

**ATTACHMENT A**

**QUALITY CRITERIA FOR PROGRAMS SERVING GROUPS OF CHILDREN (INCLUDING CHILD CARE SERVICES)**

Participants in endowment grants must work in partnership with other community entities to maintain the highest quality required by any entity in the partnership (i.e., Head Start/Early Head Start Performance Standards, Child Care Licensing)

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| **QUALITY CRITERIA** | **INDICATORS** |
| **Staff Qualifications** | Lead Teacher/Caregiver – Lead Teacher must meet NDE Rule 11 004.08A guidelines for teacher qualifications (with coursework directly related to infants and toddlers). Assistant/Paraprofessional– First paraprofessional must have a CDA or higher (defined as 12 credits in early childhood and working towards a higher degree). If group size requires additional staffing they must be enrolled in and making progress towards a CDA program or higher. |
| **Professional Development** | • Any staff that does not hold a Bachelor’s Degree in Early Childhood Education must complete training on the Nebraska Early Learning Guidelines Birth to Five or equivalency approved by the Nebraska Early Childhood Training Center (42 hours), within three years of hire.  • Completion of all required training for program’s chosen curriculum, and GOLD.  • All staff must complete Nebraska’s Safe With You, then other child abuse and neglect detection training annually. |
| **Staff/Child Ratio** | • 1:3 = Infants 0-18 months of age  • 1:4 = Toddlers 18-36 months of age  • Ratio is based on children in attendance; program staff have discretion to work outside of  these ratios for brief periods, always insuring that safety of children is priority. |
| **Group Size** | • Infants – 8  • Toddlers – 8  • Toddler Group exceptions are considered on an individual basis based on the  demonstrated community need and the ability to maintain a ratio of 1:4 or better and  provide sufficient space. |
| **Supervision** | • Program Supervisor has specific training in reflective supervision, infant-toddler development, management of an early childhood program and in the program model.  • Staff receive individual or group supervision four times a month, and this supervision includes education and an opportunity to reflect upon practice and problem solve around children’s needs. |

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| **Community Partnerships** | • Providers have written agreements with community organizations to promote the access of children and families to community services that are responsive to their needs.  • Partners are active members on the Advisory Committee.  • A local early childhood advisory committee that includes early childhood professionals, families and community members is required.   * If there is an Early Head Start/Head Start program that serves the community, that program must be provided an opportunity to serve on the advisory committee. Additional representation might include the following: existing early childhood care and education providers, preschools, providers of early intervention and early childhood special education services, Planning Region Teams, Early Learning Connections Coordinators, resource and referral agencies, parents, and health and social service personnel. * An existing early childhood advisory group can meet the requirement for the advisory group if the representation includes those persons listed above and the mission of the group is expanded to encompass the purpose of this program. * Each organization represented on the local early childhood advisory committee must provide a statement specifying how they are involved in the grant, including any match that they intend to provide.   Meetings must follow Nebraska’s Open Meeting Act, be held on a frequency, location, and time that is respectful of program and members, especially parents’ needs. |
| **Family Involvement** | • Active parental participation on Advisory Committee.  • Daily written and verbal communication with parents.  • Conduct at least two parent/caregiver conferences annually.  • Conduct at least two home visits annually. If program does not operate year-round, two additional home visits shall be conducted during the summer months to maintain contact and continuity.  • Offer ongoing opportunities for parent involvement and at least monthly parent education opportunities that include, but aren’t exclusive to; car seat safety, safe infant sleep practices, child medical needs, prenatal care, abstinence from smoking, alcohol, and drugs while pregnant, breastfeeding, brain development, nutrition, physical activity/outdoor play, post partum depression, child and parental mental health/stress, and trauma/toxic stress. Such education topics can be provided as a group or individually. If families aren’t able to attend the group, information is shared individually. |
| **Health & Safety** | • Meet or exceed licensing regulations and Rule 11. |
| **Classroom Practices/ Curriculum** | • Staff demonstrate the use of an evidence-based curriculum congruent with Nebraska Early Learning Guidelines for Children 0-3.  • Written, individualized daily plans for children.  • Classroom practices reflect continuity of care that promotes attachment between the child and caregiver.  • Program provides written information about philosophy, policies and procedures, which shall encourage family engagement. |

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| **Developmental**  **Screening & Assessment** | • Screen children for developmental delays within 45 days of program entry, and at least every six months thereafter, using a research-based screening tool.  • Refer all children identified through screening, assessment, or parent and/or staff concern for further assessment to the Early Development Network.  • Program must complete ongoing observation-based assessments of children’s development and, as required by Results Matter and UNMC-MMI; use results in development of individualized learning plans for children. |
| **Inclusive Practices** | • Include children with verified disabilities and children with diverse social, linguistic and economic characteristics. |
| **Evaluation** | • Maintain a license in good standing.  • Any program partner must be in good standing with their licensing, regulatory, or monitoring agency.  • Program must participate in evaluation protocol as required by Results Matter and UNMC-MMI; use results in development of program improvement plans.  • Program must participate in Nebraska’s Step Up to Quality, including coaching, and maintain  a Step 3 or higher. |
| **Administration** | • All partner programs/providers are expected to maintain records providing evidence of sound, professional financial practices.  • Program must have an attendance policy that reflects an attendance rate of 85%.  • Enrollment should not fall below 85% of full enrollment, filling vacancies within 30 days.  • Program must maintain a process for ensuring that the children most at risk are enrolled.  • Program must maintain a system of documentation that reflects program practice and child and family progress.  • Program must offer services on a full-day, year-round basis (unless otherwise approved).  • Program is designed to serve children for a minimum of 18 months.  • Program must have a transition planning policy reflective of the Sixpence Transition Policy.  • The school district of enrollment, unless special circumstances apply, is required to assign an NDE Individual Student Identifier from the Nebraska UniqID System to each child served by this grant. |