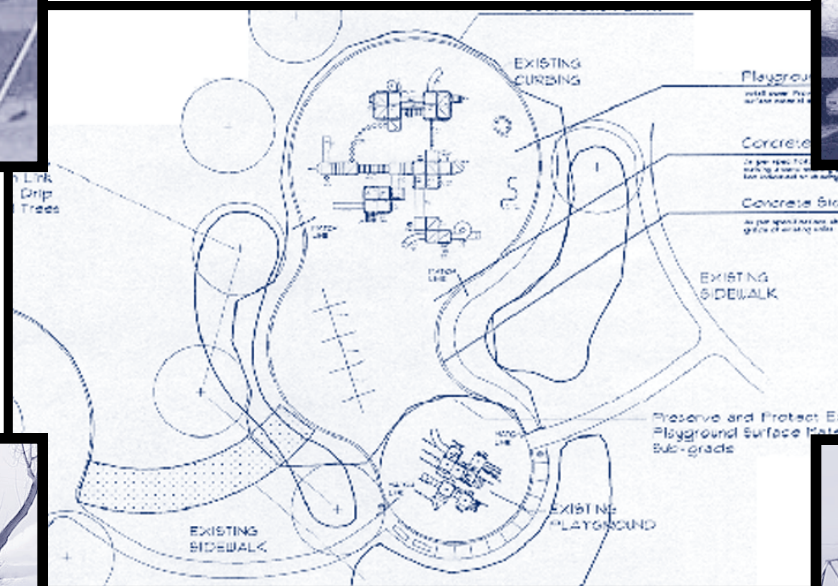


IDAHO'S BLUEPRINT FOR EARLY LEARNING

"THE ESSENTIAL ELEMENTS"



*Playground Blueprint contributed by
Boise City Parks and Recreation Department*

Idaho's Blueprint for Early Learning

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PREFACE

This Blueprint outlines the nine Essential Elements for best practices in early care and education settings. It is created to provide information relating to quality services for providers, policy makers and clients. This document will provide common ground for discussion and delivery of best services. The overall goal of the Blueprint is to insure the health and safety of all Idaho children.

Dedicated to

the early care personnel who worked decades to promote quality in early learning environments:

Margaret Arnold, Helen Beitia, Gladys Gallespie, Peg Gourley, Joan Lingenfelter, Frances Mathison, Marian Posey, Sherril Richarz, Ruth Wright and Gloria Zaccardi.

We will be forever grateful for their contributions to this field.

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*Katherine Pavesic, Executive Director
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IDAHO'S BLUEPRINT FOR EARLY LEARNING
ESSENTIAL ELEMENTS, STANDARDS AND INDICATORS FOR QUALITY
IN EARLY CARE AND EDUCATION SETTINGS

I. EFFECTIVE ADMINISTRATION AND BUSINESS PRACTICES - Programs that follow responsible and ethical business practices are more likely to provide stable, consistent, and good quality care and education for the children. Staff and families benefit from well-planned and well-communicated administrative policies. Effective administration includes attention to legal responsibilities, fiscal stability, good record-keeping, attention to working conditions for staff, and on-going evaluation.

STANDARDS	INDICATORS (Guidance)	PRESENT Yes/No	DOCUMENTATION
<p>A. The program follows sound administrative and business practices.</p>	<ol style="list-style-type: none"> 1. The program has a designated administrator or manager who oversees the administrative functions of the program. This person has training in business administration. If the manager is absent from the facility, a person on-site is designated to assume authority and take action in emergencies. 2. The program has up-to-date and accurate records of financial planning, income and expenses, enrollment, and attendance. 3. The program has a written contract or agreement for services with each family. 4. Personnel records are kept that include: records of professional training, education, and experience, evidence of criminal records check, certification of first aid and CPR training, and plans for professional development. 5. Personnel records include performance assessments and emergency contact and emergency treatment information. 6. The program has a list of qualified staff and available substitute personnel. 7. Written policies and procedures include the following: calendar of open and closed days, hours of operation, arrival and departure procedures, enrollment and termination procedures, policy on exclusion for illness, discipline and guidance practices, procedure for reporting of abuse, emergency plans, program philosophy, assessment of children, levels of family involvement and communication, procedures for complaints, and program evaluation procedures. 8. Written policies and procedures may also include: fees and payment schedules and procedures for routines such as meals, snacks, naps, toileting, and diapering. 9. The program has personnel policies that are communicated in writing to staff, including job descriptions, compensation schedules and benefits, professional development opportunities, procedures for program planning and routines, guidance and discipline policy, program philosophy, standards of professional ethics, and grievance procedures. 10. All staff and families have a working knowledge of policies and procedures. 		

<p>B. The program complies with all applicable federal, state, and local standards, laws, and codes.</p>	<ol style="list-style-type: none"> 1. Required licenses, certificates, and other records of compliance are displayed or easily accessible. 2. The program files applicable federal, state, and local tax forms. 3. The program carries accident protection and liability insurance including appropriate insurance on vehicles. 4. A plan is in place to report suspected cases of child abuse or neglect. 5. All staff are screened for prior records of criminal activity. 6. The program follows nondiscriminatory hiring and employment practices. 		
<p>C. The program assures a professional working climate for staff.</p>	<ol style="list-style-type: none"> 1. Staff are supported in their work with young children, either by colleagues or by membership in support and mentoring groups (e.g., regular staff meetings, membership in the Idaho Association for the Education of Young Children). 2. Staff are regularly evaluated using procedures that may include observations, other appropriate documentation of their effectiveness, information from the children's families, and self-assessment. 3. Staff are informed of evaluation criteria in advance. 4. Results of evaluations are used to develop a plan for continuing education and training. 5. There are regularly scheduled activities to build and maintain staff morale and cohesiveness. 6. When appropriate, separate spaces away from the children are provided for planning, administrative activities, relaxation, and personal care. 7. Staff are encouraged to meet their own personal needs and nurture themselves to maintain energy and enthusiasm and to prevent burnout. 		
<p>D. The program is evaluated at least annually.</p>	<ol style="list-style-type: none"> 1. Procedures for evaluation of the program are developed and used. 2. Staff and all families are invited to participate in program evaluation and have frequent opportunities to make suggestions and participate in setting program goals. 3. Families are given the opportunity to evaluate the program in their primary language. 4. Results of program evaluations are used to do long-term program planning. 		

II. EARLY CARE AND EDUCATION STAFF – Staff include caregivers, providers, and teachers in all early care and educational programs. Services offered by qualified staff make positive contributions to the children’s growth, development, education, and well-being. Staff value their career choices and show dignity and respect for themselves and others. They participate in educational opportunities to advance their knowledge and skills and belong to professional associations to improve the quality of their services. They follow ethical standards and advocate for children and families. They are compensated fairly for their services.

STANDARDS	INDICATORS (Guidance)	PRESENT Yes/No	DOCUMENTATION
A. Staff are qualified by education, training, and experience to give quality care and education to children.	<ol style="list-style-type: none"> 1. Staff and substitutes have been approved through the criminal record check process. 2. Staff hold current certifications in pediatric first aid and CPR. 3. Staff are enrolled in the Professional Development Registry through the Idaho Center for Career Development or meet the standards for registry. * 4. New staff members and substitutes are oriented regarding the program’s philosophy, goals, policies, emergency procedures, and expectations for ethical behavior. Staff are oriented to the program and meet state requirements for the position they are filling. 		
B. Staff continually seek to advance their knowledge and skills.	<ol style="list-style-type: none"> 1. Staff continue to increase their knowledge and specialization in early care and education by participating in training and higher education opportunities. 2. Staff are members of professional organizations, support groups, and/or mentoring programs that assist them through supervision and support. 3. Staff use books, professional journals, videotapes, workshops, and other media. 		
C. Staff follow a code of ethics that includes respect for children, families, colleagues, and community. They are advocates for children and families.	<ol style="list-style-type: none"> 1. A written professional code of ethics (such as the document from the National Association for the Education of Young Children) is available in the facility. 2. Staff receive training in ethics and professional responsibility. The code of ethics forms the basis of professional behavior by staff. 3. Staff maintain confidentiality regarding all personal information about children and families and share information with others only with written consent of the family. 4. Staff know their legal obligations for reporting suspected cases of child abuse and neglect. They know and use the program’s plan for reporting suspected cases. 5. Staff participate in advocacy efforts for children and families. 		
D. Compensation and benefits are comparable with other positions that have similar qualifications and responsibilities.	<ol style="list-style-type: none"> 1. Staff are compensated for their services based on performance and professional development. The program has a written plan for upgrading compensation and benefits. 2. Staff receive benefits to meet their individual needs which may include: paid leave (annual, sick, and/or personal), medical insurance, retirement, and educational opportunities. 		

* The Professional Development Registry does not currently exist, but is in development.

III. POSITIVE RELATIONS – Warm and respectful interactions among adults and children are important for the well-being of children. When program environments are positive, children develop self-esteem, social skills, and intellectual abilities. Small groups of children and low ratios of children to adults enhance good relationships and constructive activities among children. Collaboration among parents, staff, and community agencies are essential for the strength of the program and for the good of the children in the program.

STANDARDS	INDICATORS (Guidance)	PRESENT Yes/No	DOCUMENTATION
A. The program environment provides warm, positive, and respectful interactions among staff, children, and families.	<ol style="list-style-type: none"> 1. Children and families of all races, ethnic groups, religions, family structures, cultures, and physical and mental abilities are treated respectfully and in a positive and friendly manner. 2. Family members are greeted warmly upon arrival and departure. 3. There is laughing, smiling, and positive energy. 4. Interactions among staff members are friendly and positive. 5. Guidance and discipline is positive and reflects realistic expectations for the child's age and development. 6. Adults show appropriate affection and respect for children and model positive, culturally sensitive ways to communicate. 7. Adults interact frequently with children throughout the day, using their names and interacting in one-to-one conversations at the children's eye level. 		
B. The program works in partnership with social services agencies, educational resources, health facilities, regulatory agencies, and neighborhoods.	<ol style="list-style-type: none"> 1. Staff participate in collaborative activities in the community. 2. The program keeps an up-to-date community resource file or makes use of a local community resource and referral agency to help families locate appropriate services. 3. The program uses community and neighborhood resources to enhance the experiences of the children. 		

C. The total number of children and the number of children per adult reflect best practice.

1. Each child has consistent contact with one adult for a majority of the day. Every effort is made to assure secure relationships between children and adults.
2. At a minimum, the ratios of children to adults and total group size meet state requirements for the particular program and, at best, meet the guidelines established by the National Association for the Education of Young Children (NAEYC) or the American Academy of Pediatrics.

NAEYC		
<u>Age</u>	<u>Adult-Child Ratio</u>	<u>Group Size</u>
Infants (birth to 12 mos.)	1:3	6
Infants (birth to 12 mos.)	1:4	8
Toddlers (12 to 24 mos.)	1:3	6
Toddlers (12 to 24 mos.)	1:4	8
Toddlers (12 to 24 mos.)	1:5	10
Toddlers (12 to 24 mos.)	1:4	12
2 yr. Olds (24 to 30 mos.)	1:4	12
2 ½ (30 to 36 mos.)	1:5	10
2 ½ (30 to 36 mos.)	1:6	12
2 ½ (30 to 36 mos.)	1:7	14
3 year olds	1:7	14
3 year olds	1:8	16
3 year olds	1:9	18
3 year olds	1:10	20
4 year olds	1:8	16
4 year olds	1:9	18
4 year olds	1:10	20
5 year olds	1:8	16
5 year olds	1:9	18
5 year olds	1:10	20

American Academy of Pediatrics		
<u>Age</u>	<u>Child-Staff Ratio</u>	<u>Group Size</u>
Birth – 12 mos.	3:1	6
13 – 24 mos.	3:1	6
25 – 30 mos.	4:1	8
31 – 35 mos.	5:1	10
3 year olds	7:1	14
4 year olds	8:1	16
5 year olds	8:1	16

IV. PROGRAM FOR CHILD DEVELOPMENT AND LEARNING – Early care and educational programs that respond to the natural curiosity of young children reaffirm a sense of self, promote positive attitudes towards learning, and help build skills in the use of language, problem solving, and cooperation. Age-appropriate activities and routines that support play, free expression, creative growth, and the development of social skills, help each child gain a foundation for basic skills and academic learning. Programs are planned to be individually appropriate for the interests and needs of the children in the group and to reflect the cultures of the families, staff, and community.

STANDARDS	INDICATORS (Guidance)	PRESENT Yes/No	DOCUMENTATION
A. The program is based on a statement of philosophy and goals.	<ol style="list-style-type: none"> 1. A written statement of philosophy is available for families and staff. The statement includes the values, beliefs, and program goals for children and families. 2. Families are informed of the philosophy and goals before their children are enrolled. 3. The curriculum for children reflects the program philosophy and goals. 		
B. The program is based upon knowledge of child development and learning.	<ol style="list-style-type: none"> 1. Program activities are balanced between those directed by adults and those initiated by the children. 2. Staff provide materials and time for children to select their own activities during part of each day. Several choices are available, and children’s choices are respected. 3. The program provides opportunities for playing or working alone, being in small groups, and participating in large groups. 4. Opportunities are available for both indoor and outdoor activities and off-site field trips. 5. Activities, schedules, and routines are appropriate for the age and the development of the children in the group. 		
C. The program is based on individual child interests, needs and strengths.	<ol style="list-style-type: none"> 1. Program activities reflect the abilities and the interests of the children enrolled. 2. Activities, schedules, and routines are responsive to and respectful of individual differences and the needs of each child. 3. Program planning reflects knowledge of family cultures of the children in the group and of the community in which the children live. 		
D. The program supports the social, emotional, physical, and intellectual development of children.	<ol style="list-style-type: none"> 1. Children are encouraged to play and work together in activities and routines. 2. Staff recognize, encourage, and model positive social behaviors, such as cooperating, helping, taking turns, showing kindness, and talking to solve problems. 3. Children’s emotions and feelings are accepted and supported. Children are encouraged to express feelings in appropriate, non-violent ways. 4. Program activities and routines are designed to help children develop self-care skills. 5. Program activities and routines are designed to help children develop their large and small muscles, balance, coordination, and physical skills. 6. Program activities and routines are designed to help children develop their dispositions toward learning, creativity, language, problem solving, thinking, curiosity, and reasoning. 7. Program activities expose children to art, music, nature, science, math (numeracy), literacy (phonemic awareness, reading and writing), cultures, and the community in which they live. 		

<p>E. Screening and assessments of children's development and learning are used to plan an appropriate program to help each child develop and to communicate with his or her family.</p>	<ol style="list-style-type: none"> 1. Staff frequently observe the children as they participate in the program. The observations are accumulated into a record for each child. 2. Samples of children's work, descriptions of their activities, information from families and, when appropriate, self-assessments by the children are regularly gathered for their portfolio. 3. Individual descriptions of each child's development and learning are compiled periodically. These assessments are based on the accumulated information in the child's portfolio. 4. An individual program plan is developed for each child based on the child's assessment. The plan is developed jointly by staff, other professionals (if appropriate), the family, and (when age-appropriate) the child. 5. When children have special needs, information is gathered from other professionals who are familiar with the child. 6. Plans are used to guide the development of the program curriculum. 7. Individual, confidential records are kept for each child in the program. There are procedures in place for access to the confidential files. 		
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V. CONTINUITY FOR CHILDREN AND FAMILIES - Early care and education programs work together to ensure a common philosophy and continuity in services for children and families. When careful planning is done by programs and families, children's transitions from program to program or from grade to grade in school are more continuous and less disruptive of their development and learning. Children achieve more if there are clear links, common philosophies, and common practices among settings, grade levels, and programs. Communities work together to assure that families receive the comprehensive services they need.

STANDARDS	INDICATORS (Guidance)	PRESENT Yes/No	DOCUMENTATION
<p>A. Community early care and education programs collaborate to respect each other's missions and philosophies and coordinate services offered in the community.</p>	<ol style="list-style-type: none"> 1. The community has an interagency team consisting of representatives from all types of early care and education and family support programs, including: family child care, center-based child care, preschools, Even Start, Head Start, bilingual programs, migrant programs, Native American programs, early intervention, early childhood special education, public and private schools, school age child care, recreation programs, enrichment programs, Resource and Referral agencies, social service agencies, health agencies, and others as applicable to the community. 2. The team includes family members whose children are currently in early care and educational programs. 3. The team links the community with statewide agencies and organizations that promote quality early care and education. 4. The team develops a system that supports smooth transitions for children and families within the community and ongoing comprehensive services for all families. 5. The team contributes to and advocates for a directory of child and family focused community programs and agencies. 6. Each program has an awareness of all other early care and education programs in the community. 7. All programs and staff work together to advocate on behalf of children and families. 8. The team collaborates to offer, promote and participate in CHILD FIND activities. 		
<p>B. Professionals across settings work to build relationships and to participate in joint activities to increase knowledge and strengthen ties.</p>	<ol style="list-style-type: none"> 1. The programs promote joint professional development opportunities among staff to discuss and plan for continuity in programs for children and families. 2. Staff encourage families to make cross-program visits to ease transitions. 		

<p>C. Staff and families work together to ensure a smooth transition for all children as they move from setting to setting within a day, between levels or grades, and from program to program.</p>	<ol style="list-style-type: none"> 1. There is a policy for assisting families and children in transitions. Individual transition plans are developed jointly by all adults who are responsible for a child's care and education including family members. 2. Plans include positive transition activities that will prepare the child and family for the changes. 3. Plans demonstrate sensitivity to individual needs, culture, language, and previous experiences of the child and family. 4. Information supporting a child's development and transitions is shared (with family permission) across settings. 		
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VI. ENVIRONMENTS FOR LEARNING, HEALTH, AND SAFETY – The physical environment supports learning, health, and safety for all participants. The environment is arranged for active and independent participation by the children. It is furnished with developmentally appropriate materials and equipment, supporting children’s gains in physical, social-emotional, and intellectual development. The environment is planned to maximize health and safety and to prevent accidents, injuries, and unhealthy conditions for children and adults. An environment with enough space to avoid crowding helps to minimize the risks of injury and disease, and supports learning and active participation.

STANDARDS	INDICATORS (Guidance)	PRESENT Yes/No	DOCUMENTATION
<p>A. The physical environment and its furnishings are planned to support the development and learning potential of the children.</p>	<ol style="list-style-type: none"> 1. Places are arranged for children to play or work individually, in small groups, and in large groups. 2. Individual places for children to store personal belongings are provided. 3. As much as possible, noisy activities are separated from quiet activities. Quiet areas are available for children to find solitude and privacy. 4. The indoor environment includes soft elements such as rugs, cushions, and upholstered furniture. The outdoor environment includes a variety of surfaces such as soil, grass, sand, and hard areas for wheeled toys. 5. Materials and equipment, such as books, dolls, toys, wall decorations, musical instruments, and recordings represent diverse cultures, ethnic groups, gender roles and abilities, and are not stereotypical. 6. Equipment, materials, and learning supplies are clearly organized, labeled and easily accessible to the children to promote independent selection, use and clean up. 7. Additional materials and equipment are available to rotate into the environment for variety and novelty. 		
<p>B. The physical environment includes an adequate amount of space for children’s indoor and outdoor activities, for adult planning and management activities, and adult privacy.</p>	<ol style="list-style-type: none"> 1. There is enough space both indoors and outdoors to avoid crowding and to allow for individual and group activities. 2. Clear pathways are evident to prevent accidents and minimize interruption of children’s activities. 3. The facility is accessible for participation in the full range of activities for children and adults who have physical disabilities. 4. Separate areas away from the children are provided for adults for planning, administrative activities, and personal care. 		

<p>C. The physical environment is safe and healthy for children and adults.</p>	<ol style="list-style-type: none"> 1. The facility, equipment, materials, and toys are cleaned and sanitized on a regular schedule according to Health Department standards and are kept in good repair and meet safety standards. 2. Adults have immediate access to a telephone with emergency numbers posted close to the telephone. 3. The facility has a first aid kit, fire extinguishers, and smoke detectors in working condition. Exits are kept free and are clearly marked. Evacuation routes and other emergency procedures are planned and posted. The facility has written evidence of compliance with local fire, health, and safety codes. 4. Barriers, guards, or screens are used to prevent falls from windows and steps, burns from heat sources, and entry by vermin. 5. All hazardous and toxic materials and dangerous equipment, such as medications, cleaning supplies, antifreeze, garden chemicals, asbestos, lead-based paint, pesticides, lawnmowers, firearms, ammunition and other weapons, are secured in places that are inaccessible to the children and are inventoried. 6. Use of tobacco, alcohol or illegal drugs is prohibited on facility premises. 7. Hand washing facilities with warm water, liquid soap, and paper towels are available in the toileting and diapering areas, laundry area, and food preparation area. Gloves and universal safety precautions are used. 8. Toilet, diapering, and laundry facilities are located away from food storage, preparation, and serving areas. Each of these areas is easy to clean and sanitize. 9. A separate area is reserved for the isolation and comfort of sick people. 10. Inside air temperature and air circulation are comfortable. Lighting levels are adequate and adjustable for various tasks, such as work and play, rest and sleep. 11. Vehicles used to transport children are properly maintained and equipped with the appropriate size and number of adult and child safety restraints. 12. Children and adults wear helmets when participating in activities which involve the possibility of head injury, e.g., in-line skating and riding wheeled toys. 13. The indoor and outdoor areas are arranged for easy adult supervision appropriate to the age of the children. 14. A fence or other natural barrier surrounds the outdoor area. 15. If swimming or wading pools or hot tubs are on the premises or used by children, they are properly sanitized to minimize contamination, constructed to prevent injury, and properly secured when not in use. 		
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VII. HEALTH PROMOTION – Policies and procedures to promote healthy behavior reduce the risk of physical disease, mental illness, and nutritional problems among children, staff, and families. When staff, children, and families develop sound physical and mental health practices, such as washing hands, exercising, reducing stress, and eating nutritious foods, they are more likely to maintain life-long health habits.

STANDARDS	INDICATORS (Guidance)	PRESENT Yes/No	DOCUMENTATION
<p>A. Adults and children use measures to protect and promote physical health.</p>	<ol style="list-style-type: none"> 1. Children and adults wash their hands with warm running water and soap after toileting, diapering and wiping noses, and before food preparation and eating. 2. Children and adults brush their teeth after eating meals. 3. Children do not share personal items, such as combs, drinking cups, and bottles. 4. Babies are placed on their backs for sleeping, unless medically recommended otherwise. 5. A confidential record is maintained for each child that contains medical, dental and developmental histories, immunizations, and appropriate instructions for allergies and other special health needs of the child. The information in the record is used by the staff to assure support of each child’s physical and developmental health. 6. Staff give medications only with written permission from a child’s adult family member. Medications are given only by a designated adult following the written instructions on the container. A written record is kept each time medications are given. 7. Children and adults are excluded from attending when ill. Illness exclusion policies for both adults and children are written, communicated, and followed. 8. Ill children are isolated to protect well children and are comforted until family members can arrive. All families are notified when children in the program have communicable diseases. 9. Areas, objects, and surfaces used for diapering, laundry, food preparation, and food service are cleaned and sanitized with each use. Toilet areas, pet areas, equipment, toys, and other surfaces are cleaned and sanitized when needed and on a regular basis. 10. Drinking water is offered regularly to the children. Adults model drinking water regularly. 11. Children participate in physical activity on a daily basis. Adults model being physically active. 12. Children are not exposed to tobacco smoke or to adults using tobacco products, adults using or under the influence of alcohol or other drugs at the facility. 13. Evacuation drills and drills for other emergencies, such as earthquakes, are held on a regular basis and are documented. All people on the premises participate in the drills. 14. Injuries, applications of first aid, and illnesses are documented. 15. Staff are free of physical conditions that might adversely affect children’s health. Physical health screening is done prior to beginning work with young children and periodically thereafter, and is defined in program policy. 16. Children, as appropriate by age, learn procedures for protecting themselves in emergencies, such as dialing 9-1-1. 17. Information, education, and activities to promote healthy behaviors are regularly made available to children, staff, and families. 		

<p>B. Adults and children use measures to protect and promote mental health.</p>	<ol style="list-style-type: none"> 1. Adults use developmentally appropriate materials and curriculum and work to assure the success of each child. 2. Adults use positive guidance techniques and refrain from using corporal punishment, humiliation and sarcasm. 3. Adults model acceptance of individual differences, strengths, and qualities. 4. The interactions and relationships are respectful and kind and support the dignity of all people. 5. Adults are active in asserting that a person's race, ethnicity, appearance, religion, language, family background, gender, age, or disability is never an acceptable reason for teasing or rejection. Incidents of bullying or teasing or rejection by children are rare, and are responded to by adults when they do occur. 6. The sounds in the environment are mostly pleasant conversations and laughter rather than harsh voices or enforced quiet. 7. Staff are encouraged to meet their own personal needs and nurture themselves to maintain energy and enthusiasm and to prevent burnout. 8. Information, education, and activities to promote mental health are regularly made available to children, staff, and families. 		
<p>C. Healthful eating habits are encouraged through the provision of nutritious and culturally relevant foods eaten in a positive social atmosphere.</p>	<ol style="list-style-type: none"> 1. Nutritious snacks and meals, as determined by USDA guidelines, are served. 2. Children are offered a quantity and variety of foods in their meals and snacks to provide for their individual nutritional needs. 3. Children are encouraged but not forced to eat or taste. 4. Children are given enough time to eat. 5. Food is not used as a punishment or reward. 6. Foods served reflect the ethnic and cultural composition of the group and preferences of the families. Foods are served that will broaden the children's experiences. 7. Eating utensils are age and culturally appropriate and adapted for the children's abilities. 8. Special dietary needs of children (e.g., allergies, medical, vegetarian) are accommodated. 9. Menus are available to families. 10. Children and staff eat together, sharing the same menu and socializing in a relaxed atmosphere. 11. Mealtimes and foods are used as opportunities for nutrition education. 12. Information on food and nutrition for children is available for families. 		

VIII. FAMILY INVOLVEMENT – Young children come from a variety of families. These families may include parents, extended family members, other significant caregivers, and community members who are important to the child’s life. When programs develop sound partnerships with children’s families and other caregivers, children are more likely to be successful in their educational experiences. Family involvement includes regular communication, opportunities for active participation, program evaluation, and family support and education.

STANDARDS	INDICATORS (Guidance)	PRESENT Yes/No	DOCUMENTATION
A. The program has regular and consistent ways of communicating with children’s families and caregivers.	<ol style="list-style-type: none"> 1. All family diversity is recognized and valued. 2. Family members are greeted upon arrival and departure. 3. There are frequent opportunities for informal communication as well as planned conferences. 4. Types of communication are planned in response to the needs of the individual family. 5. All written and verbal communication is available in the primary language of the family. 6. Staff offer opportunities for home visits with families. 		
B. Families are encouraged to be regular and frequent participants in the program.	<ol style="list-style-type: none"> 1. Family members are welcome to visit at any time. Environments are arranged so that families feel welcome. 2. Family members are frequently invited to be involved in the program. 3. Interests, abilities, and cultures of family members are incorporated in the activities for children. 4. Families have opportunities to assess the nature, quality, and quantity of the participation opportunities offered to them. 		
C. Families receive support, information, and assistance from the program in acquiring services to meet needs and interests they identify.	<ol style="list-style-type: none"> 1. Staff are knowledgeable about community resources and processes for making referrals and requesting services for families. 2. Staff inform families of community parent education opportunities and events for families. 3. Staff provide information to families on child development and parenting skills. 4. Families are regularly asked to evaluate the program’s efforts to identify and meet their needs. 		
D. The staff include family input in program, policies, and evaluation.	<ol style="list-style-type: none"> 1. Suggestions by family members are solicited, responded to, and considered in making program and policy decisions. 2. Families are regularly asked to evaluate the program’s effectiveness. 		
E. The program works in partnership with families.	<ol style="list-style-type: none"> 1. Staff share interpretations of best practices with families. 2. Staff respect the values of families to individualize program activities. 3. Families and staff work together to develop goals for their child. 		

IX. INCLUSION PRACTICES – Programs that are responsive to and respectful of individual differences promote acceptance, positive self-esteem, and strong cultural identity. Children who have meaningful experiences with others of different cultures, languages, and abilities are more likely to learn about basic similarities of all people, appreciate their differences, and develop new skills. When staff promote inclusion and work to counter prejudice, all children can feel safe and valued.

STANDARDS	INDICATORS (Guidance)	PRESENT Yes/No	DOCUMENTATION
<p>A. Staff understand and commit to practices which build on each child’s culture and language and exposing them to diverse cultures, languages, and abilities.</p>	<ol style="list-style-type: none"> 1. Staff recognize that all individuals, including themselves, are rooted in culture and they advocate for inclusive practices. 2. Staff are active in asserting that a person’s identity, including race, ethnicity, culture, lifestyles, religion, language, family background, gender, appearance, or disabilities, is never an acceptable reason for teasing or rejection. 3. Staff actively seek accurate information about the cultures of different groups and discard stereotypes. 4. Staff include information from families and cultural groups represented in the community when gathering culturally relevant information. 5. When children with limited English language ability are enrolled, staff continue the development and maintenance of the primary language while initiating English language skills. 6. To the extent possible, staff reflect a mix of races, cultures, ethnicity, genders, languages, and ages. 7. Staff receive training on individual , family, and cultural needs and differences and about the provisions and mandates of public law regarding children with special needs. 		
<p>B. The program is individualized to reflect the diversity of the families and the community and to build awareness and respect for others.</p>	<ol style="list-style-type: none"> 1. Staff continuously examine program policies and practices for bias. 2. The learning environment and curriculum reflect the language and culture of all the children in the program. 3. In programs where children share a similar ethnic heritage, awareness of different cultures is promoted. 4. Materials reflect differences in culture, ethnicity, gender, and abilities. Stereotypes are avoided. 5. Children are provided with positive experiences exploring similarities and differences among people. 6. Children of both genders have equal opportunities to take part in all activities. 7. Families and people from the community are invited to share their cultures and skills with the children. 8. Children attend local events and go to places that demonstrate inclusiveness. 9. The program seeks diversity in staff hiring and enrollment of children. 		
<p>C. Children with disabilities and developmental delays are integrated with more typically developing, same-age peers.</p>	<ol style="list-style-type: none"> 1. Reasonable modifications are made in the physical and learning environment to accommodate the needs of children with disabilities and developmental delays. 2. To the fullest extent possible, children with disabilities and developmental delays are integrated into groups of peers of the same age. 3. Individual Education Plans (IEPs) or Individual Family Service Plans (IFSPs) are developed for each child with a disability by a team composed of early care and education staff, early invention staff, family members, and other relevant professionals who know the child. 4. Staff are educated about the specific disabilities of the children in the group and receive special training and assistance in implementing their individual intervention plans. 5. Therapy is incorporated as much as possible within regular program activities rather than removing the child from the group. 		

GLOSSARY

AA - Associate in Arts Degree A two-year degree that requires at least 64 credits and usually articulates directly into a BA program.

AAS - Associate in Applied Science A two-year degree from a technical college that requires two years and at least 64 credits from a specific curriculum.

Advocate - A person who pleads, supports, or recommends publicly. A children's advocate would support public issues that pertain to children.

Age Appropriate Activities – Activities that typically developing children of the same age would be performing or would have achieved.

Assessment – Evaluation and determination of eligibility for specific services, and documentation and recording of progress in order to plan and individualize a program for a child.

Barrier - An obstruction, anything that hinders approach or passage, i.e. a barrier to employment may be lack of education.

CDA - Child Development Associate Credential - A national certification awarded through an assessment process given by the Council of Professional Development, a branch of the National Association for the Education of Young Children. This credential represents a planned educational and practical experience working with children from birth to five years old. A CDA is the initial professional level on the Early Childhood Career Ladder.

Child Find – A process to locate, identify, and evaluate students who reside in a specific area and may be in need of special education.

Child/Adult Ratio - The number of children an adult is responsible for in an early care and education setting.

Collaboration - To work voluntarily together to share jointly in information, activity, or production. Not competitive.

Confidentiality - Maintaining the privacy of others.

CPR Training – A course that teaches care givers lifesaving skills for breathing or cardiac emergencies for infants and toddlers.

Curriculum - a long range plan of education.

DEC - Division of Early Childhood of the Council for Exceptional Children A professional organization for those working in special education.

Early Head Start – A program that provides low-income pregnant women and families with children from birth to age 3 with family-centered services that facilitate child development, support parental roles, and promote self-sufficiency.

Ethics - Of or related to moral action, motive, or character. Ethical - conforming to professional standards of conduct. Each professional organization may have slightly different standards based on this premise; NAEYC Standards for Ethical Conduct is the one used by professionals in early care and education.

Even Start – A family-focused program designed to break the cycle of poverty and illiteracy by improving the educational opportunities of low-income families by integrating early childhood education, adult literacy or adult basic education, and parenting education into a unified family literacy program.

Family Diversity - Consideration for different family configurations, i.e. two parent families, single parent families, blended families - there are many possible configurations.

Grievance Procedure - A procedure by which an employee or parent can address the administration or employer with a complaint or disagreement. This procedure may be coupled with the assessment and evaluation process of employees.

Head Start – A comprehensive, child focused, family-centered child development program which serves children aged 4 to 5, with the overall goal of increasing the social competence of young children in low-income families.

IAEYC - Idaho Association for the Education of Young Children - A professional organization for people working with children aged birth through eight years. It is part of the National Association for the Education of Young Children (NAEYC).

IEP - Individual Education Plan - A plan written to meet the specific education needs of a child.

IFSP - Individual Family Services Plan - A plan in which the family is part of the process of meeting the needs of a child.

Inclusion – Practices that include ALL children regardless of their abilities, background, gender, or social status.

NAEYC – National Association for the Education of Young Children – A professional organization for people working with children aged birth through eight years.

Non-discriminatory - Practices that do not use bias or other token criteria to separate one from another.

Paraprofessional – A non-certified, non-licensed individual employed by a district who is appropriately trained and supervised in accordance with state standards to assist in the provision of special education and related services.

Phonemic Awareness – An awareness of the identity, order and number of sounds in words. The ability to segment words into sounds and auditorally blend sounds into words.

Professional - A person who possesses the education and training to perform a job well and has skills and qualities admired and respected by others.

Screening – A “snapshot” of how a child is functioning, or the child’s level of development or health status, at a particular point in time, based on the premise that problems discovered early can often be remedied. Screening provides the information needed for referrals, and clues about follow-up that may be necessary to diagnose a health, learning, or other problem. It should take place on a recurrent or periodic basis.

Standardized Test - A type of test that has been nationally validated. This type of test is generally given by psychologists trained in testing procedures. There are many protocols that must be followed for the results to be valid. One example is the Stanford-Benet Intelligence Test.

Transition - A passage from one place to another, i.e., classroom, age group, school.

Transition Services – A coordinated set of activities for a student with a disability designed within an outcome oriented process, based on the individual student needs, addressing instruction, related services, community experiences, employment, post-school adult living objectives and, when appropriate, acquisition of daily living skills and functional vocational evaluation.

USDA Guidelines – A set of guidelines, given through the United States Department of Agriculture, to assure safe and sanitary preparation, serving, storing, and disposal of food.

Vermin - A noxious or offensive animal that collectively may be difficult to control, i.e., mice, bedbugs, lice, flies.

Weapon – A dangerous device, instrument, material or substance, animate or inanimate, that is used for, or is readily capable of, causing death or serious bodily injury, except that such term does not include a pocket knife with a blade of less than 2½ inches in length.

COMMENT PERIOD

1. Comments were received from across the State.
2. A variety of methods were used by each local community:
 - Individuals
 - Groups who were organized for other purposes (Coeur d'Alene, Twin Falls, and Pocatello)
 - Teams of local early care and education supporters, including Tribal child care providers

3. In excess of 130 comments were considered in the final version of the Blueprint.

4. The specific comments that were not utilized in the final document revision are as follows:

“I agree with the statement that all family types need to be valued, but research shows that all family types are not equally beneficial for children. Perhaps some mention that intact, two parent families are the ideal for children, but not always possible. Support of referral should be a priority for families who may need extra help or for a child which may be having adjustment problems.”

“Section V.A.1, 2, 3, 4, 5 and 8. These items do not apply to the ‘Early Care and Education Settings’ that this document is aimed at. Their omission would not alter the intent of the document, merely delete the implied plans of its creators.”

“Would like stronger language in Section VIII regarding parent involvement.”

*Idaho's
Blueprint for Early
Learning
Evaluation Tool*

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The Evaluation Tool section is included for the use of providers in all Early Care and Education settings.

It is the intent of the Blueprint Consortium members for the Blueprint document to be used as a working plan to enhance quality. This section is divided into the Nine Essential Elements with space for comments.

The comment portion is designed for programs to document challenges and steps for improvement.

