, and emphasize the need to work as teams and to build community partnerships. (u)
10.B.02	All components of program operation are guided by written policies and are carried out through articulated plans, systems, and procedures that enable the program to run smoothly and effectively and that guide the program toward achieving its goals. (u)

(u) indicates criteria that is universal to groups from infant/toddler – kindergarten

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10.B.03	Technology-based information management systems are in place. Procedures guide staff in collecting and analyzing data that are used to monitor the operation of the program and to inform program improvement. (This criterion is an emerging practice.) (u)
10.B.04	The program and facility are licensed to operate or are regulated by the applicable state and local regulatory systems. The program maintains documentation showing that it is considered in good standing by its regulatory bodies, and it can document all certifications, approvals, and corrections of violations and deficiencies. (This is a required criterion.) (u)
10.B.05	Accident and liability insurance coverage is maintained for children and adults. A certificate of insurance is available for review. (u)

(u) indicates criteria that is universal to groups from infant/toddler – kindergarten

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10.B.06	If a program is led or governed by a board of directors, advisory group, council, or other similar group, written policies define their roles and responsibilities along with those of the program staff who work directly with those entities. (u)
10.B.07	The program has a strategic planning process that outlines actions the program will take to: *implement the program's vision and mission *achieve outcomes desired for children *maintain high-quality services to children and families *provide long-term resources to sustain the operation of the program. (u)
10.B.08	The program has written policies and procedures that demonstrate how the program prepares for, orients, and welcomes children and families. These policies and procedures are shared verbally and in writing with families of enrolled children and are available in languages that families use and understand. Policies address: *the program's philosophy and curriculum goals and objectives *the program's commitment to welcome children and families *guidance and discipline Procedures address: *the variety of strategies used by the program for ongoing communication with families including communication in their preferred language or through translation *how IFSPs, IEPs and other individualized plans will be addressed for children with disabilities and other special learning needs *health and safety precautions and requirements that affect families and their children, including building security and access, medications, inclusion or exclusion of ill children, and emergency plans *the variety of techniques used by the program to negotiate difficulties and differences that arise in interactions between families and program staff *payment, meals and snacks, and sleeping arrangements *how the program ensures confidentiality of child and family information *safety precautions that will be used to safeguard the children on trips, including having a communication device to call for help whenever necessary while on the trip, having first-aid supplies on the trip, and alternate transportation arrangements if there is a problem with the transportation vehicles during the trip. (u)
10.B.09	The program has plans and policies to attract and maintain a consistently qualified, well-trained staff and to reduce staff turnover. (u)
10.B.10	Policies guide the appropriate use of specialized consultants to support staff's efforts to meet the needs of children and families to participate fully in the program, including children with disabilities, behavior challenges, or other special needs. Procedures address expected consultant skills, payment, access, availability, and working relationships with staff as well as how the program will arrange with other agencies to use their consultants for children who are eligible for their services. (This criterion is an Emerging Practice.) (u)
10.B.11	Policies prescribe that each group be assigned teaching staff who have primary responsibility for working with that group of children. These teaching staff provide ongoing personal contact, meaningful learning activities, supervision, and immediate care as needed to protect children's well-being. (u)
10.B.12	Written procedures address the maintenance of developmentally appropriate teaching staff-child ratios within group size to facilitate adult-child interaction and constructive activity among children. Teaching staff-child ratios within group size are maintained during all hours of operation, including: *indoor time *outdoor time *during transportation and field trips Groups of children may be ltd to one age or may include multiple ages. (u)

(u) indicates criteria that is universal to groups from infant/toddler – kindergarten

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10.B.13	The program is organized and staffed to minimize the number of group, teaching staff, and classroom transitions experienced by an individual child during the day and program year. Every attempt is made to maintain continuity of relationships between teaching staff and children and among groups of children. (u)
10.B.14	Procedures address transition planning by administrators, teachers, and families to facilitate children's transition from one teacher to another, from one group to another, from one classroom to another and from one program to another. (u)
10.C.	<i>Fiscal Accountability Policies and Procedures</i>
10.C.01	Financial policies and the procedures to implement them provide evidence of sound fiscal accountability using standard accounting practices. Financial policies and procedures are consistent with the program's vision, philosophy, mission, goals, and expected child outcomes. Operating budgets are prepared annually, and there is at least quarterly reconciliation of expenses to budget. A system exists to review or adjust the budget if circumstances change, and it includes a yearly audit. Budgets are reviewed and amended as needed. Fiscal records are kept as evidence of sound financial management. (u)
10.C.02	The person directly responsible for program implementation is included in long-range fiscal planning and in operating budget preparation, reconciliation and review. (u)
10.C.03	The program has resources to support the program's vision, philosophy, mission, goals, operation and expected child outcomes. Program administrators and other program leaders actively work to generate and manage the resources needed to support a program of excellence. (u)
10.D	<i>Health, Nutrition and Safety Policies and Procedures</i>
10.D.01	The program has written policies to promote wellness and to safeguard the health and safety of children and adults. Procedures are in place that address: *steps to reduce occupational hazards such as infectious diseases *management plans and reporting requirements for staff and children with illness, including administration of medication and criteria for their inclusion or exclusion *supervision of children in instances when teaching staff are assigned to specific areas that are near equipment where injury could occur *the providing of space, supervision and comfort for a child waiting for pick up because of illness *the providing of adequate nutrition for children and adults *sleeping and napping arrangements *sanitation and hygiene, including food handling and feeding *maintenance of the facility and equipment *prohibition of smoking and firearms and other significant hazards that pose risks to children and adults *the providing of referrals for staff to resources that support them in wellness, prevention and treatment of depression, and stress management (u)
10.D.02	The program has written procedures to protect children and adults from environmental hazards such as air pollution, lead, and asbestos, according to public health requirements. (u)
10.D.03	The program has a written policy for reporting child abuse and neglect as well as procedures in place that comply with applicable federal, state, and local laws. The policy includes requirements for staff to report all suspected incidents of child abuse, neglect, or both by families, staff, volunteers, or others to the appropriate local agencies. Staff who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious. (u)
10.D.04	The program has written procedures to be followed if a staff member is accused of abuse or neglect of a child in the program that protect the rights of the accused staff person as well as protect the children in the program. (u)

(u) indicates criteria that is universal to groups from infant/toddler – kindergarten

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10.D.05	<p>The program has written procedures that outline the health and safety information to be collected from families and to be maintained on file for each child in one central location within the facility. The files are kept current by updating as needed, but at least quarterly. The content of the file is confidential, but is immediately available to</p> <ul style="list-style-type: none"> *administrators or teaching staff who have consent from a parent or legal guardian for access to records *the child's parents or legal guardian *regulatory authorities, on request. (u)
10.D.06	<p>Written procedures address all aspects of the arrival, departure, and transportation of children. The procedures:</p> <ul style="list-style-type: none"> *facilitate family-staff interaction *ensure that all children transported during the program day are accounted for before, during and after transport *ensure the safety of all children as pedestrians and as passengers *address specific procedures for children with disabilities *address special circumstances in picking up children at the end of the day(u)
10.D.07	<p>Transportation services are managed and program vehicles are licensed and insured in accordance with applicable federal and state laws. Certification of licensing and insurance is available on-site. (u)</p>
10.D.08	<p>The program has written and posted disaster preparedness and emergency evacuation procedures. Procedures designate an appropriate person to assume authority and take action in an emergency when the administrator is not on-site. The procedures include:</p> <ul style="list-style-type: none"> *plans that designate how and when to either shelter in place or evacuate and that specify a location for the evacuation *plans for handling lost or missing children, security threats, utility failure, and natural disasters *arrangements for emergency transport and escort from the program *monthly practice of evacuation procedures with at least yearly practice of other emergency procedures. (u)
10.D.09	<p>The program has written up-to-date, comprehensive procedures to prepare for and respond to medical and dental emergencies for children and adult staff. The procedures include:</p> <ul style="list-style-type: none"> *identification of a hospital or other source of medical care as the primary site for emergency care (program staff have informed the facility of their intent to use their services in an emergency) *immediate access to written familial-consent forms to relevant health insurance information for emergency medical treatment and transportation arrangements *arrangements for emergency transport and escort from the program for individuals who require immediate medical attention *presence of an adult with current pediatric first-aid training certification on-site at all times (training includes providing rescue breathing, management of a blocked airway, and any special procedures that physicians of enrolled children have documented that the children require *individual emergency care plans for children with known medical or developmental problems or other conditions that might require special care in an emergency (allergy, asthma, seizures, orthopedic or sensory problems, and other chronic conditions; conditions that require regular medication or technology support) (u)

(u) indicates criteria that is universal to groups from infant/toddler – kindergarten

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10.D.10	<p>Policies address the use of medications and special medical procedures needed by enrolled children:</p> <ul style="list-style-type: none"> *Medications are labeled with (a) the child's first and last name, name of the clinician, expiration date, and manufacturer's instructions or (b) the original prescription label that details the name and strength of the medication as well as directions on administering and storing *Medication is administered only with written permission of the parent or legal guardian and as prescribed or as recommended in writing or by another form of direct communication with a licensed health care provider for a specific child. A standing order from a licensed health care provider may guide the use of over-the-counter medications with children in the program when that order details the specific circumstances and provides specific instructions for individual dosing of the medication *Teaching staff who administer care to children requiring special medical procedures are competent in the procedure and guided in writing by the prescribing health care provider. (u)
10.E.	Personnel Policies
10.E.01	<p>The program has written personnel policies that define the roles and responsibilities, qualifications and specialized training required of staff and volunteer positions. The policies outline:</p> <ul style="list-style-type: none"> *nondiscriminatory hiring procedures *policies for staff evaluation <p>Policies detail:</p> <ul style="list-style-type: none"> *job descriptions for each position, including reporting relationships *salary scales with increments based on professional qualification, length of employment and performance evaluation *benefits *resignation, termination, and grievance procedures *Personnel policies provide for incentives based on participation in professional development opportunities *The policies are provided to each employee on hiring (u)
10.E.02	<p>Hiring procedures ensure that all employees in the program (including bus drivers, bus monitors, custodians, cooks, clerical and other support staff) who come into contact with children in the program or who have responsibility for children</p> <ul style="list-style-type: none"> *have passed a criminal-record check *are free from any history of substantiated child abuse or neglect *are at least 18 years old (except vehicle drivers, who must be at least 21) *have completed high school or the equivalent *have provided personal references and a current health assessment that attest to the prospective employee's ability to perform the tasks required to carry out the responsibilities of his/her position. (u)
10.E.03	<p>Efforts are made and documented to hire and maintain staff with the cultural and racial characteristics of families served. Policies are in place for obtaining staff or volunteers who speak the language of the children served, and these individuals regularly interact with the children and their families.(u)</p>

(u) indicates criteria that is universal to groups from infant/toddler – kindergarten

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10.E.04	<p>Programs maintain current health information from documented health assessments for all paid staff and for all volunteers who work more than 40 hours per month and have contact with children. A current health assessment (not more than one year old) is received by the program before an employee starts work or before a volunteer has contact with children. The health assessment is updated every two years. Documented health assessments include:</p> <ul style="list-style-type: none"> *immunization status *capacities and limitations that may affect job performance *documentation by a licensed health professional of TB skin testing using the Mantoux method and showing the employee to be free from active TB disease. For those who have positive TB skin tests and who develop a persistent cough or unexplained fever, immediate assessment by a licensed physician is required. For those who have increased risk of TB according to the Centers for Disease Control (CDC), documentation is required annually by a licensed health professional showing that the employee is free from active TB disease. (u)
10.E.05	<p>New staff members serve an introductory period of employment during which the administrator or other qualified person makes a professional judgment as to their physical and psychological competence for working with children. (u)</p>
10.E.06	<p>The programs offer benefits packages for full-time staff that have satisfactorily completed their introductory period of employment. Written policies detail employee benefits and include:</p> <ul style="list-style-type: none"> *health insurance *employee leave, including sick, vacation, holiday, and personal leave *education benefits *retirement <p>The written policies are shared with each employee. Benefits for part-time employees are available on a prorated basis. If some or all of these benefits are not available, a written plan for improving benefits is developed and implemented. (u)</p>
10.E.07	<p>Staff is provided space and time away from children during the day. When staff works directly with children for more than four hours, staff is provided breaks of at least 15 minutes in each four-hour period. In addition, staff may request temporary relief when they are unable to perform their duties. (u)</p>
10.E.08	<p>Confidential personnel files, including applications with record of experience, transcripts of education, health-assessment records, documentation of ongoing professional development, and results of performance evaluation, are kept in a secure location. (u)</p>
10.E.09	<p>All staff are evaluated at least annually by an appropriate supervisor or, in the case of the program administrator, by the governing body. (u)</p>
10.E.10	<p>An individual professional development plan is generated from the staff-evaluation process and is updated at least annually and ongoing as needed. (u)</p>

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10.E.11	The program has an implementation plan for professional development, including orientations for new staff. Credit-bearing course work is included in the professional development plan whenever possible. The plan improves staff credentials and competencies. It is updated at least annually or as needed based on the evaluation process, the need to keep staff's knowledge current, or other identified needs. (u)
10.E.12	The program's professional development plan: *is based on needs identified through staff evaluation and from other information from program evaluation processes *is written and shared with staff *includes mentoring, coaching and other professional development opportunities for all staff *includes discussion of ethical issues *includes training in the policies and procedures of the program *includes training in skills for building positive relationships, all aspects of curriculum, teaching practices, skills for partnering with families and communities and skills for collaborating and participating as a member of a team. (u)
10.F.	<i>Program Evaluation, Accountability and Continuous Improvement</i>
10.F.01	At least annually, administrators, families, staff and other routinely participating adults are involved in a comprehensive program evaluation that measures progress toward the program's goals and objectives. Valid and reliable processes are used to gather data and evidence. (u)
10.F.02	The annual evaluation processes include gathering evidence on all areas of program functioning, including: *policies and procedures *program quality *children's progress and learning, family involvement and satisfaction, and community awareness and satisfaction A report of the annual evaluation findings is shared with families, staff and appropriate advisory and governance boards, and the results are used as a basis for continuing successful activities and for changing those that need improvement. (u)
10.F.03	The program establishes goals for continuous improvement and innovation using information from the annual program evaluation. The program uses this information to plan professional development and program quality-improvement activities as well as to improve operations and policies. (u)
10.F.04	The program offers staff and families opportunities to assist in making decisions to improve the program. Collaborative and shared decision making is used with all participants to build trust and enthusiasm for making program changes. Staff and families meet at least annually to consult on program planning and ongoing program operations. (u)
10.F.05	The program has an ongoing monitoring system to ensure that all program goals and requirements are met. The program has a data system that is used to collect evidence that goals and objectives are met; this evidence is incorporated in the annual program evaluation. (This criterion is an Emerging Practice.) (u)

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