Family Evaluation Criteria
2014

Anniversary Date of the Program: _____

Name of Program: _____

Name of Provider: _____

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

Name of Technical Consultant: _____

Name of Rating Observer (if applicable): _____

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YoungStar Evaluation Criteria
Family Child Care[1]

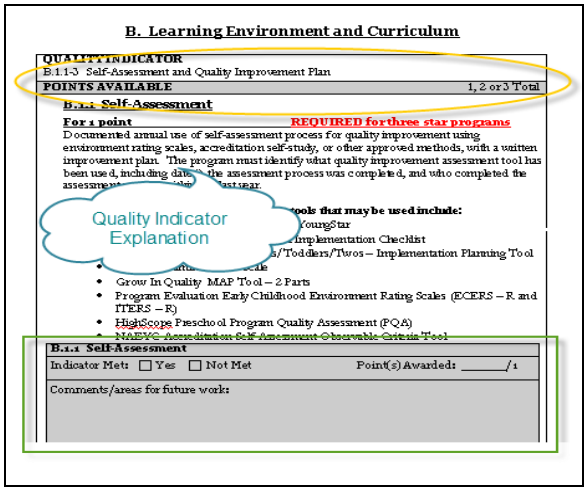
This document outlines the items that will be evaluated for YoungStar and can be used by Providers to prepare for a YoungStar rating. More in-depth information can be found in the YoungStar Frequently Asked Questions document, available here: http://dcf.wisconsin.gov/youngstar/pdf/faq.pdf and the YoungStar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

The categories that will be evaluated are listed below.

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

The Provider's education and training qualifications will be verified by The Registry using the criteria listed within this document. **Technical Consultant/Rating Observer is not responsible for verifying educational information for points in YoungStar.**

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


B. Learning Environment and Curriculum

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

B.1.1 Self-Assessment

For 1 point REQUIRED for three star programs

Documented annual use of self-assessment process for quality improvement using environment rating scales, accreditation self-study, or other approved methods, with a written improvement plan. The program must identify what quality improvement assessment tool has been used, including date, the assessment process was completed, and who completed the assessment [illegible] last year.

Quality Indicator Explanation

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

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

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

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

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

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

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

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

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

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

A. Education and Training of Provider

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

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

The information below does not reflect requirements for licensing or certification. The individual serving in a position must minimally meet licensing requirements for that position. For example, a person with an unrelated Master's degree such as political science would have a high registry level but they may not be qualified to be a Provider because they have not met the minimum requirements for licensing. So, that individual cannot be listed in the Program Profile and earn points for the program.

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

A.1 Provider Qualifications

Quality Indicators – Provider Qualifications	Requirement	Points Awarded
Provider has CDA	Registry Level 6	2
6 related credits	Registry Level 7	3
Infant/Toddler or Inclusion Credential or 18 related credits – ***Required for 3 Stars***	Registry Level 9	4
Provider has CDA and Infant/Toddler or Inclusion Credential or 18 related credits	Registry 9 and a CDA	6
Administrator Credential or Preschool Credential or 24 related credits – ***Required for 4 Stars***	Registry Level 10	10
Related Associate's Degree (or unrelated Bachelor's Degree) – ***Required for 5 Stars***	Registry Level 12	12
Related Bachelor's Degree or Higher or related bachelor's degree with DPI License.	Registry Level 14	13
Related Bachelor's Degree or Higher with Credential or Related Bachelor's Degree or Higher with Credential and DPI License or Master's Degree or Doctorate	Registry Level 15 or higher	14

B. Learning Environment and Curriculum

Learning Environment and Curriculum: REQUIRED Points

QUALITY INDICATOR
B.1.1 Self-Assessment

POINTS AVAILABLE: 1

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

For 1 point

Documented annual use of self-assessment process for quality improvement using Environment Rating Scales, accreditation self-study, or other approved methods. This self-assessment could be used to inform a written improvement plan. The program must identify what quality improvement assessment tool has been used, including date(s) the assessment process was completed, and who completed the assessment process **within the last 12 months**. The Provider should choose a self-assessment tool that matches the ages of the children in care. If there are children of all ages in care, the Provider should choose the tool that matches the age of the majority of children in care.

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

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

Options for programs with school-age children

- Optional Self-Assessment Tool for YoungStar—School-Age
- California After School Program Quality Self-Assessment Tool
- National Afterschool Association Standards for Quality School Age Care Self-Assessment
- New York State Afterschool Network (NYSAN) Quality Self-Assessment Tool
- Youth Program Quality Assessment (YPQA) – High Scope Youth Program Quality Assessment

VERIFICATION

The Technical Consultant/Rating Observer will verify that a self-assessment has been completed **within the past 12 months** and document what self-assessment tool has been used and the date the self-assessment was completed. ***The Provider needs to do a new self-assessment each calendar rating year.***

B.1.1 Self-Assessment

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

Self-Assessment used: _____

Date of Self-Assessment: _____

Who completed the Self-Assessment? _____

Comments/areas for future work on Self-Assessment:

Total points earned for Indicator B.1.1 _____/1

QUALITY INDICATOR
B.4.1-2 Environment Rating Scales (ERS)

NOTE: These points are not available for programs that choose a Technical Rating. This only applies to programs that have a Formal Rating with Observation.

POINTS AVAILABLE: 3 or 4

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

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

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

Learning Environment and Curriculum: OPTIONAL Points

QUALITY INDICATOR
B.1.2 Quality Improvement Plan

POINTS AVAILABLE: 2

B.1.2 Quality Improvement Plan
For 1 point
Quality Improvement Plan (QIP) developed based upon self-assessment using the quality improvement self-assessment process described in B.1.1.

Identify the following within the QIP:

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

VERIFICATION

The Technical Consultant/Rating Observer is responsible for the verification of a complete QIP that is based upon a self-assessment.

B.1.2 Quality Improvement Plan

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

Date of QIP: _____

Who completed the QIP? _____

What goals have been identified for quality improvement over the next year (list up to three)?
1. _____
2. _____
3. _____

Comments/areas for future work on QIP:

B.1.3 Additional work on Quality Improvement Plan
For 1 point

Option 1: Quality Improvement Plan (QIP) verified by an outside entity **within the last 12 months**

Option 1 Notes
"Outside entity" means an individual other than the Provider's Technical Consultant/Rating Observer who is a PDAS-Approved Master Level Trainer or Technical Consultant. The outside entity must complete the on-site assessment process and develop a QIP in collaboration with the Provider. See Appendix A for criteria in selection of a self-assessment and QIP tools. Verification will be completed by the Technical Consultant/ Rating Observer. To find a PDAS-approved Trainer or Master Level Technical Consultant, contact The Registry at 608-222-1123.

OR

Option 2: At least **two hours** of additional time spent working with a Professional Development Approval System (PDAS) Approved Master Level Trainer or Technical Consultant (outside of YoungStar technical consultation hours) on **an item identified in the Provider's Quality Improvement Plan**.

Option 2 Notes
This option is available for programs who want to work more in-depth on a specific issue outside of the hours allotted for YoungStar. The time must be at least two hours in length and must focus on an item in the program's QIP. The time must be spent with a PDAS-Approved Master Level Trainer or Technical Consultant. The program may request to have their YoungStar Technical Consultant or another staff member from their local YoungStar office provide this service as Consultant time permits. Local YoungStar offices charge fees for this service which may vary by location and Technical Consultant. This point cannot be earned through the completion of a publicly-available training. It may be earned if a private, individualized training is conducted for the program.

VERIFICATION

Verification of this indicator will be a copy of the receipt from the PDAS-Approved Master Level Trainer or Technical Consultant OR a copy of the YoungStar Quality Improvement Plan Additional Work/Outside Verification Worksheet.

B.1.3 Additional work on Quality Improvement Plan	
Indicator Met: ☐ Yes ☐ Not Met	Point(s) Earned: _____/1
☐ *Option 1* *Name of outside entity:* _____ *Date of review by outside entity:* _____ ***OR*** ☐ *Option 2* *Name of PDAS-approved Master Level Trainer or Technical Consultant hired to do additional work:* _____ *Registry Number of Trainer or Consultant:* _____ *Date of additional work:* _____ Comments/areas for future work on additional work on QIP:	

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

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

POINTS AVAILABLE: 2

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

For 1 point

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

NOTE: Verification will be completed through automated linkage with The Registry to confirm that the Provider has completed either the full WMELS 15-18 hour training delivered by an approved WMELS trainer or has completed WMELS credit based training or the SACF training. The intent of this indicator is that the Provider is trained in the tool that matches the age group(s) served but having one training or the other is acceptable as long as at least one of the children in care matches the age group of the tool that in which the Provider is trained.

B.2.1 WMELS or SACF training	
Indicator Met: ☐ Yes ☐ Not Met	Point(s) Earned: _____/1 **VERIFIED BY THE REGISTRY**
Comments/areas for future work on WMELS or SACF training:	

B.2.2 Curriculum/Programming aligned with WMELS or SACF For 1 point

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

WMELS

WMELS are NOT a curriculum or assessment tool. The WMELS provide a framework to be used as a guide for determining developmentally appropriate expectations for young children. After developmentally appropriate age expectations have been determined and curriculum and assessment has been selected or developed, the Provider can determine goals for children based upon data collected from the ongoing assessment process. The goals of the children will assist the Provider to implement plans for developmentally appropriate environments and experiences that support children's approach to learning and accomplishment of goals.

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

Overall, when a Provider is developing lesson plans, the five domains of the WMELS should be recognized:

1. Health and Physical Development
2. Social and Emotional Development
3. Language Development and Communication
4. Approaches to Learning
5. Cognition and General Knowledge

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

1. **Developmentally appropriate learning experiences are linked to goals/outcomes for children and/or child assessments:** Lesson plans include developmentally appropriate practices for the age of children in the classroom. Providers have responsibility for knowing what the desired goals for the children are and how the program's curriculum is intended to achieve the goals. Developmentally appropriate practices for children's experiences will be linked to the assessment tools if assessment tools are used. The assessment tool is used to inform the planning and implementation of experiences for children's learning.

2. **Lesson plans reflect the WMELS five domains with developmentally appropriate practices for learning written on lesson plans:** The lesson plans for the day, week or month need to include the five WMELS domains in the key learning areas for the children. In addition, the Provider will have goals for learning for large group, small group, or individual children written on either the lesson plan or an attachment to the lesson plan. The WMELS domains and children's goals for learning will be linked to routines and learning environments that are designed to meet the WMELS domains.

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

   dramatic play
   block and construction play
   literacy and writing activities
   art experiences
   sand and water and other sensory play
   outdoor large motor activities
   science and nature/outdoor
   music and movement experiences
   math experiences
   small manipulative and games
   social studies experiences

Children should be provided with opportunities to explore and, apply new skills through child-initiated and Provider-initiated activities, and through interactions with peers, adults, and materials. Providers and families can best guide learning by providing these opportunities in natural, authentic contexts. Positive relationships help children gain the benefits of instructional experiences and resources.

Children should have the opportunity to engage in self-directed play in the environment that allows them to choose between different types of play or experiences. A minimum of three choices should be available to children. Using the space in the evaluation criteria to record, a rater should be able to observe a behavior from each of the five domains in action.

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

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

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

In addition to curriculum alignment, WMELS is also used to provide information to families and staff (if applicable). This can be demonstrated through **two or more** of the following: In addition to curriculum alignment, WMELS is also used to provide information to families and staff (if applicable). This can be demonstrated through **two or more** of the following:

- Parent handbook
- Document from family meetings, support group meetings and/or other events where the WMELS are reviewed and discussed with families and other interested parties
- Daily information sheets that are given to families
- Family conference reports
- Newsletter
- Orientation materials.

School-Age Curricular Framework

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

School-age programming should show evidence of the following:

- Matching up programming/activities with children's general needs in development, scope and sequence, and interests: All children and youth should have the opportunity to participate in high quality afterschool programs designed to meet their developmental needs. Those needs include but are not limited to:
    - physical and emotional safety,
    - positive relationships with peers and caring adults,
    - a sense of community and belonging,
    - an environment that recognizes and develops their talents,
    - play experiences
    - opportunities for engaged learning, mastery, leadership and service, and
    - a sense of the future.

  Afterschool programs can address these needs and also take into account the changing developmental needs of children and youth. Activities should reflect developmental sequence (from simple to difficult/least mature to more mature skills) that are useful and that provide enough items for children to learn as the children's developmental needs change. Scope and sequence refers to the learner goals and the order children generally achieve them.
- How children will benefit from the program activity;
- Appropriateness of activities based on the developmental needs of children, the cultural needs of the children, and inclusion practices for children;

- Equipment, supplies and set up needed for the program activity;
- Time needed to experience program activity; and
- Supervision needed to support program activity.

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

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

This must be demonstrated through the following **three** things:

- Lesson plans reflect the School-Age Curricular Framework nine content areas with goals for learning or enrichment written on lesson plans,
- Interest areas reflect the School-Age Curricular Framework nine content areas
- Enrichment experiences are linked to the goals/outcomes for children and the program as a whole and:
    - Are project based, hands on, inquiry based
    - Are age-appropriate and developmentally appropriate
    - Include 21st century skill-building and leadership activities: this includes the skills of flexibility, adaptability, taking initiative and having self-direction along with social and cross-cultural skills in working with diverse teams and others. Additionally, productivity, leadership and other life skills can be supported.
    - Improve life skills and character education: this means supporting the education of children in the social skills necessary to achieve success in life and the character traits of caring, honesty, respect, and responsibility.
    - Are integrated across multiple curriculum areas: enrichment experiences should be linked or integrated across the multiple curriculum areas in school and afterschool programming.
    - Are conducted using a variety of grouping levels (individual, small group, full group work)
    - Are intentional in scope and sequence

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

For example:

Daily:

- Planned large motor activity (minimum 15 minutes per day at afterschool program)
- Homework/Academic support
- Social-Emotional Development/Character Development

Bi-weekly:

- Health and Well-being
- Media and Technology
- Science, Technology, Engineering & Math (STEM)
- Arts & Culture

- Global Learning
- Language, Literacy and Numeracy

Monthly:

- Service Learning
- Environmental Learning

In addition to curriculum alignment, SACF is also used to provide information to families and staff (if applicable). This can be demonstrated through documentation of **two or more** of the following:

- Parent handbook
- Center operational policies
- Staff training materials
- Documentation from family meetings
- Orientation materials
- Newsletter

VERIFICATION

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

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

- Developmentally appropriate learning experiences are linked to child assessments and/or goals/outcomes for children and the program as a whole.
- Lesson plans reflect the WMELS five domains with goals for children's learning written on lesson plans.
- Interest centers reflect the WMELS five domains.

Programs must also show how information about how the program implements WMELS/SACF is communicated to families in **two or more** ways.

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

- Lesson plans reflect the School-Age Curricular Framework nine content areas with goals for learning or enrichment written on lesson plans.
- Interest areas reflect the School-Age Curricular Framework nine content areas.
- Enrichment experiences are linked to the goals/outcomes for children and the program as a whole and are:
    - project based, hands on, inquiry based
    - age-appropriate and developmentally appropriate
    - include 21st century skill-building and leadership activities
    - improve life skills and character education
    - integrated across multiple curriculum areas
    - conducted using a variety of grouping levels (individual, small group, full group work)
    - intentional in scope and sequence

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

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

WMELS Alignment

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

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

☐ Yes ☐ No

Comments: _____

_____

_____

Interest centers reflect the WMELS five domains?

☐ Yes ☐ No

Comments: _____

_____

_____

Developmentally appropriate learning experiences are linked to child assessments and/or goals/outcomes for children and the program as a whole?

☐ Yes ☐ No

Comments: _____

_____

_____

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

☐ Yes ☐ No

1. _____
2. _____

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

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

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

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

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

☐ Enrichment experiences are linked to the goals/outcomes for children and the program as a whole and are:

- ☐ project based, hands on, inquiry based
- ☐ age-appropriate and developmentally appropriate

- ☐ include 21st century skill-building and leadership activities
- ☐ improve life skills and character education
- ☐ integrated across multiple curriculum areas
- ☐ conducted using a variety of grouping levels (individual, small group, full group work)
- ☐ intentional in scope and sequence

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

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

QUALITY INDICATOR
B.3.1-4 Child Outcomes

POINTS AVAILABLE: 5

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

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

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

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

B.3.1 Individual child portfolios

For 1 point

Program uses individual child portfolios to document individual children's progress over time.

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

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

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

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

3. **How the child interacts - intellectually, emotionally and socially - with others:**
   - This can be shown by observing children's play, storytelling, reenactment of stories, dramatic play, interactions with adults or peers, and how the child initiates play with peers in small or large group. Children learn to use strategies such as making comments that are appropriate to the ongoing interactions as learned from Providers and adults who model appropriate responses. Creative learning activities such as block play and open-ended activities will give children opportunities to build positive relationships with others.
   - Documentation of collected information can be done by conducting observations of the child in group settings or with peers. Photographs and anecdotal notes are ways to create additional support documentation of a child's social and emotional development with others. Use of an assessment tool can be used to record the development of social/emotional skills to support the development of goals for children.

4. **Goals for child outcomes are included in child portfolios:**
    - At least **one goal per month** should be documented and/or updated in child portfolios. The Provider would need to make sure the goals for the child correspond to the documentation that is being included in the portfolio. The goal statements cannot just be on the lesson plans because lesson plans are not to be inserted in children's portfolios. A Provider may consider keeping an ongoing journal or list of goals and adding them to each child's portfolio. Each entry or goal should be dated.
5. **Artifacts/samples of the child's work** such as a piece of art or a photograph or video of a child working on a goal.

Portfolios for Children Birth to Five

Portfolios should include one observation or piece of evidence from each of the five categories above. Ideally, the portfolio would also include child assessments, screening tools, inventories or developmental checklists but this is not necessary to earn the point for this indicator.

Portfolios for School-Age Children

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

Items that may be included in a School-Age Portfolio:

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

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

VERIFICATION

To earn this point, portfolios must be used for every child ages birth to five and must be robust for every child who is in regular attendance.[4] For school-age children, portfolios must be robust for every child who is in regular attendance. If a child has been in attendance less than three months, the portfolio for that child should be created and have at least one piece of evidence or observation in it.

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

- What the child has learned and how the child has gone about learning;

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

- How the child thinks, questions, analyzes, synthesizes, produces, creates;
- How the child interacts – intellectually, emotionally and socially – with others;
- Goals for child outcomes are included in child portfolios; and
- Artifacts/samples of the child's work.

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

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

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

If a Provider sends portfolios home with families every so often and does not keep copies of these as proof, the program can still earn the point for this indicator if this practice is noted in the parent handbook and supported in practice. In this case, a Consultant/Rating Observer may encourage a Provider to make photocopies of these things over the last year to demonstrate this practice for YoungStar.

B.3.1 Individual child portfolios

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

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

Infants

☐ Age Group Not Served

Portfolios demonstrate all of the following:

☐ *What the child has learned*

Demonstrated through: _____

_____

_____

☐ *How the child thinks*

Demonstrated through: _____

_____

_____

☐ *How the child interacts*
Demonstrated through: _____

_____

_____

☐ *Goals for child outcomes*
Demonstrated through: _____

_____

_____

☐ *Artifacts/samples of child's work*
Demonstrated through: _____

_____

_____

How is children's progress over time demonstrated? _____

_____

_____

Toddlers

☐ Age Group Not Served

Portfolios demonstrate all of the following:

☐ *What the child has learned*
Demonstrated through: _____

_____

_____

☐ *How the child thinks*
Demonstrated through: _____

_____

_____

☐ *How the child interacts*
Demonstrated through: _____

_____

_____

☐ *Goals for child outcomes*
Demonstrated through: _____

_____

_____

☐ *Artifacts/samples of child's work*
Demonstrated through: _____

_____

_____

How is children's progress over time demonstrated? _____

_____

_____

Preschoolers

☐ Age Group Not Served

Portfolios demonstrate all of the following:

☐ *What the child has learned*
Demonstrated through: _____

_____

_____

☐ *How the child thinks*
Demonstrated through: _____

_____

_____

☐ *How the child interacts*
Demonstrated through: _____

_____

_____

☐ *Goals for child outcomes*
Demonstrated through: _____

_____

_____

☐ *Artifacts/samples of child's work*
Demonstrated through: _____

_____

_____

How is children's progress over time demonstrated? _____

_____

_____

School-Age Children

☐ Age Group Not Served
Portfolios demonstrate include at least three pieces of evidence:

☐ *Yes* ☐ *No*
List at least three pieces of evidence here:
_____

_____

_____

How is children's progress over time demonstrated? _____

_____

_____

Comments/areas for future work on child portfolios:

B.3.2 Program Uses Intentional Planning to Improve Child Outcomes

For 1 point

Program uses intentional planning to improve child outcomes. This includes the use of an individual child assessment tool.

Early Childhood (birth to five years)

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

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

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

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

The training needed for assessment varies by tool. Providers must be trained on the assessment tool that they use to inform their practice and individualize instruction for children in their care. Training could include any of the following: reading a book; watching a video; or attending training by a PDAS-approved trainer or by other staff at the program. If there is no physical proof of the training (i.e. a certificate of attendance or similar artifact), the Consultant/Rating Observer needs to ensure the person who took the training understands the training content and can explain how the training will influence their practice.

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

1. Assessment, Evaluation, and Programming Systems (AEPS) for Infants and Children (Vol. 3 & 4)
2. Creative Curriculum Child Assessment Tools
3. Family Child Care Curriculum Developmental Assessment with Guide
4. High Scope – COR Assessment
5. New Portage Guide
6. Six Simple Ways to Assess Young Children—Developmental Milestone Checklist
7. Work Sampling—Rebus, Inc.

School-Age

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

Assessment tools/surveys for school-age children can be customized or adapted to suit the assessment goals of a program and implemented internally without assistance. It is not expected that all school-age programming would address similar outcomes. It is also expected that there can be valid outcomes for programs to achieve

that may not be included in assessment/survey tools. Different indicators may be used for different age groups to ensure the outcomes are developmentally appropriate.

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

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

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

VERIFICATION

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

1. Assess individual children
   This can be shown by using assessment practices. Any and all the domains of the child's learning and development can be assessed. A program will gather information to determine the current developmental level of the child by observing the child, using anecdotal notes, or collecting children's work, and then using development milestones checklists or a reliable assessment tool to put together the information on a collection form (assessment summary)[5] to document progress in relation to age-appropriate expectations. The goal is to gauge a child's abilities, attitudes and social skills, prior knowledge and understanding, and skills and habits in relation to what the program emphasizes. The Consultants/Rating Observer will verify that assessment of individual children is taking place by:
   - Conducting an interview of the Provider to verify the following:
     - Individual program procedures for conducting assessments such as:
       - What is the process for documenting that children are moving toward their identified goals?
       - How many goals are set for each child each month?
       - Is there any identified focus for the observations/evidence collection?
       - Is the program's focus on a domain a month or on specific assessment indicators?
     - Modifications are being made for individual needs of children. Part of the planning process should include reflection on how the current goals are met, what modification needs to be made (both as a group and for each individual child). The program should be able to describe how they identify goals that may need to be added, etc.
   - Verifying the frequency of child assessment is **at least twice per year.**

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

- Verifying the current goals for learning are updated on an assessment summary **monthly**.
- Verifying the program is using what is learned from the assessment to create lesson plans.

NOTE: Any and all the domains of the child's learning and development can be monitored for progress. Best practice shows that a program should assess the child on the schedule recommended by the assessment tool that is used. In 2015, YoungStar will require programs to assess children at the frequency recommended by the tool. All children do not need to be assessed at the same time. For example, the Provider may choose to assess a few children per week on a rolling basis, making sure each child is assessed at least once per month. The information gathered may be put into portfolios but this is not required for this point. Again, the goal is to gauge a child's abilities, attitudes and social skills, prior knowledge and understanding and skills and habits in relation to what the program emphasizes. The process follows the WMELS "Teaching Cycle".

2. Use what is learned from the assessment process to establish lesson plans and program areas where they aim to improve child outcomes. This can be shown by using curriculum and environment to support the developmental level and goals for individual children, small groups of children and the larger group of children as a whole. This information should be indicated on the lesson plans and in the environment. Various learning areas can be identified on the lesson plan which will allow the Provider to provide structure for exploration with the materials and environment. Developmental goals that describe what the children will do through environment-based learning centers with curriculum that emerges from the children's interests are written in the planning framework or lesson plan. A lesson plan should include written small group goals, large group goals and individual children's goals. By writing down goals on a lesson plan/activity plan or individual child plan, it keeps focus on the purposes for activities and the ways that learning can be supported for children's development. Technical Consultants/Raters will need to see a direct connection between assessment summaries and the goals identified on lesson plans on a sampling of portfolios. If a program does not have a lesson plan they can still earn this component but must have a way of indicating that they are documenting goals for individual children.

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

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

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

B.3.2 Intentional planning to improve child outcomes

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

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

☐ Yes ☐ No

Which assessment(s) is/are used? _____

Comments: _____

_____

_____

Consultant/Rating Observer verified that lesson plans and program areas use what is learned from the assessment (or assessment summary) process to establish goals for improving child outcomes?

☐ Yes ☐ No

Comments: _____

_____

_____

Consultant/Rating Observer verified that the Provider refines how he/she plans and implements activities based upon child assessments

☐ Yes ☐ No

Comments: _____

_____

_____

How did the Technical Consultant/Rating Observer verify that the Provider is trained in the assessment they are using? _____

_____

Comments/areas for future work on intentional planning:

B.3.3 Provider Trained in Annual Developmental Screenings

For 1 point

Provider is trained in and conducts annual developmental screenings and assures appropriate referrals are made to appropriate resources. Provider demonstrates that she/he has received training on screening tools used in the program.

Children birth to five years

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

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

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

Examples of screening tools that may be used include:

1. Ages and Stages Questionnaires
2. The Brigance
3. Early Screening Inventory Preschool

School-Age

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

Examples of screening tools that may be used include:

- YoungStar Optional School-Age Enrollment Inventory (for school-age children, if enrolled)

VERIFICATION

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

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

B.3.3 Provider trained in developmental screenings	
Indicator Met: ☐ Yes ☐ Not Met	Point(s) Earned: _____/1
Screenings verified for every child in regular attendance? ☐ Yes ☐ No *Training verified?* ☐ Yes ☐ No *How?* _____ _____ _____	
Comments/areas for future work on Provider training in developmental screening:	

B.3.4 Individual Child Outcomes Tracked
For 2 points

Provider tracks individual child goals and outcomes to demonstrate that Provider training and child interactions improve children's individual outcomes. **This point CANNOT be earned if the program did not earn a point for Indicators B.3.1 and B.3.2. Programs must be able to demonstrate at least six months of tracking child outcomes to earn the points for this indicator.** See indicator B.3.2 for examples of assessment tools that may be used. If an initial assessment has been done on the children in the group, and because of the timing of the rating, a follow up assessment has not been completed, the Provider may still earn the point by demonstrating past assessments.

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

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

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

Programs should use a cycle of:

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

VERIFICATION

To earn this point, programs must be able to demonstrate at least six months of tracking child outcomes for every child in regular attendance. Technical Consultants and Rating Observers should ensure the Provider shows an understanding of child outcomes and can explain how individual child outcomes are tracked over the duration of a child's enrollment. Providers must be able to demonstrate they track child outcomes through portfolios and lesson plans. Consultant/Rating Observer should request to see **the most recent consecutive four weeks** of lesson plans. The Provider must show that lesson plans are adapted to reflect goals from individual child assessments.

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

B.3.4 Individual child outcomes tracked

Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/2

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

How does Provider show an understanding of child outcomes and the importance of tracking them throughout the child's enrollment? _____

_____

_____

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

☐ Yes ☐ No

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

Infants

☐ Age Group Not Served

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

☐ Lesson Plans ☐ Portfolios ☐ Individual Child Assessments ☐ Other

_____

_____

_____

_____

_____

Toddlers

☐ Age Group Not Served

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

☐ Lesson Plans ☐ Portfolios ☐ Individual Child Assessments ☐ Other

_____

_____

_____

_____

_____

Preschoolers

☐ Age Group Not Served

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

☐ Lesson Plans ☐ Portfolios ☐ Individual Child Assessments ☐ Other

_____

_____

_____

_____

_____

School-Age Children

☐ Age Group Not Served

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

☐ Lesson Plans ☐ Portfolios ☐ Individual Child Assessments ☐ Other

_____

_____

_____

_____

_____

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

Total points earned for Indicator B.3.1-4 _____/5

C. Business and Professional Practices

Business and Professional Practices: REQUIRED Points

QUALITY INDICATOR
C.1 Signed YoungStar Contract

POINTS AVAILABLE: 0

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

For 0 points

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

QUALITY INDICATOR
C.2 Business Practices

POINTS AVAILABLE: 3

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

REQUIRED for 3, 4, and 5 Stars

For 1 point

The program does all of the following:

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

VERIFICATION

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

1. **Line-item Budget:** The program has an annual line-item operating budget which includes all of the following:
    a. Projected income and expenses for current year divided into line-items: this is to be a 12-month budget but does not necessarily need to follow the calendar year—they may use the state or federal fiscal years or some other time period. The Technical Consultant/Rating Observer needs to verify that the program has a budget for the current 12-month period using whatever fiscal year the program has chosen to use. For example, if the Provider is using a state fiscal year (July to June), and it is October 2012, the Technical Consultant/Rating Observer would need to see the budget that runs from July 2012 to June 2013. The requirement is to show this for a 12-month period. This could be shown in one sheet that covers a 12-month span or could be broken down monthly or quarterly, depending on the program's preference.

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

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

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

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

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

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

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

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

    c. **Hours worked in the home:**[6] Verification will be completed by the Technical Consultant/Rating Observer reviewing documents that demonstrate hours worked in the home caring for children and for business hours worked in the home (those hours spent on business tasks *when children are not there* – menu planning, lesson planning, etc.).

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

        - Sign-in/out record: License hours with adjustments documented for the days as needed, such as vacation or if closed early would be acceptable (these adjustments must be in writing per "written record" definition). License hours alone would **not** be acceptable documentation.

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

- A *written* record which documents hours of work which support the business (business hours) but not direct care of children. Documentation must include:
  - the date
  - activity done
  - length of time spent on activity

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

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

Accurate Taxes

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

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

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

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

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

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

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

Budget Definitions

Actual Report of Income and Expenses: A report of actual income and expenses that shows the same line-items as the budget, but with the real (not estimated) amounts in the document. This is often called an "Income Statement" or a "Profit and Loss Statement." Technical Consultant/Rating Observers should make sure the budget is **not** a report of actual income and expenses, but an estimate of the year to come. The actual report of income and expenses of the previous year should be used by the program to inform budget planning for the coming year.

Budget: An annual operating budget is a line-item projection or estimate of income and expenses that the program will have for a 12-month period, either the calendar year or the program's fiscal year. The budget should reflect the business income/expenses as line-items separately from the owner's personal household income/expenses as line-items.

Fixed vs. Variable: Many budgets show the projected income and expenses as annual dollar amounts, separated into fixed and variable. Fixed income or expenses generally stay the same throughout the year. For example, the rent or house payment for the space used for the program is a fixed expense. Variable income or expenses change, and may increase or decrease depending on the number of children attending. Variable expenses can be budgeted by something other than a set yearly/monthly amount, such as a percentage of income or the cost per child. An example of a variable cost is food, which increases and decreases depending on enrollment. Tuition is an example of a variable income that increases or decreases as enrollment fluctuates.

Line-Items: Line-items are descriptions of income or expenses within a budget. For Providers who are at the 3 Star level, line-items may be general and broad. At the 4 and 5 Star level, Consultants should encourage Providers to get more detailed with the line-items they use in their budgets. There is no specific number and/or type of line-item required for this indicator outside the requirement for the QIP being present in one line-item. Line items used are decided by the program, based on their needs.

What if a Program Doesn't Have a Budget?

- **If a new program opens and wants to create a budget**, the Provider can create a budget that includes current month (the month of the rating) and every month for the rest of the calendar year (Example: if it is August 2011, the starting month of the budget would be August 2011 and the ending month would be Dec 2011). The Technical Consultant/Rating Observer needs to see a projected budget for at least three months in advance. So, if it is October, November or December, the Provider will need to show budgets for the next three months, even if it goes into the next calendar year. In order to receive credit for "assessing the program's financial status" during this first budget period, the Provider would need to provide actual income and expense amounts for the months completed of the budget time span, current within a one month lapse. A budget must be created annually after the initial budget period is completed.
- **If an existing program would like to create a budget for the first time**, the Provider can create a budget which includes estimates of income and expenses for 6 months prior to the current month (the month of the rating) and 6 months forward, for a total of 12 months. In order to receive credit for "assessing the program's financial status" during this first budget period, the Provider would need to provide actual

income and expense amounts for the first 6 months of the budgeted time span and use this to inform the second 6 months of their annual budget. A budget must be created annually after the initial budget period is completed.

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

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

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

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

Budget

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Notes on budget: _____

_____

_____

Budget Review

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Notes on budget: _____

_____

_____

Record-keeping

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

☐ Yes ☐ No

Documentation provided: _____

_____

Does the program have a written record of the following?

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

OR

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

- menus
- meal/snack components (what was actually served if different from printed/posted menu)
- children served that meal/snack (programs not on CACFP will need to keep track of number of children served meal/snack to meet this requirement)
- date meal/snack was served
- time meal/snack was served (a meal "window" posted on a schedule is fine [i.e., LUNCH 11-1130AM], as long as this is reasonably accurate to what is observed by TC/RO.)

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

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

☐ Yes ☐ No

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

Documentation provided: _____

_____

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

☐ Yes ☐ No

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

Documentation provided: _____

_____

Tax records

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

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

☐ Yes ☐ No

Notes: _____

_____

Multi-Member LLC

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

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

Notes: _____

_____

Last year's Federal Income Tax Return (Form 1065, Form 1120, Form 1120S or Form 990)

☐ Yes ☐ No

Notes: _____

_____

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

☐ Yes ☐ No ☐ No employees

Notes: _____

_____

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

C.2.2 Parent Handbook

REQUIRED for 4 and 5 Stars

For 1 point

Parent handbook identifies program policies for vacation, holidays, Provider time off, procedures for sick Provider days, family procedures for sick days and related family questions including contracts with families for days of paid time off.

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

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

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

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

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

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

C.2.2 Parent handbook

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

Provider has a parent handbook that covers the following policies:

☐ *Vacation* ☐ *Holidays* ☐ *Provider paid time off*

☐ *Procedures for Provider sick days* ☐ *Families' procedures for sick days*

☐ *Related family questions*

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

Comments/areas for future work on overall parent handbook:

C.2.3 Written Policies to Reduce Risk/Program Financial Planning

REQUIRED for 5 Stars

For 1 point

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

Policies to Reduce Risk

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

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

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

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

Program Financial Planning

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

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

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

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

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

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

C.2.3 Policies to reduce risk	
Indicator Met: ☐ Yes ☐ Not Met	Point(s) Earned: _____/1
Program has at least two policies to reduce risk (see list on page 37-38). 1. _____ 2. _____	

Does the program have emergency numbers posted?

Location: _____

Does the program have emergency drill records posted?

Location: _____

Does the program have liability insurance?

☐ Yes ☐ No

Is intentional planning reflected in budget priorities?

☐ Yes Verified through: _____

☐ No

Does the program have procedures for a review of the budget ***every six months****?*

☐ Yes Verified through: _____

☐ No

Does the program maintain long-term fiscal records?

☐ Yes Verified through: _____

☐ No

Does the program demonstrate sound financial planning? This can be demonstrated through use of two of the five policies list on page 38. Consultants and Rating Observers can use their judgment if additional policies qualify for this point.

☐ Yes Policy 1: _____

Policy 2: _____

☐ No

Comments/areas for future work on policies to reduce risk:

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

Business and Professional Practices: OPTIONAL Points

QUALITY INDICATOR
C.3.1-5 Professional Development

POINTS AVAILABLE: 1

C.3.1-5: Professional development

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

- C.3.1—Provider has a Professional Development Plan (PDP) created that identifies annual goals: The PDP must be written or typed and must include Provider's professional development, not just program development. This could include participation in T.E.A.C.H. or access to other funds to support completion of education or training. Goals identified must be able to be accomplished in 12 months (i.e., "Earn Associate's degree" would not likely be an annual goal, unless Provider is almost finished with program. "Earn 6 credits" may be more likely an annual goal.) **NOTE:** Provider's long term goals may be documented on the QIP but then the Provider must also document *annual* goals.
- C.3.2—Written copy of policies and procedures (including job descriptions) for employees, substitute teachers and/or volunteers : Written policies and procedures must include:
    - A written job description is available for all teaching staff
    - A written process for hiring and/or volunteering is available
    - Written personnel policies are available
    - Written program policies are available to employees/volunteers
- C.3.3—Provider and staff (if applicable), program board and advisory committee (if applicable), and families are able to access accurate and timely information on program finances: Provider can produce the following accurate and timely information about their finances when requested by the following persons/entities:
    - **Board and/or Advisory Committee:** Any financial information asked for from the Board/Advisory Committee including but not limited to an accurate and timely budget; tax records; insurance payments and claims for staff and Provider; and receipts for purchases of materials or services for the program.
    - **Provider:** Any financial information that the employee's job description necessitates which may include but not be limited to budget; payroll; insurance payments and claims; worker compensation; and staff salaries. (This indicator will require some discretion from the Technical Consultant/Rating Observer as the information necessary for this person to do their job will change depending on the person's job description.)
    - **Assistant Teacher or other staff member:** Information including but not limited to the staff member's own payroll; insurance (if applicable) (staff may want to verify they the employer's portion of the insurance has been paid); worker's compensation (if applicable); and employer contributions toward professional development (if applicable).
    - **Families:** Information regarding any financial transactions or agreements between the Provider and the family including but not limited to payment receipts; child care subsidy (Wisconsin Shares) payment receipts (if applicable); and written agreements about payment to Provider for time off for Provider or sick days for children (if applicable).
- C.3.4—Provider has active membership in a professional association focused on Early Childhood Education (ECE) or School-Age Care: The Provider plays an active role in a professional ECE or School-Age association. The purpose of this indicator is for Providers to show their commitment to the field of early childhood beyond program-based responsibilities. This may include service or leadership in an early childhood professional organization similar to what is listed in the evaluation criteria. The ideal is to strengthen and to promote cooperation among professionals and agencies and interdisciplinary

collaboration among professions concerned with addressing issues of well-being of young children, accessibility to high-quality programs, their families, and educators. Proof of membership can be membership cards, letters and/or invoices with dates of membership. Active membership means that they are current members who attend four meetings per year: either regular meetings of the association or of committees/ groups/teams per year (in person or by phone or web conference). Meeting schedules, agendas, notes/minutes of the meetings will provide proof of active participation. Associations may include BCDI, NAEYC, WECA, Local AEYC, NAFCC, WFCCA, or NAMTA. School-age association could include the Wisconsin Afterschool Association or the National Afterschool Association.

If the Provider belongs to more than one organization and attend a total of four meetings across multiple organizations (for example: 2 NAEYC meetings and 2 BCDI meetings) per year, this would meet the requirement for this indicator.

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

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

C.3 Professional development

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

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

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

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

1. _____
2. _____
3. _____

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

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

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

How was this verified? _____

_____

☐ **Provider:**

How was this verified? _____

_____

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

How was this verified? _____

_____

☐ **Families:**

How was this verified? _____

_____

Notes on C.3.3: _____

_____

_____

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

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

☐ Yes ☐ No

If Yes, which association(s)? _____

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

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

_____

_____

_____

☐ **C.3.5 Professional development materials**

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

☐ Yes ☐ No

If Yes, what is available? _____

_____

_____

Notes on professional development materials: _____

_____

_____

Comments/areas for future work on overall professional development:

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

QUALITY INDICATOR
C.4.1-4 Provider Benefits

POINTS AVAILABLE: 1

C.4.1-3: Provider benefits

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

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

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

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

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

  OR

  5) A letter from the insurance company verifying the coverage for the past 12 months and forward.

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

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

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

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

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

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

C.4 Provider benefits

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

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

☐ **C.4.1 Access to health insurance for Provider and dependent children**
Does the Provider have health insurance for self and dependent children?

Verified through seeing one of the following from 12 months ago and the last month:

☐ A payroll stub or electronic stub with an insurance contribution (all other information can be blocked if the Provider wants);

☐ An explanation of benefits from a doctor/insurance co-pay showing what was paid by insurance;

☐ A bill from a doctor showing that the child care Provider paid a co-payment (this would indicate insurance covered the rest).

☐ A profit and loss statement

OR

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

☐ **C.4.2 Contract with families for 10 days off per year, 5 of the 10 are paid**
Verified through (parent handbook, letter, etc.): _____

_____

_____

☐ **C.4.3 Provider has contributed to retirement plan in last 12 months**
Verified through (financial statement, print out, bank statement, profit/loss statement):

_____

_____

Comments/areas for future work on overall Provider benefits:

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

QUALITY INDICATOR
C.5.1-4 Family Involvement

POINTS AVAILABLE: 1 or 2

C.5.1-5: Family involvement

1 point is awarded if TWO of the following practices are evident
2 points are awarded if THREE or more of the following practices are evident

- C.5.1—Families given philosophy, orientation and resources: A written policy is available to families that details the program's philosophy. Examples might include statements like "I believe that play is important for children's development" or influences of theorists (i.e., "We are a Montessori-based program) or movements (i.e., children accessing nature or Reggio Emilia); it could also include any religious basis of program's intents. "Available" means that this philosophy is *offered* to families (included in enrollment materials or out in an accessible resource area, for example) but it is not mandated that families take philosophy documentation.

  The materials for families are provided in their native language or resources are made available to families so that they will understand the materials. If evidence of materials in another language is not available, this is verified through the program having a written policy stating how materials and resources will be provided to families who speak other languages.

  A written procedure is available explaining how new families are oriented. A written policy is available to families encouraging them to observe the program prior to enrolling and periodically while enrolled.

- C.5.2—Families provide input on program policies and procedures: A written policy is available to families explaining how their input on program policies and procedures will be gathered. Families are given the opportunity to participate in advisory committee, board membership or other committees. If the program uses family surveys and has a process for using the results of the survey to inform their practice, the program can earn the credit for this indicator. Family surveys alone (without follow up) do not meet this requirement. If changes to programming or policies were made as a result of a survey and that change can be documented and verified, that would meet the intent of this indicator.

- C.5.3—Family conferences are held at least annually and more often if needed to discuss children's progress: Documentation of dated conference agenda with any additional notes from the meeting available for each child who has been enrolled for **at least 12 months** (best practice: documentation includes family signatures or initials). Sign-up sheet or notes on calendar/planner is not enough to show that the meeting *actually* happened; only that it was planned. If the family refused a conference, documentation of attempts (phone call/email/letter to families) should be presented to the TC/RO.

- C.5.4—Frequent, on-going, regular communication between Provider and families: The program has documentation showing that there is frequent, on-going communication between Provider and families. For this indicator, the program should ensure general information about the program is communicated to families. This could be changes at the program, changes in staffing, changes in procedures, new things happening, or family events upcoming - the large picture of the culture at the program. Documentation may include notes, emails, newsletters, phone call logs, text messages and logs of face-to-face conversations. Three types of communication must be documented.

- C.5.5—Family outreach, education and social opportunities two times per year: Outreach activities are scheduled at least two times per year. Families are given notice of these activities. Notices can include parent handbook, newsletters, emails, text messages, phone calls, logs of face-to-face conversations or other methods to ensure that all families are informed of the activities.

C.5 Family involvement

Indicator Met: ☐ Yes ☐ Not Met Point(s) Earned: _____/2

Two Indicators in C.5 must be verified to earn one point and at least three Indicators in C.5 must be verified to earn two points. Place a checkmark in the boxes that correspond to the Indicators that were verified.

☐ **C.5.1 Families given philosophy, orientation and resources**
Is there a written policy that outlines all of the following?

Where is the policy located: _____

- ☐ Program philosophy Page: _____
- ☐ How materials/resources are given to families Page: _____
- ☐ How new families are oriented Page: _____
- ☐ Families are encouraged to observe the program Page: _____

Notes on philosophy, orientation and resources: _____

_____

_____

☐ **C.5.2 Families provide input on program policies and procedures**
Is there a written policy that explains families' opportunities for input?

☐ Yes ☐ No

Where is the policy located: _____

Are families allowed to participate in advisory committees, boards or the like? (Family surveys alone are not sufficient for this Indicator.)

☐ Yes ☐ No

Notes on family input: _____

_____

☐ **C.5.3 Annual family conferences**
Does the program have a written policy that says family conferences are held at least annually and more frequently if needed?

☐ Yes ☐ No

Where is the policy located: _____

Did the program provide documentation that the family conferences occur or that the program has made a best effort to get families to attend these conferences?

☐ Yes ☐ No

Notes/documentation provided on family conferences: _____

_____

☐ **C.5.4 Frequent, on-going, regular communication between Provider and families**
Does the program have a record of regular communication between Provider and families such as a message board, notes in children's files, emails, etc.?

☐ Yes Verified through the following THREE types (emails, newsletter, etc.):

_____

☐ No

Notes on communication: _____

_____

☐ **C.5.5 Family outreach, education and social opportunities two times per year**
Are families given notice of outreach activities?

☐ Yes Verified through (emails, newsletter, etc.): _____

_____

☐ No

Notes on family outreach: _____

_____

_____

Comments/areas for future work on overall family involvement:

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

D. Health and Well-being

Health and Well-being: REQUIRED Points

QUALITY INDICATOR
D.1 Health and Well-being

POINTS AVAILABLE: 1

D.1.1 Child and Adult Care Food Program (CACFP) participation/ nutritious meals and snacks

REQUIRED for 3, 4 and 5 Stars

For 1 point

To earn this point, Providers must meet BOTH requirements 1 and 2 below:

1. The program **EITHER** participates in the Child and Adult Care Food Program (CACFP) (confirmed by DPI) including mandatory participation in CACFP-related training opportunities **OR** provides well-balanced meals and snacks daily which can be demonstrated through **the latest three months** of menus. Further proof may be required in some instances. If a program has their CACFP participation revoked or suspended, they will lose this point for the rest of the YoungStar rating year. They will be eligible to earn the point again upon their next YoungStar Contract Renewal and rating.

AND

2. The program must have policies and procedures on-site to address children's allergies and accommodate dietary restrictions. This requirement applies even if there are no children in care with allergies or dietary restrictions. The policy can mirror the language that is required for licensing in Wisconsin Administrative Code 250.07(5)(i).

NOTE: If the children bring their own meals and snacks, the Consultant/Rating Observer will verify that the Provider has a written policy to ensure that the meals and snacks brought into the program meet CACFP guidelines and supplements when they do not meet the guidelines. If programs use rotating menus, menus should be reviewed and updated (if needed) annually.

D.1.1 CACFP/nutritious meals and snacks

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

*Program participates in CACFP or can provide **the latest three months** of menus:*

☐ Yes ☐ No

Consultant/Rating Observer verified the following:

☐ *Information on child allergies and dietary restrictions are in policies and procedures and a copy is available on-site*

Where is the policy located: _____

Comments/areas for future work on nutritious meals/snacks:

Health and Well-being: OPTIONAL Points

QUALITY INDICATOR

D.1 Health and Well-being

POINTS AVAILABLE: 4

D.1.2 60 minutes of physical activity

For 1 point

- **Infants:** Program provides physical activity for infant and one year olds – infants having the opportunity to move around in their environment with no more than 15 minutes at a time of placement in restrictive equipment such as swings, bouncy seats, or play pens. Children may be in strollers on walks, in high chairs to eat, and in pack-n-plays or port-a-cribs to sleep for longer periods of time and these practices should not be counted against the program for this indicator. Ideally, children should be in restrictive equipment as little as possible and should never be placed in these devices to sleep (except for pack-n-plays or port-a-cribs). At this time there is no limit for cumulative time children are allowed in these devices in for this indicator. However, this time is limited if a program is going through a Formal Rating with Observation using the Environment Rating Scales.
    - The program will provide infants and one year olds with outdoor play **at least two times per day** with opportunities for infants to explore and one year olds to have active (free) play.
    - If inclement weather prohibits outside time, equivalent time indoors for physical activity will be available. Definition of inclement weather follows licensing standards from Wisconsin Administrative Code 251.03(14).
    - One year olds will be provided with physical activities at the moderate level of intensity during the day for **at least 30 minutes (Provider-led) in 5 – 10 minute increments**.

AND

- **Toddlers and Preschoolers:** Program provides at least sixty minutes of physical activity for children 2 years old and older as documented in lesson plans and verified by Consultant/Rating Observer. Basic daily schedule exists that is familiar to the children and the schedule provides balance of Provider-led and unstructured play.
    - The program will provide children with outdoor play **at least two times a day with a minimum of 15 minutes** of Provider-led activity each time. The activity time will be in 15 minute increments. If inclement weather prohibits outside time, equivalent time indoors for physical activity will be available.
    - Children will be provided with physical activities at the moderate to vigorous level of intensity during transitions from one activity to another in at least half of the daily transitions taking place during the daily schedule (e.g., hopping to the next space, follow the leader to another space in the area used for care).

AND

- **School-Age children:** School-age children should have **60 minutes of staff-led physical activity per day**. Physical activity at this age group could mean individual, as well as small and large group challenges to ensure personal improvement and cooperation. This could include dancing, "stations", and team activities that incorporate music and movement. This is pro-rated for programs that serve school-age children less than **8 hours per day**. For example, a program operating 2 hours for school-age children would need to have 15 minutes of staff-led physical activity.

AND

- **Music and Movement:** The program's daily schedule must include Provider-led music and movement for at least **10 minutes each day** for each age group except school-age children separate from outside time. These 10 minutes are counted toward the 60 minutes of physical activity total.

NOTE: The 60 minutes is pro-rated for programs that operate less than 8 hours per day. **For example, a program operating 2 hours per day would need to have 15 minutes of physical activity.**

Physical Activity Definitions

Unstructured Play: This is free play which may be outdoors or indoors. Examples of these types of activity include: riding tricycles, a game of tag, climbing. An indoor play area is an area where children are free to run around and do ALL types of movement. Unstructured activity help's children develop imagination, body awareness, and creativity. This type of activity should be child-initiated, where the child directs his/her own activity and play. This type of activity typically is sporadic with a lot of stop and start activity.

Provider-led: This means physical activities that are led by Providers and are structured. Structured activity involves setting aside a specific time to be active and planning activities to do during that time period. Provider should plan for these activities but children should not be forced to join in. Try and schedule a few, 10-15 minute structured physical activity breaks each day to help teach children how to move. Programs will get credit for Provider-led activities that are offered even if not all children actively participate.

VERIFICATION

To earn the point for this Indicator, Provider must follow the guidelines outlined above. Lesson plans, observation and/or daily schedules can be used to verify this indicator.

D.1.2 60 minutes of physical activity

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

Infants

☐ Not Applicable because this age group is not served

Classroom verified: _____

Physical activity is provided for infants and one-year-olds which includes all of the following: Infants are not placed in restrictive equipment for more than 15 minutes at a time; infants are given the opportunity to play outside (weather permitting) at least twice per day with opportunities for free play outside; AND one year olds are provided with 30 minutes of Provider-led moderate physical activity in 5-10 minute increments.

☐ Yes Verified through **one or more** of the following:

- ☐ Lesson Plans
- ☐ Observation
- ☐ Daily Schedule

☐ No

At least 10 minutes *of music and movement is provided each day.*

☐ Yes Verified through **one or more** of the following:

- ☐ Lesson Plans
- ☐ Observation
- ☐ Daily Schedule

☐ No

Comments: _____

_____

_____

_____

Two-Year-Olds and Older

☐ Not Applicable because this age group is not served

Classroom verified: _____

At least sixty minutes of physical activity is provided for children 2 and older which includes all of the following: outdoor play (weather permitting) ***two times per day*** *with* ***at least 15 minutes*** *of Provider-Led activities each of the two times.*

☐ Yes Verified through **one or more** of the following:

- ☐ Lesson Plans
- ☐ Observation
- ☐ Daily Schedule

☐ No

Children are provided with physical activities at the moderate to vigorous level of intensity during transitions from one activity to another in ***at least half*** *of the daily transitions taking place*

☐ Yes Verified through **one or more** of the following:

- ☐ Lesson Plans
- ☐ Observation
- ☐ Daily Schedule

☐ No

At least 10 minutes *of music and movement is provided each day.*

☐ Yes Verified through **one or more** of the following:

- ☐ Lesson Plans
- ☐ Observation
- ☐ Daily Schedule

☐ No

Children are provided with physical activities at the moderate to vigorous level of intensity during transitions from one activity to another in ***at least half*** *of the daily transitions taking place*

☐ Yes Verified through **one or more** of the following:

- ☐ Lesson Plans
- ☐ Observation
- ☐ Daily Schedule

☐ No

Comments: _____

_____

_____

_____

School-Age Children

☐ Not Applicable because this age group is not served

Classroom verified: _____

At least sixty minutes of staff-led physical activity is provided.

☐ Yes Verified through **one or more** of the following:

☐ Lesson Plans

☐ Observation

☐ Daily Schedule

☐ No

Comments: _____

_____

_____

_____

Comments/areas for future work in physical activity:

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

For 2 points

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

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

Notes:

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

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

D.1.4 Strengthening Families/Child Abuse and Neglect Prevention Training

For 1 point

- Provider is trained in protective factors around working with family through the Strengthening Families Initiative, Family Services Credential,[7] or Touchpoints Training or Registry-approved equivalent that demonstrates knowledge of protective factors;

OR

- Provider has completed Department-approved child abuse and neglect mandated reporter training or Darkness to Light training to assist in identification, prevention and reporting of child abuse and neglect. See **Appendix B** for a list of the course titles that are accepted for the Department-approved child abuse and neglect mandated reporter training or Darkness to Light portion of this point. Other trainings may be submitted to the Department for evaluation to see if they meet the intent of the indicator.

NOTE: Automated linkage with The Registry will verify the Provider has completed full Strengthening Families Protective Factors Training and/or Department-approved child abuse and neglect mandated reporter training.

D.1.4 Strengthening Families/Child Abuse and Neglect Prevention Training	
Indicator Met: ☐ Yes ☐ Not Met	Point(s) Earned: _____/1 **VERIFIED BY THE REGISTRY**
Comments/areas for future work:	

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

[7] See **Appendix A** for a definition of the Family Services Credential.

Required Quality Indicators for YoungStar Levels

Family Child Care

	☆☆ 0-10 Points	☆☆☆ 11-22 Points	☆☆☆☆ 23-32 Points	☆☆☆☆☆ 33-40 Points
All programs must be in Regulatory Compliance to earn two or more stars.				
Education	N/A	Infant/Toddler Credential, Inclusion Credential or 18 related early childhood credits	Administrator Credential, Preschool Credential or 24 related early childhood credits	Related Associate's Degree or unrelated Bachelor's Degree
Environment and Curriculum	N/A	Indicator B.1.1: Self-Assessment	Indicator B.1.1: Self-Assessment Indicator B.4.1: Environment Rating Scale (ERS) average score of 4	Indicator B.1.1: Self-Assessment Indicator B.4.2: ERS average score of 5
Business and Professional Practices ***NOTE:*** *All programs must sign a YoungStar Contract to participate in YoungStar*	N/A	Indicator C.2.1: Ongoing yearly budget, budget review, record-keeping and accurate tax record	Indicator C.2.1: Ongoing yearly budget, budget review, record-keeping and accurate tax record Indicator C.2.2: Written copy of parent handbook	Indicator C.2.1: Ongoing yearly budget, budget review, record-keeping and accurate tax record Indicator C.2.2: Written copy of employment policies Indicator C.2.3: Written policies to reduce risk
Child Health and Well-being		Indicator D.1.1: CACFP and/or nutritious meals	Indicator D.1.1: CACFP and/or nutritious meals	Indicator D.1.1: CACFP and/or nutritious meals
Additional Optional Points Needed		**4 or more points**	**6 or more points**	**12 or more points**

Appendix A

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

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

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

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

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

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

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

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

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

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

Verify and Maintain Continuous Program Quality

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

Other Definitions

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

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

- **Family Services Credential:** The Family Service Credential is a comprehensive, competency and credit based training experience, designed to support direct service staff in their work with children and families. The content is structured into four modules and designed to support staff in the refinement of skills and strategies to incorporate the core values of being family centered, relationship focused, strengths based, ecological and reflective. The training content corresponds to the Head Start Performance Standards, and the Focus Group Recommendations of September 1999 for Federal Competency Goals and Indicators for Head Start Staff working with families. For more information, contact Ruth Chvojicek, CESA 5, 1-800-862-3725 ext. 245 or chvojicekr@cesa5.k12.wi.us.

Appendix B

Wisconsin State Personnel Development Grant priorities:

1. Legal Rules and Regulations in Wisconsin (Example: Individualized Family Service Plan (IFSP)/Individual Education Program (IEP), Least Restrictive Environment, Disability Descriptions and Eligibility Criteria).
2. Collaboration related to Children with Disabilities and their Families (Example: Working across program areas, working within multidisciplinary teams, team decision-making).

Evidence-based Practices (Example: Screening, assessment, inclusion strategies, caring for children with special health care needs).

Below is a list of courses that are accepted for the point for Indicator D.1.4.

- Wisconsin Mandated Reporter Online Training (DCF-approved)
- Darkness to Light–administered by a PDAS-approved trainer
- 10-307-167 ECE: Health, Safety, and Nutrition
- Touchpoints Birth to Three: Your Child's Emotional and Behavioral Development

Notes

Wisconsin Mandated Reporter Online Training

At this time, the Wisconsin Mandated Reporter Online Training is available for programs to take online at http://wcwpds.wisc.edu/related-training/mandated-reporter/

It will be counted as a registered training if entered by the program into the Registry. For information on how to do this, contact The Registry: http://www.the-registry.org

SCAN-MRT

SCAN-MRT trainings held January 1, 2014 or after will not meet the requirement for Indicator D.1.4. If an individual has already taken SCAN-MRT prior to January 1, 2014, that training would meet the intent of this indicator. However, if the individual took a SCAN-MRT training after January 1, 2014, it would not meet the intent of this indicator. The Department is moving away from the SCAN-MRT training and toward the new Wisconsin Mandated Reporter Online Training that has been developed in partnership with the University of Wisconsin to give the most up-to-date information about this topic.

Appendix C

Registry Program Profiles

The Registry Program Profile (also called an Organizational Profile) is a place for programs to store information about education and training. The information entered into these Organizational Profiles is automatically used to determine a program's star rating in YoungStar and reimbursement amounts in Wisconsin Shares. By signing a YoungStar Contract, programs agree to keep their Program Profiles accurate and up-to-date. Programs may be subject to Wisconsin Shares program violations if the Program Profile is not kept up-to-date at all times. Check out the document at the link below for tips on keeping Program Profiles updated:

Information about maintaining your Registry Program Profile is available here:
http://dcf.wisconsin.gov/youngstar/pdf/keep_program_profile_updated.pdf

Appendix D

The Teaching Cycle is cyclical and includes the following:

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

Evaluation Criteria Indicators that include assessment:

B.3.1 Individual child portfolios
B.3.2 Program Uses Intentional Planning to Improve Child Outcomes
B.3.3 Provider Trained in Annual Developmental Screenings
B.3.4 Individual Child Outcomes Tracked

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

Evaluation Criteria Indicators that include planning and curriculum goals:

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

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

Evaluation Criteria Indicators that include implementation:

B.3.2 Program Uses Intentional Planning to Improve Child Outcomes

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

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

A Note on Child Goals

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

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

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

School-Age Children:

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

Score Sheet for Rating Family Providers

Anniversary Date of the Program: _____

Name of Program: _____

Provider and Location Numbers: _____

Name of Provider: _____

Name of Technical Consultant or Rating Observer: _____

Quality Indicator	Points Available	Points Earned	Verification		
			Conslt. Initials	Provider Initials	Date Verif.
A. Education and Training of Provider ***NOTE:*** *Consultants do not verify quality indicators in this category. Points in this category are automatically awarded using Registry data. This section is included on the score sheet so that programs can get a picture of total points earned.*					
A.1 Provider	14				
Subtotal for section A	**14**				
B. Learning Environment and Curriculum ***NOTE:*** *Consultants do not verify some of the quality indicators in this category. Points in these categories (denoted by "Registry Verified") are automatically awarded using Registry data. These indicators are included on the score sheet so that programs can get a picture of total points earned.*					
B.1.1 Self-Assessment *(required for 3, 4 and 5 Stars)*	1				
B.1.2 Quality Improvement Plan	1				
B.1.3 Outside verification of/additional work on Quality Improvement Plan	1				
B.2.1 WMELS/ School-Age Curricular Framework training	1				
B.2.2 Curriculum aligned with WMELS/ School-Age Curricular Framework	1				
B.3.1 Individual child portfolios	1				
B.3.2 Intentional planning to improve child outcomes	1				
B.3.3 Provider trained to provide developmental screenings	1				
B.3.4 Individual outcomes tracked	2				
B.4.1 ERS average score of 4 *(required for 4 Stars)*	3	**N/A for Technical Ratings**			
B.4.2 ERS average score of 5 *(required for 5 Stars)*	4				
Subtotal for section B	**14**				
C. Business and Professional Practices					
C.1 Signed YoungStar contract *(required for all programs participating in YoungStar)*	0	--			
C.2.1 Ongoing yearly budget/budget review/record-keeping/accurate taxes *(required for 3, 4 and 5 Stars)*	1				
C.2.2 Parent handbook *(required for 4 and 5 Stars)*	1				
C.2.3 Written policies to reduce risk/Program financial planning *(required for 5 Stars)*	1				

C.3.1 Professional development plan	1 point if two or more practices are evident				
C.3.2 Written copy of employment policies					
C.3.3 Access to accurate financial information					
C.3.4 Membership in a professional association					
C.3.5 Access to professional development resources					
C.4.1 Access to health insurance	1 point if two or more practices are evident				
C.4.2 Contracted time off (10 days per year)					
C.4.3 Retirement contribution					
C.5.1 Families given philosophy, orientation and resources	1 point if two practices are evident; 2 points if three or more practices are evident				
C.5.2 Families provide input on program policies and procedures					
C.5.3 Annual family conferences					
C.5.4 Frequent, on-going, regular communication between Provider and families					
C.5.5 Family outreach, education and social opportunities two times per year					
Subtotal for section C	**7**				
D. Health and Well-being ***NOTE:*** *Consultants do not verify some of the quality indicators in this category. Points in these categories (denoted by "Registry Verified") are automatically awarded using Registry data. These indicators are included on the score sheet so that programs can get a picture of total points earned.*					
D.1.1 CACFP/nutritious meals and snacks *(required for 3, 4 and 5 Stars)*	1				
D.1.2 60 minutes of physical activity	1				
D.1.3 Pyramid Model/Inclusion training	2				
D.1.4 Strengthening Families/ Mandated Reporter Training	1 point if one of the two practices are evident				
Subtotal for section	**5**				
TOTALS	**40**				

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

Provider Signature: _____ Date: _____

Consultant/Rating Observer Signature: _____ Date: _____